

**NCIS Gibbs rules as interpreted by Raymond J Ramirez DVM for veterinary medicine.**

**Gibbs-Ramirez rules of Veterinary Medicine**

1	Patients die
2	Doctors can't always prevent rule #1 : Gibbs #10- never get personally involved in a case
3	never screw over partner/ staff/ other Dr in practice : Gibbs #1 Never screw over your partner
4	"When you make a mistake...and you will, we'll figure it out.":Diagnosis are missed Gibbs # 19 Do the right thing
5	Dress like someone the Mayor of your town would trust with their pet's life, because they should, and do
6	Feelings are not facts - it does not mean feelings are not important, but not same as facts.
7	You will learn more your first year out of school than the previous 4 in school.
8	Client may not be right, but must always win
9	Under promise, over deliver
10	Always carry a stethoscope
11	50% of what you know now is wrong, we just don't know what 50%: Gibbs #51 sometimes your wrong
12	Get new puppy owner to laugh at something you said.
13	Help new puppy: not potty in house, chew up stuff. The more this is 'best dog ever' more they will do as older.
14	<b>Never</b> say a pet will be OK that undergoes anesthesia
15	When an animal warns you with body language, believe them. "When in doubt, cover the snout"
16	Don't believe what the client tells you about whether their pet will not bite. Ever.
17	Common diseases occur commonly
18	Uncommon manifestations of common diseases are more common than common manifestations of uncommon diseases
19	Compliment client on what they have done to catch problem, and we will work together. Even it is obvious the pet has been showing symptoms for a while.:Gibbs #5 - don't waste good
20	You miss more for not looking that not knowing (Gibbs #20- always look under)
21	Giving an injection (loading dose of medication) lets client know this is serious, and gets the first dose of medicine in pet - we over estimate how easy it is to mediate their own animal!!
22	no such thing as a coincidence: Gibbs #39
23	Always use an ophthalmoscope and otoscope and stethoscope. OK to show concerned face, then 'ok, not as bad as I thought' expression
24	Take a temp on every non-healthy pet
25	White dogs and cats bleed all over
26	Use stethoscope as chance to think. If client talking, hold up hand/ index finger with smile and mouth 'one minute', put head down and focus and relax
27	If you do something for the pet or client and they do NOT know - you have NOT actually done anything.
28	Make it clear to any clients who complained about other Dr in practice, I had his full confidence and support (corollary to #3): Gibbs#15 Always work as a team # 38: your case, your lead
29	It's never 'not a problem' to help the client. We 'thank you for the opportunity to serve you'. Or "You are welcome". To say 'no problem' insinuates that it is a problem to serve the client.
30	Experience is what you get when you don't get what you wanted
31	When you come back and say 'I've been practicing for 20 years', I hope that is true, and you have not been practicing the first year, 20 times.
32	Instead of embarrassing client with 'can't afford', talk about budget.
33	Highest best use - of staff and self
34	Pareto principal 20% of the diseases you learned about will make up 80% of what you see
34	When everyone is busy, be willing to help - even to mop up pee, or pick up poop, draw blood, clean room, if your records are complete.
35	20% of your clients will make up 80% of your income. The average FTE doctor will see ~ 1,000 patients/ year belonging to 800 clients. So you focus on the 'top 100'.

36	You don't have to be serious to be taken seriously
37	People believe what other say about you more than what you say about you
38	"paint a picture" for the client of what to expect: as waiting - coming to clinic, in exam room, medication response, long term. Or else the client fills in TV show expectations.
39	He who gets the ear of the client first - has the most authority..... <b>even if</b> the information is proven completely wrong. - So you are working uphill against what 'the breeder said'
39	39-sub-B-par 8 L 6: If the client later hears contrary input from the breeder and/or 15 year old working at the pet store, even if the veterinarian has had the benefit of a first ear opportunity, the breeder/teenager advice will generally prevail, if it is the cheaper option. <a href="https://beta.vin.com/doc/?Id=10484471&amp;SAId=1&amp;IsMBLink=1&amp;MyActivities=1">https://beta.vin.com/doc/?Id=10484471&amp;SAId=1&amp;IsMBLink=1&amp;MyActivities=1</a>
40	If you have a patient that needs a procedure you have not done before, schedule it with someone who does so you can learn. :Gibbs #37 When you need help - ask
41	If you get everything ready for an emergency or patient coming in, you won't need it.
42	Don't say/think "I don't know ". Because you're brain stops working the problem. Instead say/think "What is the next logical step, based on the data right now to get to the goal". Reassess by the minute if needed!: Gibbs # _ When you are going throughhell, keep going
43	When expressing anal glands- keep your mouth closed! No talking or laughing. Ignore at your peril
44	Most things worth doing, are worth doing poorly , until you get good at it.
45	Never say never, and never say always.
46	Never get personally involved in a case (NCIS #10): Vet med- don't take what the client says or declines personally - 90% of the time it's not about you.
47	You do NOT have to accept an apology from a client who is rude and arguing with your treatment. : Gibbs #42 Don't ever accept an apology from someone who just sucker punched you. Gibbs # 36: if it feels like you're being played, you probably are.
48	Clean up your own mess- medically speaking - talk to the client. Discuss best decision at time with information at hand- hindsight is 20:20 - acknowledge, and move forward. Gibbs #45: clean up your own mess
49	Animals don't always read the book on how to respond to treatment.
50	When the job is done, walk away. : Gibbs #11
51	Pets belonging to family, friends, and staff always have the most perplexing problems.
52	The medicine is the easy part
53	When you are going through hell.... Keep going.
54	Never use the patient as a table
55	You get to chose between your ego and your wallet: the bigger one is, the smaller the other will be.
56	Embrace the mundane- do what you don't 'feel' like doing.
57	Always sit to discuss patient findings.
58	Write in a gratitude journal every day with at least three things from that day (it's ok to go back a day or 2)
59	You learn just as much from your colleagues at a Continuing Education conference as you will from the presentations.
60	Whether you're paycheck is salary, hourly or straight production or combination, everyone is paid on what the clients pay us.
61	Co-workers are not friends, you are people held together by paycheck. It does NOT mean you can't be friendly and enjoy each other's company at work. Gibbs rule 12: never date a co-worker
62	Clients will forget what you say, but they never forget how you make them feel.
63	Bad news never gets better with time
64	A good system shortens the road to the goal.
65	Systems have a greater impact on behavior than mission statements.

Dr Lauren Urbanowski's top 10 (as a 2021 grad in Oct 2022)

CVT Bree Harlow top 10