

EXAMPLE OF A CLIENT SCRIPT FOR DAY 1 INTERVIEW

2007: DC1 Client Scenario (dc-066)

Steve Hines & Gary Haldorson – facilitators (2 clinics/each)
Keith Banks & Charlie Oldenburg – DC clients (2 clinics/each)

Day 1 SCHEDULE:

- ✓ **On Day 1 (Tuesday) at 8 AM, we'll have a brief client orientation meeting with Dr. Carolyn Wyatt in Bustad 404. Among other things, the experienced DC clients will share some of their tips and strategies with the new clients.**
- ✓ **At 9:10 AM, the first group of students will meet with Steve & Keith in Bustad 491. We'll then alternate Charlie, Keith and Charlie again. (see clinic scenario with schedule).**
On Day 1, each client will meet with their client for 30 minutes and the students will then have an opportunity to take a "time-out", go discuss their options, and come back for a second 5-10 minute meeting to make recommendations. The 2nd meeting is just considered a continuation of the first and is optional for the students.
- ✓ **On Day 3 (Thursday) all the clients will meet again at 8 AM with Dr. Kathy Ruby to talk about providing feedback to students during the afternoon de-briefing session. This will be in Bustad 110J – the Dean's Conference Room.**

ROOM: Bustad 491

The appointments are scheduled according to the following order:

- Group #9: 9:10-9:45 and 11:15** (2nd time is optional) * Client = Keith Banks, Facilitator = Hines
Group #11: 9:45-10:15 and 11:25 (2nd time is optional) *) Client = C. Oldenburg, Facilitator = Haldorson
Group #10: 10:15-10:45 and 11:35 (2nd time is optional) * Client = Keith Banks, Facilitator = Hines
Group #12: 10:45-11:15 and 11:45 (2nd time is optional) * Client = C. Oldenburg, Facilitator = Oldenburg

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“Liz” is a 6-year old German Shorthaired Pointer (picture provided).

Female – spayed.

SETTING: Gig Harbor/Tacoma, WA

(somewhere on the populated west side, where our students are more likely to end up)

You live on the Palouse – describe your home setting as you see fit and insert Liz into your life. You are visiting the Seattle area, as you often do, to spend some time with your in-laws - your father-in-law and your brother-in-law and his familygrown child and grandkids. You arrived 3 days ago. You’re brought your dog because you (Charlie) are planning to meet up a couple of times with some friends to do some hunting. Keith, you can use the hunting scenario or just be someone who likes to get into the outdoors with his active, athletic dog (hiking, etc.).

The day before yesterday you were out (hunting or hiking) with Liz. It was a beautiful, unusually warm day. Liz seemed fine and very active. Later that night, however, she seemed unusually tired and lethargic.

Yesterday was more of the same. Liz seemed to feel worse as the day progressed. Also, she seems **stiff and painful**, and has been progressively having trouble getting up and down - so last night you gave him ONE regular strength **Tylenol** caplet – as you have done occasionally before. (FYI: regular strength = 325 mg/caplet, but you can let the students figure that out)

If asked: Liz ate just a bit of her food in the AM, and hasn’t had any interest in food since.

This morning, Liz vomited once. **IF ASKED:** the vomit was mostly just some greenish-yellow frothy fluid, not a lot of volume. she vomited again in the car on the way here. It seemed to be mostly the water she had drunk before you put him in the car to come to the vet. No, she doesn’t usually get car sick – never been a problem.

Normally, you wouldn’t worry too much about this and would just wait until you got home and take Liz to your regular veterinarian, but you’re a bit concerned. While you were out the day before yesterday, the dogs were drinking out of the standing water (puddles, etc.) they came across – as usual. Several of these puddles had a thick, green, pea soup-like appearance (also not that unusual). However, your son mentioned later that he’d read about dogs ingesting a toxic algae that was found in free standing water and rivers. The dogs that drank this algae-contaminated water apparently got sick pretty fast, started vomiting and died within days. Ask the students if they know about this, whether it’s common, have they seen any cases? and try to get them to explain this to you. Remember they may need some time at the end of the day or overnight to research the problem. Emphasize your concern about this.

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HISTORY: IF ASKED – ANSWERS TO QUESTIONS

Liz has never had any serious health problems – an uneventful life really. Say whatever you want about neutering, routine vet visits, etc. It always works well to help remember the details if you stick to what you really do/would do - just so long as the students get the impression that Liz has been well cared for.

You have lots of flexibility on the usual questions about how you care for Liz and what you've noticed:

DIET: whatever you want it to be

DEFECATION and URINATION: haven't noticed any problems

HOW LONG YOU'VE OWNED LIZ: your call – at least 3 years though

OTHER PETS: A border collie named "Cougar"

Vaccinations: up to date. Rabies was 2 years ago. The "other shot" was given just over 1 year ago, about this same time of year. It's that multiple vaccine that contains 5-6 different things (parvovirus, distemper, etc.).

IF ASKED: Parasites

- ✓ Fleas are not usually a problem where you live and you don't worry much about control other than buying a flea collar some years – but mostly to control ticks, which can be a problem.
- ✓ Heartworm is also not a problem on the east side so Liz is not on a heartworm preventative.
- ✓ Intestinal parasites. You have Liz checked as part of your routine veterinary visits. Have not been a problem.
- ✓ Yes, Liz often picks up **ticks**, which you remove when you find them. Surprisingly you and dogs got into some ticks yesterday, and you all spent some time trying to wipe/pick off the little buggers. You haven't seen any attached or engorged ticks on any of the dogs since. However, there was a similar situation 2 weeks ago and you and your friends picked engorged ticks off all the dogs. **IF STUDENTS DON'T ASK ABOUT TICKS**, save this bit of information for very last and mention it as the students are about to leave the room. You just thought of it. You don't know that it means anything but thought it worth mentioning.

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HOSPITALIZATION: Especially since you don't know the clinic and are not from here, you'd much prefer to take home with you today and tonight. You also don't want to pay for hospitalization unless it is absolutely necessary. Tell the students they can draw blood and then you and Liz have some errands to run. That way you can also keep an eye on him yourself. You and Liz can stop back by this afternoon or they can call you on your cell phone to talk about the results and to let you know if they want to start any treatment. Push them pretty hard on this and don't agree to leave Liz UNLESS they are very convincing. If they want to do some treatment, whatever it is, ask if it isn't something you could do or if you could just bring Liz back for follow-up treatment in the morning. If they want to keep Liz overnight, ask if ONE OF THEM will be there all night to watch over Liz and whether you can call them tonight to get an update. You are skeptical about the whole idea to hospitalize (but be reasonable if they are convincing).