

Guidelines for Equine Veterinary Case Referral

The Veterinary Oath obligates practicing veterinarians to use their knowledge and skills for the benefit of society and the prevention of animal suffering. This is often best accomplished through the coordinated efforts of multiple individuals working on behalf of a single patient to provide the highest quality veterinary care in a professional and collegial environment. This document was developed through the collaborative efforts of the American Association of Equine Practitioners (AAEP), American College of Veterinary Internal Medicine (ACVIM), American College of Veterinary Surgeons (ACVS), American College of Theriogenologists (ACT), and American College of Veterinary Emergency and Critical Care (ACVECC) with a goal of providing practical communication guidelines for individuals who collaborate in equine patient care.

While these guidelines are primarily directed at veterinarians and horse owners or their agents, it is recognized that optimal patient care can only occur through the coordinated efforts of all individuals associated with an equine patient including veterinarians, veterinary staff, owners, trainers, animal handlers and caretakers, insurance company representatives, and others. Therefore, the guidelines include recommendations for all individuals. The vision behind these guidelines is the development of a team of veterinary professionals who function collaboratively to provide the best quality of veterinary care possible for every equine patient in an environment of exceptional client service and education. For horse owners and their agents, the intent is to provide clear information with regard to the definition of a specialist and how to find or request a specialist consultation or examination for a horse.

Process and Timeline

In December 2009, representatives of the ACVIM, ACVS, ACT, ACVECC, and AAEP met in Las Vegas, NV during the annual meeting of the AAEP. The purpose of the discussion was to identify areas of potential collaboration between board-certified veterinary specialists and general practitioners as they relate to equine veterinary practice. One topic of discussion at this meeting was the possibility of developing a joint statement with guidelines for referral of equine patients between veterinarians. After this meeting, Dr. Michelle Barton, President of the Specialty of Large Animal Internal Medicine in the ACVIM worked to confirm the collaboration of all participating groups and identify a mutually agreeable timeline for development of referral guidelines.

Senior leadership from each specialty college and from the AAEP were engaged in initial conversations to obtain a consensus on the scope of the project, appropriate procedures and timeline, nomination of task force members, and development of a mutually-agreeable reporting structure. Dr. Debra Sellon was chosen to chair the task force. The participating specialty colleges and AAEP leadership indicated their willingness to participate in the process by October 1, 2010. After negotiation of details, all colleges and the AAEP agreed on procedures and timelines by November 1, 2010. Panel members representing each organization were nominated and their participation confirmed. The panel members signed contracts and conflict of interest statements in early December 2010. The task force consisted of two members from each participating specialty college and four members from the AAEP. All specialty college

representatives on the task force were concurrent members of the AAEP. Efforts were made to include representation from private referral hospitals, academic referral hospitals, specialists in ambulatory practice, and veterinarians working in a wide variety of non-specialty practices. This group of individuals and their professional affiliations is referred to as the Equine Referral Guidelines Task Force (Table 1). Each organization was encouraged to develop its own methods and procedures for obtaining additional member input into the drafting of the guidelines if so desired.

The Equine Referral Guidelines Task Force convened an initial meeting at the 2010 annual meeting of the AAEP in Baltimore, MD. The first draft statement of their work was submitted to the AAEP Board of Directors on May 15, 2011. The first public presentation of this draft occurred at the ACVIM Forum in Denver, Colorado in June 2011. The information was subsequently presented at the annual meetings of the ACT, ACVECC, ACVS, and AAEP between August and December 2011. At each public presentation comments were solicited to guide editing of the document. A second draft of the manuscript was submitted on February 6, 2012. This draft was made available to all members of the participating organizations for additional comment. A final written draft of the guidelines will be submitted to each organization by May 1, 2013. Approval of the final draft will be obtained from the participating organizations by June 1, 2013; the final statement will be submitted for website and journal publication on July 1, 2013.

Content and Format

At the beginning of this project, the Equine Referral Guidelines Task Force reviewed referral ethics statements and guidelines from a variety of professional organizations including the American Veterinary Medical Association (AVMA)¹, the American Animal Hospital Association (AAHA)², and the AAEP.³ Each of these organizations had information of relevance to the task force but none provided the breadth of guidelines desired. Because the AAHA Referral Guidelines are structured in a concise, readily accessible, and easily understood format the decision was made, with the consent of AAHA governance, to model the Equine Referral Guidelines after this document with appropriate modifications to reflect the unique considerations of equine practice. As a result, much of this document bears strong resemblance in structure and content to the AAHA Referral Guidelines.² After introductory comments and clarifying definitions, the guidelines are structured in time intervals related to referral (Prior to Referral, During Referral, After Referral) with guidelines for referring veterinarian, receiving veterinarian, owner, and other individuals at each time point. A section on special communication considerations is included. The document concludes with specific recommendations for the AAEP and specialty veterinary colleges to further promote optimal communication associated with referral of equine patients.

Definitions

Referring Veterinarian: The veterinarian (or group of veterinarians) providing care at the time of the referral.

Receiving Veterinarian: The veterinarian (or group of veterinarians) to whom a patient is referred.

Consultation: A communication between two or more veterinarians concerning the diagnosis and/or care of a patient.

Referral: The transfer of responsibility for diagnosis and/or care from a referring veterinarian to a receiving veterinarian.

Recognized Veterinary Specialist: A veterinarian who is certified by an AVMA-recognized veterinary specialty organization (Table 2). Currently there are 22 AVMA-recognized veterinary specialty organizations with 40 distinct specialties. The AVMA web site states that “more than 11,000 veterinarians have been awarded Diplomate status in one or more of the 22 recognized veterinary specialty organizations by completing rigorous postgraduate training, education, and examination requirements.”⁴ Only those individuals who have completed all aspects of the specific training and testing required by a recognized veterinary specialty organization can describe or advertise themselves as a veterinary specialist. These individuals are ethically bound to only advertise or claim expertise in their area of board certification. Veterinarians who have completed internships or residencies but have not fulfilled all of the requirements of a specialty discipline (e.g. credentials and testing), may not call themselves veterinary specialists and the terms “board eligible” or “board qualified” should not be used. The AVMA has stated that “only those veterinarians who have been certified by an AVMA-recognized specialty organization should refer to themselves as specialists.”⁵

Legal Owner/Client: In this document, the term “owner” refers to the individual or syndicate of individuals with legal ownership of the equine patient. The term “client” refers to the agent with legal authority to make health care decisions for the horse at the time it is being examined and treated. This individual may be the legal owner, trainer, caretaker, or other proxy.

Consultation with veterinary specialists is increasingly common because of the increased access to immediate electronic communication by mobile veterinary clinicians. While this document is meant primarily to address situations in which direct transfer of patient care occurs between two or more veterinarians, some guidelines related to consultation without transfer of patient care responsibility are included. These recommendations are adapted in part from current AVMA recommendations in the *Principles of Veterinary Medical Ethics of the AVMA*.¹

- A consulting specialist veterinarian is a specialist veterinarian (or group of specialist veterinarians) who agrees to advise an attending veterinarian on the care and management of a patient. The Veterinarian Client Patient Relationship (VCPR) remains the responsibility of the attending veterinarian.
- Veterinarians requesting consultations with veterinary specialists should realize that consultations require the time and resources of the specialist veterinarian and that compensation may be appropriate. Specialist veterinarians should determine if compensation is appropriate on a case-by-case basis.
- When a consultation occurs, the attending veterinarian retains primary responsibility for the medical management of the patient.
- Consulting specialists should convey their findings directly to the veterinarian requesting the consultation.
- Consulting specialists should revisit patients and communicate with clients only in collaboration with the veterinarian requesting the initial consultation.

Prior to Referral

Responsibilities of the Referring Veterinarian

The referring veterinarian should:

- In general, be prepared for the possibility of a patient consultation or referral by:
 - Being aware of specialty services and veterinarians in the appropriate geographic area.
 - Being aware of client preferences regarding referral facilities.
 - Considering a referral when there are any of the following:
 - A need for additional expertise and/or advanced training
 - A need for additional equipment or services to provide further diagnostic testing or care
 - An inconclusive diagnosis
 - An unresolved or worsening medical condition
 - A need for medical supervision (24 hours/7 days/week)
 - Client dissatisfaction with the progress of the case
 - Acknowledging, respecting, and honoring a client's request for a second opinion in a timely manner.
- When a referral is indicated, to the best of his/her ability, communicate to the client:
 - The purpose for the consultation or referral.
 - The name, advanced credentials, and qualifications of the attending clinician(s) that they will be seeing.
 - A brief overview of the anticipated referral experience.
 - An approximate estimate of initial or anticipated costs of referral, including credit and billing policies of the referral hospital.
 - The insurance policy considerations, including likely payment and reimbursement policies. In many situations, this discussion will include encouraging owners to directly contact their insurance representative to confirm relevant policies. In all situations, owners should be prepared to pay the referral veterinarian/hospital directly for all services rendered.
 - The policies of the receiving hospital, should the patient be hospitalized, regarding phone calls and hospital visits.
- Educate clients as to whether the referral facility is associated with a veterinary college/school in order to manage the client's expectations as to the number of individuals expected to attend the referral, the fact that veterinary students, interns and residents may be involved with their animal's care and that the duration of an appointment may be longer.
- Refrain from specifying to the client exactly which procedures will be undertaken *except* in cases when the referral is being made for a specific diagnostic procedure only as agreed upon by both the referring and receiving veterinarians.
- Contact the referral veterinarian or hospital to notify them of the intent to refer and provide client and patient information including:
 - Signalment
 - Owner contact information
 - Insurance contact information if applicable
 - Relevant medical history and presenting clinical signs

- Diagnostic tests performed with results or anticipated timeline for results
- Outline of medical treatment to date with times and dosages of most recent drug administrations
- Summary of relevant discussions with horse owners or care-givers
- Assessment of medical condition at time of referral or last examination
- Personal contact information with clear expectations for follow-up communications.
- Transfer the responsibility for the case once the referral has taken place. At that point, the healthcare decision process becomes the responsibility of the receiving veterinarian.
- Avoid performing diagnostic tests for which the results are not likely to be available at the time of the referral in order avoid duplication of diagnostic test and additional client expense.
- Avoid dispensing medications to the client for them to take to the referral center, with the exception of dietary supplements or medications that the horse is currently receiving. Any other medications sent with the client should be clearly communicated to the receiving veterinarian.

Responsibilities of the Receiving Veterinarian

The receiving veterinarian should:

- In general, be prepared for the possibility of receiving referral patients by:
 - Providing a description of professional credentials to the community of referring veterinarians.
 - Communicating the services they provide to the veterinary community.
 - Informing the veterinary community of their willingness to provide limited function referral services such as specific diagnostic procedures, therapies, or surgeries.
 - Providing guidance to referring veterinarians as to how their fees should be discussed with clients prior to referral, for example as an estimate range or as a specific quote for certain procedures.
 - Informing referring veterinarians of the nature and format preferred for transfer of medical record information.
 - Providing referring veterinarians with an expected framework for case communication during referrals.
- Clearly communicate to the referring veterinarian any specific diagnostic or treatment recommendations that should or should not occur prior to transport of horse to the referral appointment.
- Clearly communicate to the client, when patients are examined without referral, the need to include the usual attending veterinarian in any communications in order to provide optimal care for the patient throughout the course of treatment and the convalescent period.

Responsibilities of Both the Referring and Receiving Veterinarians

Both the referring and receiving veterinarian should:

- Ensure that their primary focus, when considering a referral, is the best interest of the patient.

- Work together to create a relationship built on mutual trust and respect in all matters of communication between themselves and the client.
- Acknowledge that patient care may be best served through the referral process rather than client self-referral.
- Make every effort to maintain and enhance the relationship the client has with both veterinarians.
- Enhance the relationship and communication between the referring veterinarian and the receiving veterinarian in his/her marketing materials by:
 - Emphasizing a team approach to patient care
 - Focusing on education and improving awareness of services provided by board-certified specialists
 - Emphasizing the importance of the role of primary care veterinarians
- Recognize that telephone and electronic consultations require the time and resources of both the receiving veterinarian and the veterinarian requesting consultation, and that compensation may be appropriate. Receiving veterinarians should determine whether compensation is appropriate in a given case, and should clearly communicate this to the veterinarian requesting the consultation.

Responsibilities of Owners

The owner or his/her agent should:

- Communicate freely with the referring veterinarian as to the expectations for an animal and the limits of costs that may be incurred.
- Provide a complete medical history to all relevant parties.
- Discuss in advance the expected cost for evaluation and treatment at the referral facility.
- Understand their obligation to meet financial commitments in a manner consistent with the mutually-understood policies of the referring and receiving veterinarian.
- Provide information regarding active insurance policies to all veterinarians.
- Inform any insurance agencies providing coverage that an animal is receiving veterinary care (in accordance with the insurance policy guidelines and stipulations).
- Make all necessary arrangements to ensure timely arrival at the designated time, day, and location of the referral appointment.
- Provide clear authorization, preferably in writing and at the time of the referral, if any non-owner individuals (e.g. a trainer or agent) are to be involved in medical or financial decision-making regarding a specific patient, and communicate that authorization clearly to all parties involved at the time of the referral.

Responsibilities of Insurance Agencies

The insurance agency and its representatives should:

- Provide to the owner an agent's name and contact information to facilitate communication with veterinarians and owners.
- Have a representative available to discuss questions related to the policy that may arise at any point in the care of that patient.

Responsibilities of Other Individuals

Trainers, agents and other individuals associated with an equine patient should:

- Inform owners accurately and in a timely fashion regarding the nature and extent of any required veterinary care.
- Communicate to the owner that the owner may at any time request to speak to the referring or receiving veterinarian.
- Inform veterinarians of name and contact information of all legal owners and facilitate direct communication with owners for the decision making process and financial arrangements (unless specific written authorization specifies otherwise).
- Have explicit written authorization, if possible, from owners if other individuals are to be accorded medical or financial decision-making authority for a patient.

During the Referral Visit

Responsibilities of the Referring Veterinarian

The referring veterinarian should:

- Transfer the responsibility for the case so that the health-care decision process becomes the responsibility of the receiving veterinarian.

Responsibilities of the Receiving Veterinarian

The receiving veterinarian should:

- Introduce themselves to the client and acknowledge communication with the referring veterinarian prior to patient admission. When multiple specialists become involved with a case, the names of all specialists should be clearly specified to the owner and referring veterinarian in a timely manner.
- Confirm that the referring veterinarian is the regular attending clinician; if not, obtain contact information for other veterinarians who may be involved with patient care and include all veterinarians in patient communication strategies.
- Emphasize to all parties the importance of the role of the primary care veterinarian, the receiving veterinarian, and the owner in the overall care and well-being of the patient, as well as the importance of accurate, concise, and open communication between all parties.
- Give the client a brief overview of the admission, examination, financial, and communication policies of the receiving veterinarian, practice, hospital, or institution.
- Discuss the history and medical treatment of the patient prior to referral, if possible. In emergency referral situations, obtain this information as soon as is practical.
- Assess the owner's understanding of the medical condition, anticipated therapy, and possible outcomes.
- Perform a clinical examination.
- Discuss findings, recommended diagnostic plans, and estimated costs with the owner before completing these diagnostic tests and procedures.
- Perform the agreed-upon diagnostic tests and procedures. Clearly explain to the owner any need for repeated diagnostic testing.
- To the extent possible, describe and explain all diagnostic findings with their implications for treatment and prognosis.

- Describe initial recommended medical or surgical treatment and monitoring plans, including estimated costs.
- Regularly inform client of the current invoice including potential charges that may not yet have appeared on the invoice.
- Set up a communication schedule with the owner and any other clearly identified appropriate parties (e.g, the trainer, agent, or insurance agent).
- Limit services to the problem for which the animal was referred. Additional services should be provided only when they are in the best interest of the patient and after consultation with the referring veterinarian.
- Support the referring veterinarian to the fullest extent possible without a compromise of integrity. Always communicate and educate in a constructive and positive manner.
- At the earliest opportunity or at agreed upon intervals, inform the referring veterinarian of the tentative diagnoses, diagnostic and therapeutic plans, and all subsequent revisions. If possible, provide the referring veterinarian with daily updates, or as frequently as mutually agreed upon, on the status of hospitalized patients.
- Update the referring veterinarian and client (either through written or verbal communication) at similar times during the referral visit so that consistent and accurate updates are similarly understood by all parties.
- If another professional opinion is requested by the owner, discuss with the original referring veterinarian their desire to refer the patient. If possible, this should take place prior to transfer of patient care.
- Initiate communication with the referring veterinarian regarding when or if the referring veterinarian should resume care of the patient for the problem for which the patient was referred.

Responsibilities of Both the Referring and Receiving Veterinarians

Both the referring and receiving veterinarian should:

- Strive to enhance communication between all parties throughout the referral process.
- Ensure that the receiving veterinarian receives and is familiar with all pertinent information regarding the patient's medical history and any non-medical issues that should be considered for optimal case management.
- Ensure all contact information is up-to-date in the medical record system at the time of referral.
- Determine the frequency of communication between the referring veterinarian and the receiving veterinarian at the time of referral, based on previous interactions, or by mutual understanding.
- Determine the preferred method of communication (telephone, including home or cell, email, fax, or other) and when it is acceptable to contact each other outside of normal business hours.
- Communicate regularly and effectively through this agreed-upon schedule and format to:
 - Determine who will set up suggested treatment and monitoring, communications
 - Communicate openly with each other regarding all opportunities to improve the quality of care or service provided by either.
 - Address difficult situations early and directly, before serious communication problems develop.
 - Agree upon determinants of clinical response.

- Consider communication schedule for pending diagnostic test results.
- Create a discharge plan with appropriate consideration of capabilities of the client or home facility to carry out the proposed plan.
- Determine who will be responsible for providing proposed medications.
- Develop a plan for post-discharge communications including:
 - Notification of discharge from hospital.
 - Follow-up communication protocol with owner.
- Inform clients of the pertinent services available and the extent of after-hour staffing. If available and deemed appropriate for the patient, the practice not offering 24-hour care should give clients the option of transferring patients to a facility that can provide that service.
- Share the concern of the client with the other veterinarian as soon as possible, when a client expresses a concern regarding one of the veterinarians involved in the referral process and work to allay the concern.
- Inform the other veterinarian when a patient is euthanized or the patient dies during the convalescent period. This should be done as soon as possible (within 24 hours).
- Provide follow up information to involved veterinarians and the client in a timely manner. This should include information related to pending ancillary diagnostic test results and necropsy reports. Communicate with each other when they believe there is an opportunity to improve the quality of care or service provided by either.

Responsibilities of Owners

The owner or his/her agent should:

- Inform relevant insurance agencies of the horse's medical condition and the need for referral veterinary assessment and care. Give the insurance agency the names of all veterinarians caring for the horse and the appropriate contact information for those veterinarians.
- Understand the basic requirements of any applicable insurance policies related to the patient.
- Bring all medical records for the horse, including current negative Coggins test report, vaccination history, health certificates, pertinent clinical history, and documentation of insurance if applicable to the initial referral appointment.
- Arrive at the referral appointment prepared to pay for all agreed-upon veterinary care in a way that conforms to the predetermined financial policies of the receiving veterinarian.
- Be realistic in assessing your individual financial situation and ability to pursue treatment based on estimates given by the referring and receiving veterinarians.
- Provide all contact information and be available as agreed upon to make necessary decisions as patient management progresses.
- Clearly determine and communicate who is legally and financially responsible for the horse and assure that this individual or their legal proxy is available for decision-making during time of referral.
- Ask questions of the referring and receiving veterinarians if any of the policies, procedures, or logistics concerning the referral process are not completely understood.
- Ensure that information they relay between the referring veterinarian and the receiving veterinarian is accurate and correct in order to minimize misunderstandings or factual

errors in communication between parties.

Responsibilities of Insurance Agencies

The insurance agency and its representatives should:

- Directly notify both the referring and receiving veterinarian if an additional professional opinion for a patient under their care is desired and provide information necessary to facilitate this request.
- Provide instructions and resources to aid in acceptable documentation of the patient's medical condition for official insurance records (i.e., insurance report form).
- Communicate clearly with the owner regarding the limits of policy coverage for the proposed diagnostic and therapeutic procedures.
- Communicate clearly with the owner and all veterinarians regarding payment and/or financial reimbursement policies.

When an insurance company requests an additional professional opinion for a patient, decisions regarding the disposition of the information that the consultant provides to the insurance company will be influenced by legal, ethical, and professional considerations but the primary consideration underlying such decisions should be the health and welfare of the patient.

Responsibilities of Other Individuals

- All individuals affiliated with veterinary practices, including veterinarians, veterinary technicians, and support staff, should maintain strict confidentiality of all information related to all patients including but not restricted to, confidentiality of patient identity, owner/agent identity, financial information, and medical record information.
- If an individual who is not the owner of the horse being examined is accorded financial or medical decision-making authority, that individual has the responsibility to provide appropriate contact information to all treating veterinarians and be accessible for discussions of patient condition.

After Referral

Responsibilities of the Referring Veterinarian

The referring veterinarian should:

- To the extent possible, be responsible for agreed-upon follow-up care as described in discharge instructions from the receiving veterinarian.
- Inform the receiving veterinarian any time the patient is re-evaluated or re-examined for the problem(s) that lead to the initial referral, whether or not the problem was anticipated or the examination was scheduled or specified within the discharge instructions.
- Honor any requests for follow-up information on the patient from the receiving veterinarian.

Responsibilities of the Receiving Veterinarian

The receiving veterinarian should:

- Ensure that effective communication has occurred with the referring veterinarian prior to transferring care back to the referring veterinarian for ongoing medical care in both a written (preferable) and oral format. This includes but is not limited to:
 - Diagnostic findings and interpretations
 - Current status and prognosis
 - Treatment plans and recommendations for ongoing care
 - Level of follow-up care including timelines
 - The responsibilities of each veterinarian and how this information is to be communicated
 - A copy of the discharge instructions given to the client and other communications deemed appropriate by the receiving veterinarian
 - Any pending tests that are then to be forwarded at the time the results become available
- After consultation with the referring veterinarian, establish a clear timeline and chain of responsibility for further follow-up examinations and recommendations.
- Provide to the referring veterinarian a summary of the information that was provided to the client, including a copy of the discharge notes for the patient. The discharge notes for the patient should include the chief complaint, the diagnosis, a summary of the procedures, recommendation(s) for therapy, and the prognosis.
- Provide a list of pending diagnostic test results at the time of discharge and communicate those results and their interpretation to the referring veterinarian in a timely manner.
- Provide a supplemental letter and/or other medical information to the referring veterinarian upon request. This may also include images and video clips captured during examinations and stored in electronic format on CD, DVD, or flash drive storage devices. Provision of this medical record information may require written consent from the owner and/or an appropriate fee as determined by the policy of the referral veterinarian, clinic, hospital, or institution and in compliance with appropriate laws.
- With the consent of the owner, provide all relevant medical records information to designated insurance agency representatives.
- Upon request, provide treatment/observation sheets to accompany the patient when the patient is returning to the referring veterinarian for immediate on-going care or is referred to another receiving veterinarian for postoperative care.
- With the consent of the owner, provide a summary or the complete medical record to designated individuals (e.g, the trainer, agent, or farm manager). In many cases, transfer of this information to multiple parties will require written owner consent and a fee that will be charged to the owner.
- Provide medication and any special dietary needs sufficient for the animal's travel and intervening time before a follow-up appointment with the referring veterinarian; subsequent medication should be supplied by the referring veterinarian unless all parties agree to an alternative arrangement. Recommendations for sources of long-term medication or special diets should be made by the referring veterinarian if indicated.
- Inform the referring veterinarian when the patient returns for evaluation of the problem that lead to referral and significant changes in medical condition are identified, whether or not the problem was anticipated or the examination was scheduled or specified within the discharge instructions.

- Provide appropriate tactful, constructive, and positive education of the client and referring veterinarians.

Responsibilities of Both the Referring and Receiving Veterinarians

Both the referring and receiving veterinarians should:

- Ensure that the referring veterinarian does not receive any financial fee, reward, or other service from the receiving veterinarian that is in any way connected with the referral of the case.

Responsibilities of Owners

The owner or his/her agent should:

- To the best of their ability, comply with all discharge instructions and communicate in a timely way with referring and referral veterinarians in the case of an inability to comply with these instructions.
- Meet all financial obligations incurred with all involved parties including the referring veterinarian, the referral veterinarian, and any associated parties (e.g. transportation fees, external laboratory charges, external consultants, etc.)
- Communicate all relevant information with the referring veterinarian, the receiving veterinarian, agents, handlers, and trainers in a timely manner.
- Communicate changes in the patient's status pertinent to the referral to both the referring and receiving veterinarian.
- Communicate with and comply with requests of insurance agencies in order to maintain the requirements of applicable policies and not impair the protection afforded by these policies.

Responsibilities of Insurance Agencies

The insurance agency and its representatives should:

- Provide required forms to referring and receiving veterinarians in a timely fashion.

Responsibilities of Other Individuals

- If an individual other than the owner is the primary responsible party for the patient, that individual has the responsibility to maintain clear communication with the true owner of the patient throughout the referral process.
- Any individual responsible for follow-up care of the horse must maintain communication with the treating veterinarians in order to be aware of the timing of discharge and the requirements for follow-up care. Such an individual must clearly communicate to the referring and receiving veterinarians their ability to comply with all discharge instructions for further care of the horse.

Special Communication Considerations

Legal and Ethical Considerations in the Sharing of Medical Records (from the AVMA and AAEP)

- Veterinary medical records are an integral part of veterinary care. The records must comply with the standards established by state and federal law.
- Medical records are the property of the practice and the practice owner. The original records must be retained by the practice for the period required by statute.
- Ethically, the information within veterinary medical records is considered privileged and confidential. It must not be released except by court order or consent of the owner of the patient.
- Veterinarians are obligated to provide copies or summaries of medical records when requested by the client. Veterinarians should secure a written release to document that request.
- Without the express permission of the practice owner, it is unethical for a veterinarian to remove, copy, or use the medical records or any part of any record.

Communication Training

Communication problems between clients, referring veterinarians and receiving veterinarians often occur at the level of house officers (interns and residents) at referral hospitals and new associates in referring practices. These problems affect the relationships between all concerned. The expectation that trainees and young professionals will either arrive with excellent client and veterinarian communications skills, or be able to develop good communication skills by observation alone, is unrealistic.

Responsibilities of referring veterinarians:

- Understand that communication skills are not yet fully developed in trainees and young professionals.
- Engage trainees and young professionals in a manner that provides them with constructive feedback regarding their communication skills.
- Prepare clients for their probable interactions with trainees and young professionals in a manner that allows clients freedom to also provide trainees, young professionals, and their mentors with feedback regarding their communication skills.
- Provide training and periodic review of communication skills of young professionals.

Responsibilities of the receiving veterinarians:

- Provide organized and thoughtful communication skills training early in the training period.
- Ensure that house officers are aware of the importance of good client and referring veterinarian communication skills in their ability to provide the best care to their patients.
- Provide periodic (at least yearly) review of communication training of house officers.
- Seek regular feedback from referring veterinarians and clients regarding the communication skills of the house officers.
- Set excellent examples of communication skills for house officers.
- Include communication skills in performance reviews of house officers.
- Ensure that clients are informed of the names of all veterinarians involved in the care of their horse.
- Be reasonably accessible for consultation with owners who, in order to clarify patient care status, desire to communicate with someone other than an intern or resident.

Responsibilities of owners and other interested individuals:

- Recognize the importance of client communication training and practice for the professional development of veterinary interns and residents.
- Request clarification of any aspect of patient care or communication which is not clear.

- Request consultation with a senior clinician responsible for a horse's care as soon as a problem with communication or care is perceived that is not resolved by communication with the intern or resident.
- Understand that provision of optimal patient care in a veterinary practice often precludes the opportunity for senior clinicians to have frequent conversations with all owners and responsible parties on a frequent basis.

Conclusions

For all equine patients, effective communication between referring and receiving veterinarians, clients, farm managers, trainers, and insurance agency representatives is essential to ensure optimal patient care. Despite the best efforts of all involved, there will be times when communication is less than optimal or when difficult information must be discussed. Referring and receiving veterinarians are encouraged to seek training to develop communication skills through any of a wide variety of excellent public and private resources. This type of training is especially beneficial for young professionals at the beginning of their veterinary career.

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6.

Table 1. Members of the Equine Referral Ethics Task Force.

Affiliation	Name
ACVIM	Debra Sellon (Task Force Chair)
ACVIM	Nathan Slovis
ACT	Claire Card
ACT	Ben Espy
ACVECC	Pam Wilkins
ACVECC	Fairfield Bain
ACVS	Eric Mueller
ACVS	Rolf Embertson
AAEP	Reynolds Cowles
AAEP	Matt Brokken
AAEP	Melinda Freckleton
AAEP	Rich Forfa

Table 2. AVMA-recognized veterinary specialty organizations.

AVMA Recognized Veterinary Specialty Organizations	Web Site
American College of Animal Welfare (provisional recognition)	http://www.acaw.org/
American Board of Veterinary Practitioners	http://www.abvp.com/
American Board of Veterinary Toxicology	http://www.abvt.org/
American College of Laboratory Animal Medicine	http://www.aclam.org/
American College of Poultry Veterinarians	http://www.acpv.info/
American College of Theriogenologists	http://www.theriogenology.org/
American College of Veterinary Anesthesia and Analgesia	http://www.acva.org/
American College of Veterinary Behaviorists	http://www.dacvb.org/
American College of Veterinary Clinical Pharmacology	http://www.acvcp.org/
American College of Veterinary Dermatology	http://www.acvd.org/
American College of Veterinary Emergency and Critical Care	http://www.acvecc.org/
American College of Veterinary Internal Medicine	http://www.acvim.org/
American College of Veterinary Microbiologists	http://www.acvm.us/
American College of Veterinary Nutrition	http://www.acvn.org/
American College of Veterinary Ophthalmologists	http://www.acvo.com/
American College of Veterinary Pathologists	http://www.acvp.org/
American College of Veterinary Preventive Medicine	http://www.acvpm.org/
American College of Veterinary Radiology	http://www.acvr.org/
American College of Veterinary Sports Medicine and Rehabilitation (provisional recognition)	http://vsmr.org.p11.hostingprod.com/home/
American College of Veterinary Surgeons	http://www.acvs.org/
American College of Zoological Medicine	http://www.aczm.org/
American Veterinary Dental College	http://www.avdc.org/