

# NORTH CAROLINA VETERINARY MEDICAL BOARD

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J. Linwood Jernigan, D.V.M - President's Message  
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Lillington

This has been a very busy year for your North Carolina Veterinary Medical Board (NCVMB). The number of complaints has increased by approximately 15% over 2007.

I would like to personally welcome Ms. Katie Morgan of Lillington, our newest Board member. She has and will continue to offer a unique insight and frame of reference during her tenure on the Board.

Safeguarding the people of the State of North Carolina against unqualified or incompetent practitioners is the challenge set forth by the General Assembly for the Board. Clients are better educated, demand a higher level of service and view their animals as much more than personal property. For this reason, clients are more likely to file a complaint if they feel that veterinary care falls below accepted standards of practice. Many complaints are based upon emotion, unrealistic expectations, lack of information, or financial concerns. Many arise from a lack of adequate communication by the attending veterinarian or a team member, failure to present an estimate to the client for services before they are rendered, the commission of medical or surgical errors, or general negligence.

A lack of quality of medical records continues to be a concern. Medical records are not only invaluable from the standpoint of providing quality care, but are essential for defending oneself against frivolous or inaccurate complaints. Also, consider that in today's mobile society many of your clients *are* going to move and *will* request copies of their pets' medical records, the quality of which will reflect upon you and your practice. Some specifics are:

- (1) Failure to document in the medical record leaves the attending DVM vulnerable to the recollection of the client when a complaint is filed. That recollection may be tainted by emotion and not factual.
- (2) The Signalment is often missing from medical records: species, age, breed, gender, color, body weight and condition, altered vs. intact are all important to identifying the patient and potential breed predispositions to disorders. A subjective medical history (S) including appetite and water consumption changes, the pet food brand being fed, exposure to other animals, behavior changes and so forth.
- (3) A record of the physical exam findings and observations (O) has been often absent or cursory at best. Utilizing the SOAP format would provide a standard template to follow and organ systems may be represented by a check box list or equivalent when no abnormalities are found to add efficiency to the examination-medical record keeping process.
- (4) The (A) or assessment portion of medical records has also often been absent from submitted medical records. This should include all laboratory results of clinical significance with their implications.
- (5) When a treatment plan (P) is developed for the patient in question, it should include whether or not the recommendation was *accepted or declined*. The fact that a practitioner offered an appropriate diagnostic test but the *client* refused it, can be very helpful when a complaint is being evaluated for culpability.

- (6) A common finding in written medical records is that the handwriting is illegible. Some records are incomplete and do not identify the patient, owner, hospital offering the services, the attending doctor, or the person making the entries (e.g., the assistant's initials) in the record.

### **Commenting on another Veterinarian's Diagnosis or Treatment**

It is easy for emotionally attached clients to "hear what they want to hear" and remember it in the worst possible frame of reference. It is wise to never comment on another veterinarian's diagnosis or therapy, as one may not have all the details. Such a comment can become the basis for a complaint by planting "seeds of doubt" which the client is more-than-willing to "fertilize". This may irreparably damage or weaken the trust relationship between the original doctor/hospital and provide a reason for a client to file a formal complaint. Being certain to ask whether the exam one is providing represents a "second opinion" is a part of the history-taking phase of the exam that many forget and which may alert you to the possible motive for the exam. If one avoids making these kinds of comments, one has gone a long way toward not becoming embroiled in emotionally-charged controversy.

### **Early Discharge of surgical patients before complete anesthetic recovery.**

The early discharge of (1) surgical patients or (2) those having received anesthesia before the patients are completely recovered from anesthesia and in full control of themselves continues to create conditions in which a complaint and disciplinary action has resulted. As attending veterinarians, we must articulate and document the risks and options for each patient, including those that have been declined by the client. It is imperative that as a profession, we do not release patients before they have complete control of their faculties unless that release is to an after-hours facility if your hospital does not provide twenty-four hour care at a level dictated by the status of a particular patient.

### **Installation of Microchips**

Since we regularly receive questions regarding the placement of microchips for identification and who may perform the installation of them, the Board reviewed and reconsidered the status of the process of installation of microchips. Microchip installation falls within the definition of the practice of veterinary medicine and must be performed by or under the direct supervision of a licensed veterinarian.

### **Verification of Licenses/Registrations at the time of employment.**

Since we do not live in "a perfect world", it is always wise to contact the Board or otherwise verify the validity of the license or registration claimed by the potential employee.

### **Testing, Registration, Annual License Renewals and Documentation of CE Credits**

You should know that your NCVMB is sensitive to concerns that have been voiced regarding these processes and is attempting to streamline the processes through upgrading of database software and incorporating other information technology solutions. Automation of this process would be beneficial to every one and the Board is reviewing several options. Do not hesitate to make suggestions as to services you would appreciate having available to you. As a reminder, when completing your application for renewal please read the questions thoroughly and provide truthful answers which may be verified. Be certain to sign the application before submission. It is the Board's hope to have online license applications and online license/registration renewals available by the next renewal cycle. This will allow for credit card transactions and expedite the application and renewal processes. Cutting edge technology should streamline many of the administrative processes and increase the efficiency of information retrieval. Look for exciting changes to [www.ncvmb.org](http://www.ncvmb.org) in 2009.

Best wishes to you. It is my hope that 2009 will be most rewarding personally and professionally for all the veterinarians of North Carolina.