

Clinic follow-up review pack

Workflow review, team rehearsal and owner understanding

An original administrative planning pack for veterinary teams. Keep completed records in clinic-approved systems; the treating team supplies clinical content and decisions.

1 Choose the review scope and evidence

Start with one administrative question and use the clinic's approved record process. Record what was inspected and keep missing information visible. The checklist does not score clinical care or establish a patient outcome.

Review reference	[Complete locally using an internal review reference]
Question and period	[Workflow question, period and evidence you need]
Reviewer and record access	[Authorised reviewing role and approved source-record route]
Review record destination	[Approved location for the completed review]

Checklist

Approved plan	Identify the approved plan/version and source instructions.
Owner explanation	Find the access, update-window and contact explanation and any unanswered point.
Expected window	Check the approved window/time zone before classifying an absent update.
Responsibility	Find the current action owner and explicit cover acceptance where needed.
Response	Connect each question to a response or an open next action.
Follow-up	Distinguish an unconfirmed arrangement from a booked appointment.
Record destination	Check where a prepared/exported summary is actually retained.
Remaining work	State missing information and unfinished actions without inferring recovery.

For each item, record Observed, gap to address or not checked with a source reference. These labels describe evidence states, not clinical ratings.

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2 Record a finding

Complete one finding record for each item requiring clarification or change. The blank fields below can be repeated in your approved document.

Review reference and scope	[Internal review reference, workflow and period; keep patient identifiers in approved records]
Item being checked	[The agreed administrative question and evidence you need]
Evidence inspected	[Approved record reference, version and the specific entry checked]
Observation	[What the source actually shows, without inferring clinical meaning]
Finding	[Observed / gap to address / not checked; explain uncertainty]
Next change or action	[Specific action, current responsible role and accepted cover if needed]
Recheck method	[What you will inspect after the change and the team-agreed review point]
Result and remaining questions	[What the recheck actually showed; keep unverified items open]

Three fictional findings

Practice Case J — observed	The practice update window is recorded and has not ended. Staff retain awaiting update; no medical schedule is supplied by this example.
Practice Case K — gap to address	Proposed cover is named but acceptance is not recorded. The original reviewer retains responsibility.
Practice Case L — not checked	A summary file exists, but its intended record destination has not been inspected. Transfer remains unverified.

These are fictional administrative examples. Missing evidence does not establish that an event failed to happen or that a patient recovered.

3 Recheck one agreed change

Training Review J concerns a fictional handover in Training Clinic J. This complete example shows how a source-based finding connects to a specific change and a later observation.

Review reference and scope	Training Review J; one fictional handover in the approved training record
Item being checked	Whether the cover role accepted an unfinished access-help action
Evidence inspected	Practice Case K handover entry lists Cover L but contains no acceptance
Observation	Reviewer K has named proposed cover. The record does not show that Cover L accepted the action
Finding	Gap to address in the handover record; no clinical outcome is assessed
Next change or action	Reviewer K retains responsibility and asks Cover L to confirm acceptance through the approved training process
Recheck method	During the next agreed practice handover, check for explicit acceptance and a clear next action
Result and remaining questions	In the rehearsal, acceptance is recorded and the next action remains visible. Check repeated use before drawing any wider conclusion

Agree the exact gap and the source evidence with the appropriate reviewer.

Name one specific change and the role responsible for it.

Rehearse the change with fictional information in an approved training environment.

Recheck the same administrative question through the clinic's approved records process.

Record what was observed, what remains unverified and the next responsible role.

The recorded result concerns a practice exercise only. Check repeated use through the clinic's approved process before drawing any wider conclusion. No time-saving or clinical-outcome claim is made.

4 Rehearse with the team

Agree the learner roles and observing reviewer. Use an approved training environment and fictional information. No real patient record, invitation, phone call or message is needed. These scenarios do not assess clinical competence or authorise discharge.

Rehearsal 1: explain the update window

Situation: The fictional plan specifies a practice update window. A staff member acting as the owner believes the update is late as soon as the calendar changes.

Task: Have the coordinator ask the person to explain the expected window, then clarify it using the approved practice plan. Do not invent a clinical schedule or change the plan.

Look for: The reviewer can identify the agreed window and time zone. The person acting as the owner can explain the next step. Any remaining uncertainty is recorded.

Rehearsal 2: separate receipt from an answer

Situation: A practice update asks where an appointment request belongs. A coordinator acknowledges receiving it, but the booking arrangement has not been confirmed.

Task: Have one staff member find what was acknowledged and another identify the unresolved arrangement. Record who owns the next step without marking the appointment booked.

Look for: The acknowledgement, the open question and the responsible role are distinct. Staff do not treat an opened message as a completed answer.

Rehearsal 3: finish a handover with work still open

Situation: A reviewer prepares a practice summary while an access-help action remains unfinished. A cover role has been proposed but has not accepted it.

Task: Rehearse passing the action to cover. Keep the current owner until acceptance is recorded, and keep the unfinished work visible in the summary.

Look for: The accepting role can find the source context and state the next action. Preparing or exporting a summary does not silently close the action.

4 Team rehearsal debrief

Exercise and roles	[Scenario, learner roles and observing reviewer]
What was demonstrated	[Observed steps, not a score or a claim of clinical competence]
Where the process became unclear	[Exact wording, record location or responsibility that caused confusion]
Agreed change	[One specific change to the approved training process]
Responsible role and repeat exercise	[Who owns the change and how the team will rehearse it again]
Open questions	[Anything still unverified or requiring the clinical lead's decision]

Record the observed behaviour, one agreed change and the next exercise. Leave clinical training and supervision decisions with the clinical lead; do not award a score.

5 Check the owner's understanding

Explain one agreed point, then ask the owner to describe the next step in their own words. The clinician selects and approves care-related wording and questions. This worksheet supplies no medical directions, treatment schedule or symptom threshold.

Plan and selected topic	[Approved plan/version and the point the clinician or coordinator is checking]
Approved explanation	[Source of the clinic-approved wording; clinician supplies care-related content]
Prompt used	[A clear request for the owner to explain the next step in their own words]
Owner's explanation	[Brief, attributed record retained in the clinic-approved system]
Clarification and recheck	[What was clarified and what the owner explained after the recheck]
Open point and responsible role	[Any remaining question, who handles it and the clinic-approved next step]

Ask how the owner will find the plan and the clinic's reply.

Ask the owner to explain when the clinic-approved update window applies, using the actual approved plan.

Ask which step remains before an appointment request becomes a confirmed booking.

Choose only a prompt relevant to the handoff. Keep unanswered clinical questions open for the treating team. An administrative explanation does not establish that all care instructions are understood.

6 A fictional understanding check and next resources

Training Clinic M is rehearsing the difference between requesting follow-up and confirming an appointment. No real patient, medical instruction or booking is involved.

Plan and selected topic	Practice Plan M, version 1; how an unconfirmed follow-up arrangement is handled
Approved explanation	Training coordinator uses the approved practice booking process; no medical instruction is supplied
Prompt used	Please talk me through what you will do next to arrange the practice follow-up
Owner's explanation	The staff member acting as the owner thinks the request already means an appointment is booked
Clarification and recheck	The coordinator explains the training booking route and asks again. The person can now explain that confirmation is still needed
Open point and responsible role	Coordinator M retains the not-yet-scheduled arrangement until it is confirmed in the approved training record

Record the initial explanation, the clarification and the outstanding action separately. The conversation itself does not confirm the appointment.

Next resources

[Workflow audit checklist](#)

[Team rehearsal cards](#)

[Owner-understanding worksheet](#)

[Clinic resources](#)

Further reading

[University of Minnesota veterinary communication guidance](#)

[RCVS Knowledge audit resources](#)

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