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Sam qualified just over 10 years ago and has spent much of her career at North Downs Specialist Referrals. Where she was Wards Supervisor and most recently Clinical Services Manager. During her time at NDSR she developed the VN Induction Program and introduced a Student Nurse Program. She has extensive nursing experience and has taught veterinary nursing in an FE College.

In February 2020, she was appointed one of two Post Registration Program Managers for the Linnaeus group. A new role forming part of the group's nursing team head by Andrea Jeffrey. This new role is an exciting one and looks to develop and nurture newly qualified nurses who wish to pursue a career in referrals in a supportive way.

In her spare time, she enjoys spending time at the yard, walking her dog Margaux and runs EvolutionVN, an online platform for inspiring and motivating fellow VNs to achieve their goals

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# Taking the leap into referral nursing

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Taking the leap into referral nursing is something that can be both exhilarating and terrifying all at the same time. Referrals and first opinion are two very different beasts and it can be challenging to make the adjustment, both ways!

Some people love the intensity of referrals and others thrive on developing the client bond that you get in first opinion. For anyone that currently works in first opinion and finds themselves glancing at the referral job adverts and wondering if they could do it then this article is for you.

First of all, any RVN can transition to be a referral nurse. Difference being not everyone will enjoy it and thrive in a referral environment. It's not unusual for new joiners to miss the client contact and also the different way of working.

My top piece of advice for nurses joining a large referral hospital is to be prepared to feel like you've put your stripes back on! This can be a scary thought, but it should be liberating. A whole new world of skills and knowledge awaits. One of the biggest hurdles faced is often that it's those who take on extra responsibility that then take the leap into referrals. This can lead to them feeling frustrated as suddenly they do not know where everything is or what the processes are.

Yes, you will know how to place an intravenous catheter, but you won't know how to place it according to your new practice protocol. Often in bigger hospitals there are very set ways of doing even everyday procedures and this is another step in the learning process. In order to support new joiners during this time there should be a process in place. The new joiner should be shown exactly how the practice carries out these tasks.

A good induction should support you at every step of the way. Enabling a safe and supportive learning environment.

Once you've adjusted your mind set and allow yourself the time and space to learn you'll enjoy your referral life far more. Keep in mind that if six months in you still aren't enjoying it then maybe it's not for you? This isn't a sign of weakness or defeat. Knowing what makes you tick and what you enjoy is key to a happy life and don't let pride stop you from making a change.

You'll experience highs and lows but also really find your niche as a nurse. For me I loved the complex cases. Scrubbing into a procedure like a craniotomy is an amazing experience and you get to work with some incredible specialists. Both clinicians and nurses focus on specific areas, and their knowledge can definitely be overwhelming. Remember they've spent years honing their skills so resist the urge to compare yourself to them. Your time to shine will come!

I thought I would use this opportunity to answer some of the questions I get asked by nurses looking to transition into referrals.

### Is the work life balance better as there are always people to hand over to?

Whilst there are teams in place to minimise overtime it is still a veterinary environment. This means that there will still be the late finishing surgery, the patient that takes an epic turn for the worse right at handover and the emergencies that arrive an hour late.

### Are the hours better?

Like above, there's still a lot of shift work but that said there is also opportunity for



Now what?



flexible working. My experience has been that shifts can start at 7.30 am and finish at 8.30 pm, but this is caseload dependant and it's not unheard of to have to stay a little late.

**Is there a good support system in place for nurses?**

This varies across the sites but in my experience support and training is a key focus in referral hospital. My previous employers had a very robust and detailed induction coupled with a successful buddy scheme.

**What progression opportunities are there?**

Depending on your area of interest you could choose to focus your energy in a specific area, for example becoming a theatre nurse or perhaps a medicine nurse. For those that want extra responsibility there are supervisor or management positions. If you want to progress without a change in position advanced qualifications are often funded and always encouraged.

**Is it intimidating?**

Often simply from a size perspective. I was very lucky as I was able to watch my practice expand and grow over a number of years. To someone walking in now it would be very daunting. There are eight consult rooms, four theatres, an imaging suite and seven wards. Often just trying to find the toilets can be a challenge in the first week! Consider the size of the teams also, when I left, we employed over 45 nurses alone and that can be a little intimidating. Rest assured though everyone makes an effort to be friendly and welcoming.

**Can I spend a day in a referral hospital to see if I like it?**

Absolutely! How each hospital will facilitate this will vary. We offered, and continue to, a day for small groups. These days had CPD in the morning, a tour and then time in each area. We found this was the best way to provide a good experience. If you want to go and visit just email them and get in touch.

**I'm freshly qualified, can I still go and work in referrals?**

Of course, I myself qualified in the January and was at North Downs by April. Be prepared for a very steep learning curve and ideally look for somewhere with an extensive induction or programme for new graduates.

**What sort of cases will I see?**

Well that really depends on the type of referral hospital you work at. Some will have a focus on one or two areas, and some will be multidiscipline. If this is the case your world is your oyster. We've seen everything from stick in the lumbar muscles to gall bladder ruptures. Not forgetting everything in between. Some of what I have seen is truly mind boggling and I would consider myself very lucky to have seen and experienced what I have. It's not always high drama though. There will be still be the 'routine' procedures. The ones that you'll see week in and week out. Still sometimes that's quite nice!

If you want to know more about working in referrals please get in touch, I'm always happy to be of help.

**Disclosure statement**

No potential conflict of interest was reported by the author.