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An interactive teddy bear clinic tour: Teaching veterinary students how to interact with young children

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7 **young children**
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Abstract

There are existing guidelines for teaching and learning skillful client communication; yet, there remains a need for integrating a developmental focus into veterinary medicine curriculum to equip students for interacting with children who accompany their companion animals. The objectives of this Teaching Tip are to: 1) describe the use of a Teddy Bear Clinic Tour as an innovative, applied practice method for teaching veterinary students about clinical communication with children, and 2) provide accompanying resources to enable use of this method to teach clinical communication at other facilities. This paper includes practical guidelines for organizing a Teddy Bear Clinic Tour at training clinics or veterinary medicine colleges, an anecdotal description of a pilot study at the Ontario Veterinary College Smith Lane Animal Hospital, and printable resources including a list of specific clinical communication skills, a sample supervisor-student evaluation sheet, recommendations for creating a child friendly-environment, examples of child-friendly veterinary vocabulary, and a sample script for a Teddy Bear Clinic Tour. Informed by the resources provided in this Teaching Tip paper, the Teddy Bear Clinic Tour can be utilized at your facility as a unique teaching method for clinical communication with children and as a community outreach program to advertise the services at the facility.

Key words: clinical education, collaborative learning, communication with veterinary students, communication with children

95
96 **Introduction: Client Communication as an Essential Clinical Skill**
97

98 Communication with clients is considered an essential clinical skill in veterinary medicine.^{1,2,3}
99 Improved clinical communication skills are associated with increased client satisfaction with and adherence to
100 treatment plans, increased staff satisfaction, more ideal treatment outcomes for animals, and effective clinical
101 problem solving.^{3,4,5,6} The AVMA Council on Education includes communication with clients as an important
102 aspect of veterinary medicine curricula in order to ensure graduating students are sensitive, empathic, and
103 effective communicators.^{1,2,3} Furthermore, clinical communication is a skill that has no “achievement ceiling”,
104 as one can continue to improve one’s ability to communicate with different client groups throughout a career.³
105 Therefore, veterinary medicine colleges have the opportunity to begin their students’ tenure of improving their
106 clinical communication skills with clients by prioritizing client communication within the curriculum, providing
107 students opportunities to practice clinical communication in an applied setting, and encouraging self-reflection
108 as well as feedback from clinical supervisors.
109

110 As with any learned skill, a valuable way to teach effective communication to student veterinarians is by
111 allowing them to actively practice these skills.^{6,7} Although learning about clinical communication in the
112 classroom is an important first step, students can also benefit from active practice and feedback from
113 supervisors to successfully apply these skills in real world situations.^{2,7,8,9} Furthermore, although there are
114 existing guidelines for teaching and learning skillful client communication with adults, there remains a need for
115 integrating a developmental focus into the curriculum to equip students for interacting with children. Families
116 with companion animals often have children, who will likely be present during veterinary care appointments as
117 their companion animals are very dear to them.¹⁰ Therefore, veterinarians can promote their practice as family
118 friendly by interacting with both children and adults during appointments. Children can have a strong
119 attachment to their companion animals, as evidenced by their reference to companion animals as family
120 members,^{11,12} or peers.¹³ Given this bond, children naturally care about the well-being of their companion
121 animals¹⁴ and may express this by assisting with their care,¹⁵ including attending veterinary appointments.
122

123 The overall aim of this paper is to provide an outline for using a Teddy Bear Clinic (TBC) Tour as an
124 experiential opportunity for teaching student veterinarians’ clinical communication skills for interacting with
125 children and their families. Modeled after teddy bear tours used within the medical health profession,^{16,17} this
126 innovative method has relevance for individuals at all levels of the veterinary profession, including practicing
127 clinicians, veterinary educators and students, as well as clinical practice supervisors. Importantly, the TBC Tour
128 format can be easily utilized within training or community clinics, and/or veterinary medicine college facilities.
129 For this reason, the Appendices of this manuscript include practical information that will serve to assist training
130 clinics or colleges in organizing their own TBC Tour to help student veterinarians learn about clinical
131 communication with children and families. This paper will begin with a brief overview of the current
132 recommendations for teaching student veterinarians about client communication, with a focus on the particular
133 challenges of developing clinical communication skills necessary for professional relationships with children
134 and families. Following this, a description of a pilot study of a TBC Tour at the Ontario Veterinary College
135 Smith Lane Animal Hospital will be provided. A series of resources are provided in the Appendices (see Table
136 1 for a description) to enable use of a tailored TBC Tour to teach clinical communication at other facilities.
137 Notably, when educating students on how to communicate effectively with families, it is important to
138 emphasize specific communication skills rather than having the vague aim of improving communication
139 overall.³ For this reason, Appendix A includes a list of specific clinical communication skills that can be
140 incorporated as learning objectives for student veterinarians.

141
142 **INSERT "TABLE 1" HERE**
143

144 **Clinical Communication between Veterinarians, Children, and Families** 145

146 As student veterinarians prepare for a profession in caring for animals, it is important they obtain skills
147 in clinical communication with families who accompany their companion animals.^{1,3,18} Ideally, student
148 veterinarians should be proficient in adapting their communication style to engage with clients of differing
149 demographics; therefore, students may benefit from direct teaching regarding communication with both adult
150 and children who own companion animals.^{2,3,4,5} Communicating with children can require more resourceful
151 communication abilities, as children's capacities to understand language and health concepts can vary based on
152 their age/developmental stage.^{19,20} As families with children are an important part of community veterinary
153 practice, it is important for student veterinarians to learn to skillfully adapt their communication style to best fit
154 the needs of their clients when children and their parents accompany their animal.¹⁰
155

156 There is strong consensus within the literature that clinical communication skills are an important
157 component to the veterinary medicine curriculum,^{1,2,3} but this does not necessarily reflect actual practice^{2,3}. In
158 any given career, one is expected to develop an effective, professional communication style.⁹ For veterinarians,
159 competence in professional communication is especially important, as veterinarians are responsible for
160 translating veterinary jargon into lay terms, discussing emotionally intense information with clients, and
161 providing health recommendations in a way that enhances client adherence.^{2,3,4,5} Communication with clients
162 involves more than simply being kind; rather, it is about building a professional relationship with clients to
163 ensure the veterinarian's message is being effectively expressed and the client feels his/her concerns are being
164 acknowledged and addressed.^{4,5,6}
165

166 While the focus of veterinary appointments is the health of the animal, it would be ideal if children who
167 attend appointments with their parents and companion animals could be involved in conversations (when
168 appropriate, and with permission from parents). Clinical communication with children and families can be
169 challenging, as veterinarians will be responsible for interacting with parents, while also using language that is
170 developmentally-appropriate for the child. Furthermore, student veterinarians may have varying levels of work
171 experience with children (e.g. babysitting, camp counsellor positions), as well as different personal
172 communication styles (e.g. quiet, verbose, blunt), which may impact their strengths and weaknesses in clinical
173 communication with families. Students may benefit from self-reflection upon their own strengths and
174 weaknesses throughout the learning process, and can consider this information in conjunction with direct
175 feedback from supervisors.^{6,9}
176

177 There are a number of evidence-based methods for teaching and learning communication skills in
178 veterinary settings that can be used to enhance skill acquisition (for examples see Hecker, Adams & Coe, 2012;
179 McArthur, Rush, & Nelson, 2009; Mossop et al., 2015). As communication may not be a common area of
180 expertise in veterinary professors,³ some communication skills may be difficult to teach without consultation
181 from those with the relevant knowledge (who may have a veterinary medicine background, or be trained in
182 different disciplines including psychology, medicine, education). As recommended for learning any clinical
183 skill, it is beneficial for student veterinarians to have opportunities to practice these skills with actors or real
184 clients; a number of veterinary colleges recognize this and have already implemented opportunities in their
185 curriculum to practice clinical skills with companion animals and their adult owners.^{2,6,21} Ideally, supervisors
186 would first demonstrate appropriate communication with children for their students, and allow the students to
187 rehearse these skills before applying them with real clients. Students would benefit from coaching and feedback

188 from their supervisors regarding how to adapt their clinical communication skills to interact with both adult and
189 child clients. Throughout this learning process, students could complete self-reflections regarding their progress
190 in developing communication skills for child clients.² Self-reflections include opportunities for students to
191 compare their personal and professional communication style, note areas for improvement, and areas of
192 strength.² For a helpful guideline on different approaches to providing quality feedback to students, refer to
193 Adams and Kurtz (2012) and the sample evaluation sheet in Appendix B.
194

195 Given that communication itself reflects a set of skills, training in effective communication is greatly
196 enhanced when it emphasizes specific skills.^{18,23} As such, the present paper includes a number of specific
197 communication skills that can be developed through practical experience during the TBC Tour (Appendix A),
198 as well as various reference tools that can be studied and used before, during, and/or after administration of the
199 tour (see Appendices B-E). It is important to distinguish between what Kurtz (2006) refers to as “content
200 skills”, defined as what one says, “process skills”, which involve delivery and non-verbal communication, and
201 “perceptual skills”, which involve personal awareness and awareness of others.²³ Each of these sub-groups is
202 included in Appendix A as these different communication skills are interrelated and a weakness in one results in
203 poorer communication overall.³ It may be beneficial for students and their supervisors to choose 3-5 specific
204 communication skills to target during a TBC Tour, and then reflect together after the tour on the student’s skill
205 development. Additionally, this document provides useful “scripts” that student veterinarians can use verbatim,
206 or adapt to their preference in order to describe veterinary equipment or procedures to children. The included
207 Teaching Tip document regarding training student veterinarians in clinical communication with children and
208 families was constructed based on literature regarding children’s cognitive and language development, as well
209 as their understanding of medical concepts.^{16,17,19,20} Ultimately, the primary aim of the TBC Tour method for
210 teaching client communication is for students to develop a competence in professional clinical communication
211 with child clientele and families.
212

213 **Teddy Bear Clinic Tour: An Innovative Method for Teaching Communication with Children**

214

215 Combined efforts of the Ontario Veterinary College (OVC) Smith Lane Animal Hospital and the
216 Pediatric Pain, Health and Communication Lab (Department of Psychology) at the University of Guelph led to
217 the development of a TBC Tour, which aimed to develop students’ clinical communication skills with children
218 through: 1) direct teaching and 2) an opportunity to practice these skills with children from the community. A
219 TBC Tour involves student veterinarians leading groups of four to six children within the age range of 5-10
220 through a developmentally appropriate and interactive tour of their veterinary training facility. The children are
221 encouraged to bring stuffed animals with them so the student veterinarians can teach children about equipment
222 and procedures using the stuffed animals through concrete modeling and explanations.
223

224 A TBC Tour is an innovative method as it provides a unique practical opportunity for students to
225 practice their veterinary communication skills with real children. Typically, student veterinarians practice
226 clinical communication with adult actors, fellow students or supervisors.^{3,9} However, it can be difficult for an
227 adult to imitate the developing cognitive and language abilities of a child, and therefore realistic practice of
228 child-directed clinical communication is facilitated through interactions with children. The TBC Tour requires
229 student veterinarians to lead and engage with small groups of children, and thus provides a valuable opportunity
230 for student involvement, modeling, and rehearsal.²⁴ This tour can be used in veterinary college training facilities
231 such as hospitals and primary care centers. Students would benefit from this opportunity to practice
232 communication with children, in a context that promotes self-reflection, peer modelling, and supervisor
233 feedback.^{2,24} We believe this TBC Tour is an excellent intermediary step between students’ experience learning
234 communication skills in a classroom setting and interacting with paying clients during appointments; the

235 practical resources in the Appendices of the manuscript are intended to support students and faculty in using the
236 TBC Tour as a teaching tool.

237
238 An added benefit to running a TBC Tour is that it offers a valuable opportunity to advertise the services
239 of a clinic and/or the quality education provided at a particular veterinary medicine college. By inviting groups
240 of children (e.g. local children's clubs and sports teams, classrooms from local elementary schools) to their
241 facilities, community clinics could advertise their services through a fun and interactive tour and by distributing
242 promotional materials to parents. Furthermore, veterinary medicine colleges could use this opportunity to
243 endorse veterinary medicine as a future career choice for children, an important value listed within the
244 Association of American Veterinary Medical College's Strategic Plan document.¹ While the TBC Tour was
245 developed in order to teach students at the OVC strategies for communicating with children, it also provided an
246 invaluable opportunity to advertise the new clinic (Smith Lane Animal Hospital) to the community at large.
247 Clearly, a TBC Tour can provide a "real world" training opportunity for student veterinarians, as well as a
248 unique grassroots marketing tool for community clinics or veterinary medicine programs.

249 **Pilot Study: Teddy Bear Clinic Tour at the Ontario Veterinary College**

250
251
252 As noted above, the TBC Tour was developed in collaboration with the Pediatric Pain, Health and
253 Communication Research Lab (PPHC; Psychology Department; University of Guelph) and the Smith Lane
254 Animal Hospital, a training clinic of the OVC. Five TBC Tours were conducted at this location with Girl Guide
255 and Boy Scouts groups (total of 95 children) between December 2012 and March 2013. The TBC Tour included
256 teaching children about what happens at a veterinary clinic and comparing these activities to what happens
257 when children visit their general practitioner.²⁵ Each tour group was split into four small groups of 4 or 5
258 children (both boys and girls ranging between ages 5-12) and co-led by two student veterinarians from the OVC
259 and one research assistant from the PPHC lab. The student veterinarians who participated were third-year
260 students at the OVC who were on rotation at the Smith Lane Animal Hospital, all of whom were required to
261 participate in the TBC Tour. During the TBC Tour, the children visited different rooms of the Smith Lane
262 Animal Hospital. In the Main Exam Room, they learned about a stethoscope, a needle, and an otoscope. The
263 children also visited the Radiology Room to learn about X-Ray machines, the Rehabilitation Room to learn
264 about physical rehabilitation exercise, and the Surgical Preparation Room (see Figure 1 for an example of a
265 TBC Tour format). The standardized script used for the tour was designed to be easily administrable, even by
266 volunteers who do not have experience working with young children; this script can be used as a reference for
267 future TBC Tours. A sample of the "Main Exam Room" portion of the standardized script can be found in
268 Appendix E, and the full script can be obtained through contacting the lead author. Student veterinarians from
269 the OVC were trained to administer the standardized script prior to the tour by the lead researcher of the project
270 (J. Dalley). The brief (< 1 hour) structured training session included reviewing the script in detail, with a focus
271 on the use of developmentally-appropriate vocabulary to explain veterinary equipment and procedures.
272 Following this review, the students were provided with a chance to practice the script and ask clarifying
273 questions prior to implementing the tour. The tour was highly structured and all small groups spent the same
274 amount of time in each area. The tour lasted approximately 45 minutes.

275
276 While no formal program evaluation was completed at the time, the supervisors of clinical training at the
277 Smith Lane Animal Hospital anecdotally reported the TBC Tour to be an effective and novel method for
278 teaching student veterinarians' client communication through practical application of clinical communication
279 skills (see Appendix A). Children and families who attended the tour also found it enjoyable, likely due to its
280 interactive nature and the focus on children's beloved stuffed animals (see Figure 2). Anecdotal evidence of
281 challenges regarding implementing the TBC Tours at a community clinic include 1) planning logistics (e.g.,
282 recruitment of community groups, planning faculty supervision), 2) working around client appointment
283 schedules to create space for tours, 3) possible unanticipated and/or negative interactions between children and

284 animals, and 4) encouraging student, faculty, and staff engagement in learning communication strategies with
285 children. Future research could investigate the efficacy of TBC Tours in teaching student veterinarian’s clinical
286 communication skills; ideal outcomes for a learning opportunity would be student and supervisor satisfaction in
287 the process, and whether students meet their goals for clinical communication improvement. Of course, this
288 program evaluation research would require support from clinical supervisors, faculty, and students to determine
289 how the TBC Tour can be effectively incorporated into the curriculum to improve students’ clinical
290 communication skills.

291
292 ** INSERT “FIGURE 1” AND “FIGURE 2” HERE **
293

294 **Teaching Communication with Children at Your Learning Facility**

295
296 The TBC Tour was formulated to be adaptable to any training clinic, and modifiable to specific rooms
297 and equipment available at your facilities, as demonstrated in the sample TBC Tour format found in Figure 1.
298 Present TBC Tour recommendations were generated through a combination of experience from the pilot tour,
299 extant literature on children’s language development and understanding of veterinary concepts, and veterinary
300 education research. The recommendations are outlined in Table 2 in the order they should occur when planning
301 a TBC Tour. The first section of Table 2 outlines the faculty’s role in preparing to use the tour as an experiential
302 teaching strategy for client communication. For example, the faculty should decide which specific
303 communication skills will be developed through the TBC Tour and explicate these learning objectives to
304 student veterinarians. Next, suggestions for recruiting participants for a tour are described. Following this,
305 general recommendations for preparing student veterinarians for the tour are outlined (e.g., giving students the
306 opportunity to learn effective client communication skills through demonstration from a supervisor before the
307 tour, or to obtain supervisor feedback after the tour. See Appendix B). These recommendations are based on
308 veterinary education literature; however, the organizers of each training program are encouraged to modify the
309 process as necessary to reflect the faculty’s specific learning objectives for the TBC Tour. Lastly, the resources
310 included in the Appendices can be used as preparatory reading for student veterinarians to learn about clinical
311 communication with children, including child-friendly veterinary terms (Appendix C), as well as how to create
312 a child friendly-environment to support positive behavior in children (Appendix D). Student veterinarians and
313 their supervisors can choose three to five of the communication skills listed in Appendix A as learning
314 objectives for the TBC Tour, and then self-reflect on the development of these skills with their supervisor
315 following the tour (e.g., see Appendix B). The sample script (Appendix E) can be used as a reference for future
316 TBC tours, and modified to meet the specific facility and communication learning objectives of a training
317 program.

318
319
320 **INSERT “TABLE 2” HERE**
321

322 **Summary**

323
324 Competence in professional, clinical communication with clients is associated with a variety of positive
325 outcomes for clinicians and clients.^{3,4,6,18} Given that families with children are an important part of community
326 veterinary practice, it is important that student veterinarians learn to skillfully adapt their communication style
327 to children’s language abilities and understanding of veterinary concepts. As with any learned skill, an effective
328 way to teach this information to student veterinarians is through practical application of specific communication
329 skills, while including student self-reflection and supervisor feedback. Thus, the objective of this paper was to
330 provide an outline for using a TBC Tour as an experiential opportunity for teaching student veterinarian’s
331 clinical communication skills specific to children and their families. The Appendices include resources of
332 specific clinical communication skills, a supervisor-student evaluation sheet, recommendations for supporting

333 positive behavior in children, child-friendly veterinary vocabulary, and a sample script for a TBC Tour.
334 Through following the detailed recommendations included in this Teaching Tip manuscript and Appendices, the
335 TBC Tour can be easily utilized at your facility not only as a unique teaching method for clinical
336 communication with children, but also as a community outreach program to advertise the services at the facility.
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338
339

340 **Figure Captions**

341
342
343 *Figure 1.* A map of an example format for a Teddy Bear Clinic Tour of a veterinary facility.
344

345 *Figure 2.* A photo of the Pilot Teddy Bear Clinic Tour at the Smith Lane Animal Hospital (Ontario Veterinary
346 College).
347

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Appendix A – Clinical Communication Skills for Interacting with Children Ages 5-10

- **Present yourself as a family-friendly veterinarian:** It is important to introduce yourself to children, as well as parents, before an appointment or a TBC Tour. It may also be helpful for the children to clarify your role in their companion animal’s care.
- **Be upbeat and enthusiastic:** Using a happy facial expression and variable vocal tone (vs. monotone) helps to keep the children’s attention, and shows them it is fine to feel comfortable/happy in veterinary settings.
- **Be aware of your body language and facial expressions:** Nonverbal communication is important.¹⁸ If left unmanaged, body language can misconstrue the message you are trying to send. Try to remain “open” to your clients; for example, by keeping your arms unfolded or legs uncrossed, maintaining eye contact with the children (especially when they are speaking), and bending/crouching/squatting down to the child’s level to speak with them.
- **Keep it brief:** Too much information can be overwhelming for younger children²⁶ but keep in mind that older children may want you to elaborate on the information you have given.
- **Use age-appropriate language:** Avoid veterinary medicine jargon, and instead use descriptions/terms provided in the “Child Friendly Veterinary Terms” (Appendix C). Tell children the name of the equipment but also provide an explanation they can understand. For example, “a stethoscope lets the vet hear [companion animal’s name]’s heartbeat – the vet knows what a healthy heart sounds like!”
- **Use literal and concrete explanations for young children:** Be careful about how you phrase things, as certain terms or phrases may confuse or frighten some children. Abstract concepts (e.g., health and illness) can be difficult for younger children to understand.^{19,20} For example, children might become frightened if you tell them “In surgery, we open [companion animal’s name] up.” Rather, say something like “Sometimes [companion animal’s name] may need surgery, which means that the vet will put him/her to sleep for a little while with some special medicine. This makes it so that [companion animal’s name] will not feel any pain or hurt while the surgery is happening, because the vet needs to work inside [companion animal’s name]’s body.” Older children may follow up with more questions, and also may prefer more detailed, abstract explanations.
- **Pay attention to the way that children are talking:** Try to mirror children’s communication by incorporating their own wording in your explanations to increase their attentiveness and understanding. It is equally important to pay attention to how children are communicating non-verbally (e.g. facial expressions indicating they are uncomfortable or nervous, such as wide eyes or looking down; body language indicating they are distracted or not engaged). This can help you to determine children’s emotions and understanding of the task at hand.
- **Use play to engage children in conversation and learning:** The TBC Tour uses play as a valuable tool to engage children in fun and educational conversations, help them better understand veterinary equipment, and help them feel more comfortable in a veterinary setting. It is recommended veterinarians use age-appropriate play, where possible, to engage children in communication.
- **Promote veterinary visits as positive experiences:** One of the main objectives of improving communication with families in community veterinary clinics is to ensure children have positive attitudes about veterinary settings and procedures. By talking about procedures and equipment in a positive way, it shows that you are comfortable and the child can be too. Compare what you are doing/talking about to things children do to stay healthy, such as brushing their teeth or eating well. You can put it in visual/concrete terms for the children by saying something like “[Companion animal’s name] is like a NASCAR driver and this is just a pit stop to make sure he/she still has air in the wheels, gas in the tank, etc.”

- 563 • **Encourage questions:** Conversations during appointments or a TBC Tour should be interactive, so you
564 may need to slow down your pace to pause for children to think about what they've learned and then ask
565 questions. Asking questions allows children to learn more and feel in control, and it may help make
566 them less fearful.²⁶
- 567 • **Give children a task:** Through actively involving children in a task (e.g. asking children to hand an
568 object to you, or to tell you the name of a piece of equipment) you will gain both their interest and
569 compliance.²⁶
- 570 • **Praise:** Praise is positive reinforcement and used appropriately leads to better behavior.²⁶ To be
571 effective, praise must be specific, genuine, and immediately follow the desired behavior (e.g., Thank
572 you for listening so well- I can tell you really want to learn more about your dog's health!").
- 573 • **Be empathic:** Empathic and effective communication demonstrates that the veterinary team appreciates
574 how important the companion animal is to the child and their family (see Appendix E for empathic and
575 child-friendly descriptions of serious veterinary procedures).
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Appendix B – Sample Self-Reflection and Feedback Sheet

Student Name:

Name of Supervisor:

Date of Classroom Practice:

Date of tour:

Students are encouraged to pick 3-5 specific communication skills to practice during the tour.

<u>STUDENT GOAL-SETTING (completed before the tour)</u>	
Client Communication Strengths	
Client Communication Areas for Improvement	
The communication skills I will practice through the TBC Tour are:	
1.	
2.	
3.	

Students and supervisors are encouraged to reflect on student development of these skills after the tour.

<u>STUDENT SELF-REFLECTION & SUPERVISOR EVALUATION (completed after the tour):</u>	
WHAT WENT WELL	AREAS FOR IMPROVEMENT
<u>Next Steps (these should be specific and measurable):</u>	
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Appendix C - Child-Friendly Veterinary Terms and Explanations

General Introduction of the Instruments: *Sometimes your doctor can't see what's happening in your body just by looking at you. This is the same for vets and animals. We can't tell what's happening with your pet without special tools. These tools are used to get a closer look inside an animal's body to make sure everything in there is healthy.*

Note: with younger children, it is important to frequently repeat that each instrument helps the vet to see parts of the body better to help keep the animal healthy.

Child-Friendly Phrasing for Veterinary Equipment & Procedures

Thermometer: *We can use this thermometer to find out if [companion animal's or teddy's name] body is too hot, too cold, or just right. If [companion animal's or teddy's name] is very warm, the vet may give him/her some medicine to make him/her feel better.*

Otoscope: *This is like a little telescope with a small light on the end of it that is used to see the inside of [companion animal's or teddy's name] ear better.*

Ophthalmoscope: *This is a flashlight that the veterinarian uses to see into [companion animal's or teddy's name] eyes. This lets the vet get a better look at [companion animal's or teddy's name] eyes, and the light helps to spot any problems if there are any.*

Stethoscope: *This is used to hear the different sounds inside of [companion animal's or teddy's name]'s body. Normally, the vet can't hear sounds like a heartbeat or air moving in and out of lungs, but with the stethoscope, the sounds get much louder.²⁷ It's like turning up the volume on the TV. The vet may listen to [companion animal's or teddy's name]'s heart in a couple of different places (e.g., chest, back).*

Syringes: *This is a needle. Sometimes it's used to take [companion animal's or teddy's name]'s blood so the vet can take a closer look. The blood goes into the little tube here. It's really cool, because the veterinarian gets to look at the blood close up to make sure [companion animal's or teddy's name] is healthy. Needles can also be used to give medicine to the inside of [companion animal's or teddy's name]'s body. This medicine keeps your [companion animal] healthy!*

X-Ray: *Instead of taking a picture of the outside of [companion animal's or teddy's name]'s body, like a normal camera would, an X-Ray takes a picture of the bones inside of [companion animal's or teddy's name]'s body to make sure they aren't broken and are in the right place. [Companion animal's or teddy's name] won't feel anything while the vet uses the X-ray machine to take its pictures.^{27,28}*

Discussing Serious and/or Potentially Distressing Information:

As student veterinarians know, communicating with clients can be especially difficult when the veterinarian must deliver emotionally upsetting news, and/or if the companion animal is injured or ill. Student veterinarians may be faced with the challenge of discussing difficult topics with children who are old enough to want information about their companion animal's health. **First and foremost, parents must give permission for the child to be involved in serious veterinary communications regarding their companion animal.** In cases where the parent and children are present during veterinary appointments, it is important to be sensitive to

671 children's feelings, and the significant role that companion animals have in children's lives.⁹ The ability to
672 empathize is integral to maintaining a quality professional relationship with clients of any age.⁵ While student
673 veterinarians need not fully explore children's negative feelings, empathic and sensitive communicators use
674 developmentally appropriate language, and acknowledge appreciation of why the child is feeling worried or sad.
675 Children view their companion animals as part of their family.⁹ Research on the human-animal bond also
676 indicates that children obtain various socio-emotional and psychological benefits from animal-assisted
677 activities^{29,30,31} and companion animal ownership.¹¹ Given that companion animals can be a source of social and
678 emotional support for young children, it is reasonable that they want knowledge regarding their companion
679 animals' well-being and may be emotional if the companion animal is ill or injured. Additionally, the death of a
680 child's companion animal may be the child's first experience with death of a loved one (e.g. see Fitzgerald,
681 2013 and Sharkin & Knox, 2003 for more information regarding children's bereavement of a companion
682 animal).

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684 **Surgery:** *Sometimes animals need to have an operation or surgery. Veterinarians can perform an operation on*
685 *a pet for many reasons. Usually it is because something inside the body needs to get fixed and it can't be done*
686 *just with medicine. An example is when an animal eats a toy. The veterinarian may need to operate on an*
687 *animal to remove the toy from its stomach. If the operation wasn't done, the pet would get very sick or feel a lot*
688 *of pain or hurt.*

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690 **Euthanasia:** *In animal medicine, we are able to end the suffering of a pet. If a pet is in a lot of pain/hurt, or its*
691 *body isn't working right anymore and we can't make things better, we may consider euthanasia. Euthanasia is*
692 *when we help the pet die peacefully and without pain. This is a very serious decision that veterinarians and*
693 *families make together. Some families might feel very sad when this happens, and that's okay – it's important to*
694 *talk to your moms and dads about how you feel when a pet dies.*

695 **If a child seems confused, or asks for more information on how an animal dies via euthanasia:**

696 *When the veterinarian and family decide together that euthanasia is the best way to help a pet, the*
697 *veterinarian will give the pet special drugs so that the pet will die. It is very quick and painless. This kind of*
698 *drug is for very sick pets only.*

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700 **Getting your pet spayed/neutered:** *Many pet owners will have their pet spayed or neutered. This means a pet*
701 *will have an operation so that it won't be able to have kittens or puppies. Sometimes it can also help make sure*
702 *a pet won't get sick later on. If it is a female or girl pet, then we call the surgery a spay. If it is a male or boy*
703 *pet, we call the surgery a neuter. Although it is fun to have puppies and kittens, it is important to control how*
704 *many pets are born. For example, there aren't enough good homes for puppies if a dog has 10-16 puppies at a*
705 *time.*

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707 **Anesthesia induction:** *Anesthesia is a special medicine that helps an animal dog sleep during surgery and*
708 *makes it so that the animal won't feel any pain while the vet is working on his/her body. There are different*
709 *ways that the veterinarian can give an animal the anesthetic, a special medicine, before the surgery starts. The*
710 *anesthesia can be breathed in through a special mask that the animal wears, or it can be given by the*
711 *veterinarian using a needle.*

Appendix D – Tips for Supporting Positive Behavior in Children Ages 5-10

Remember, children will be accompanied by their parents, who will ideally remain in charge of their children's behavior. However, if you are finding a child's behavior distracting or disruptive, the recommendations below provide guidelines for supporting positive behavior in children ages 5-10. Proactive use of techniques one through five will reduce behavioral issues, and techniques six and seven are useful for when behavioral problems develop.

- 1. If conducting a tour, use small groups:** Smaller groups of children will generally result in less behavioral issues and will make children more comfortable.
- 2. Make the rules clear:** Tell the children up front what you expect and be clear. When possible if correcting behavior, indicate what behaviors you want to see, rather than what ones to avoid (e.g., “Walk please” vs. “don’t run”). Although minor behavioral issues can be ignored, be consistent in correcting dangerous or highly disruptive behavior. Praise desirable behavior.
- 3. Be engaging:** Try to include the children as much as possible by using humor, asking them simple questions, and checking in to make sure they understand. Keeping the visit as interactive as possible and minimizing the time spent “lecturing” will cause children to be more attentive (e.g., “Raise your hand if you’ve ever had your temperature taken”). Allowing the children to play with or look at safe equipment gives them a chance to become familiar with veterinary equipment and may make them more comfortable with seeing it (e.g., needles become less scary to look at).
- 4. Use structure and transitional warnings:** Keeping a predictable and structured schedule helps children transition to different activities. Children may have a hard time with transitions, therefore it is important to give plenty of time warnings. For example: “We just finished talking about bandages, and now we will be talking about needles” or “We have one minute left in this exam room, and then we are going to move to the next room where we will look at X-Rays!”
- 5. Provide structured choices:** Children, particularly younger children, respond best when they are given structured or forced-choice questions (two options at a time) compared to open-ended questions. For example, say “Would you like to look at bandages or tongue depressors first?” rather than “What should we look at first?” When asking a child to participate, be aware of your wording to ensure that you are still in control of what happens next (e.g., “Would you like to help me with now or should I do it on my own?” instead of “Is it ok if we do this now?”).
- 6. Be flexible:** There is usually a reason why children are acting the way they are (e.g., chatty, fidgety) – they are not necessarily trying to be disrespectful. They might be bored or nervous. Be sure to pay attention to children’s nonverbal cues and respond accordingly.
- 7. If children are being inattentive:** If children are not listening, get down to their level (if not already) and establish eye contact and say something like, “It’s time for you and your dog to put your listening ears on.” Alternatively, you could emphasize the importance of the information to the child’s parent. For example, “I think your parents would like to hear this part, so let’s make sure that he/she can hear what the vet is saying!”

Appendix E – Sample Script for Tour of Main Exam Room

*As used in pilot TBC Tour at Ontario Veterinary College, University of Guelph. For full script, please contact the lead author or see Dalley & McMurtry (2015).

The purpose of the main examination room is to teach the children about the different instruments used by veterinarians. Have the children stand on the other side of the examination table from you. Begin by introducing yourself, and have all the children take turns telling you their names and the names of their stuffed animals. Remember to speak clearly and enthusiastically. When speaking directly to a child, remember to use their name and the name of their stuffed animal.

1) Discuss why it is important for people to go to doctors and their pets to go to the veterinarian. “We might go to the doctor if we are feeling sick, but we also need to go to the doctor – even if we feel fine – to make sure that everything is working properly and that we are strong and healthy. The same is true for your pets. Your stuffed animal is here today to have a check-up, and if anything is wrong with him/her we can help your stuffed animal out. After all, that’s what doctors and veterinarians are for – to make you sure you and your stuffed animal are healthy and happy!”

2) Introduce the veterinary instruments. Before we fix each of your stuffed animals, we will explain some of the tools that veterinarians can use to look at an animal’s body. The veterinarians can’t always see what’s happening in an animal’s body just by looking at them, so they may need to use special tools. These tools are used to get a closer look inside an animal’s body to make sure everything in there is running smoothly. You and I can work together to make sure your stuffed animal is healthy.

3) Discuss the name, function and ‘feel’ of needles.

Name: *Hold up a syringe.* “Does anyone recognize this? This is a needle, and it can be used for a few things.”

Function: “It can be used to take a little bit of your stuffed animal’s blood to send for tests. The needle only takes a tiny bit of blood, and it goes into the little tube here. That’s really important, because the veterinarian gets to look at the blood close up to make sure your stuffed animal is healthy. Needles can also be used to give medicine to the inside of your stuffed animal’s body. Animals might need this medicine so that they don’t get sick.”

Feel: “Raise your hand if you have ever gotten a needle before. Needles have a sharp point at the end and this can hurt you. This means needles are only safe for a veterinarian, doctor, or trained person to use.”

Demonstration: *After demonstrating how the needle is used on the Ontario Veterinary College’s stuffed animal, give each child’s stuffed animal a ‘fake needle’, using a syringe without a needle in it. Remember to immediately dispose of the needle and place a Band-Aid on the stuffed animal.*

4) Discuss the name, function and ‘feel’ of a stethoscope.

Name: *Hold up a stethoscope.* “Does anyone know what this is? This is called a stethoscope – can everyone say stethoscope? ... Terrific!”

Function: “Veterinarians use this to hear the different sounds inside of your stuffed animal’s body. Usually, the veterinarian can’t hear sounds like an animal’s heart beat or air moving in and out of their lungs, but with the stethoscope, the sounds get much louder. It’s like turning up the volume on the TV.”

Feel: “Veterinarians might listen to your stuffed animal’s heart or breathing in a couple of different places, so they might put the stethoscope on their chest or back so that things sound louder! *Put the stethoscope on different parts of your arm (or the other tour leader’s) to show children it feels fine.*

Demonstration: “Let’s listen to your stuffed animal’s heartbeat together.” *If the children want to hear a*

803 *heartbeat, put the stethoscope up to your chest (or the other tour leader's), not the children's, so they can listen.*

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