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Victoria Gregory works at the Weipers Centre Equine Hospital, Glasgow, as a member of the equine hospital nursing team. Within this role Victoria provides nursing care for the inpatients, assists with medical and surgical procedures and helps with the veterinary student's training. She qualified in 2007 after completing her training at Writtle College and Hartpury College, whilst working at Rosssdales Equine Hospital, Newmarket. In 2010 she took a sabbatical from Rosssdales Equine Hospital, and travelled to Australia to work as a Neonatal Intensive Care Nurse at Scone Equine Hospital for their foaling season. Victoria worked at the Royal Veterinary College for 18 months, as an equine nurse in their teaching hospital, before relocating to Scotland. Her main interests are in intensive care nursing of both adults and neonates.
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A day in the life of an equine nurse at a university teaching hospital

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After working in an equine hospital for several years, with veterinary students helping out during their extra-mural placements, I decided to study towards a post graduate certificate in veterinary education. A couple of years after gaining the qualification I was ready to use my teaching skills in a more structured setting, but could not imagine life without nursing horses. For me, a teaching hospital seemed to be the perfect answer; I could get to nurse horses every day and pass my knowledge and practical skills on to veterinary students.

I currently work at Glasgow University's equine hospital, which has a small team of vets covering the clinical work in the hospital and classroom-based teaching to all years of veterinary students. There are also two medicine and two surgical residents with three nurses. Each week there is a medicine and orthopaedic team on duty; which comprise of a senior clinician, resident and nurse plus final year veterinary students. Two receptionists, three grooms and a head nurse also support these teams.

My daily routine is quite similar to other equine hospitals that I have worked in:

07:30 – 09:00: Morning checks and medications are carried out by veterinary students, with staff and nurses nearby if they need a hand or have any questions. The final year veterinary students do a month rotation in the equine hospital, where they are given as much responsibility as possible to prepare them for working in practice once they have graduated.

09:00: Rounds take place outside each horses' stable, with the student in charge of the case presenting it to the whole hospital team. The vets usually ask a variety of questions

to ensure that everybody understands what is going on with each case and also to gauge the level of understanding the students are working at. The students all get grades and feedback from their rotation. I find that I learn a considerable amount from attending rounds in the morning.

After rounds we begin with inpatient procedures such as bandage changes, re-examinations, imaging and surgeries.

10:00: The out-patients start arriving. Students will greet these, along with a resident, to take the history from the owner and do a thorough clinical examination. The student will then present their findings to the clinician in charge of the case, who will also examine the patient, before starting further investigative work or reassessing the previously diagnosed condition.

16:00: Inpatient and outpatient procedures are hopefully completed and the students carry out the afternoon checks on the inpatients and write up a medication plan for the following day, this is then checked by a vet to ensure it is correct.

Night shift: the resident is supported by the students who continue the inpatient care and admit any emergencies that arrive.

As with all hospitals, the daily routine rarely goes to plan, with emergencies arriving, outpatients getting delayed in traffic jams and inpatients not reading the veterinary or behaviour text books!

The main difference in the university teaching hospital is the speed. The pace slows down when possible (the patient's health always comes first) so that procedures can be explained thoroughly to the students. The



▲ **Figure 1.** A student carrying out a bandage change for one of their directly observed procedures.



▲ **Figure 2.** Katie demonstrating how to place an intra-venous catheter while students watch and learn.

vets will assess the students' level of understanding and clinical reasoning skills with students getting the opportunity to carry out the procedures that are suitable and safe for them to do. Again, this is all learning time for me while I work.

During their one-month rotation the veterinary students must pass two "directly observed procedures" (DOPs) so it is really important that the students get the opportunity to carry out as many practical skills as possible (Figure 1). This does mean that as a nurse employed in a teaching hospital, I miss out on the opportunity to carry out nursing tasks myself. While this will not suit everybody, I enjoy teaching and overseeing the students to ensure that tasks are carried



▲ **Figure 3.** Me trotting up a lameness in the indoor trot-up, it rains a lot in Scotland!

out safely and correctly. I use my teaching qualification to teach, assist and examine the students during their rotation which may include intra-venous catheter placement, applying a bandage, shoe removal and taking radiographs (Figure 2).

As it is a small team at the hospital, I am responsible for more basic husbandry and nursing roles compared to my previous jobs, such as mucking out, trotting up and lunging the horses (Figure 3). The residents always get first refusal on the more advanced nursing procedures such as placing over-the-wire IV catheters as they need the experience. The anaesthesia resident and veterinary students on their anaesthesia rotation are fully responsible for anaesthetising the horse, so I am rarely involved in this. Being part of a small team also has its advantages as I get to specialise in all things equine! If the lameness that I am trotting needs radiographs taken, I will be the one taking the x-rays. Before starting at the university, I had only been involved in taking radiographs or plate holding for emergencies admitted as during normal working hours the radiography team would do them for me. I am also responsible for acquiring scintigraphy images which I had limited experience doing before. My imaging skills have improved greatly and so has my confidence, but it is definitely not my area of expertise!

Along with the other nurses, I rotate one week on medicine, one week on orthopaedics and one week off clinics. When I am on the medicine or orthopaedic team my job includes:

- horse holding;
- teaching/shadowing and examining students;

- administering medications and collecting blood samples;
- running in-house laboratory tests;
- setting up and cleaning equipment;
- preparing horses for procedures and surgery;
- theatre nursing;
- sterilising equipment;
- cleaning and stocking the examination rooms;
- imaging;
- passing naso-gastric tubes;
- changing bandages and wound care;
- placing intra-venous catheters and many other tasks.

When I am away from a clinical rotation I am responsible for:

- drugs and consumable ordering for the hospital;
- creating the inpatient bills;
- assisting with inpatient care;
- keeping on top of the laundry;
- an abundance of cleaning;
- reception duties;

I also get the opportunity to teach 1st and 2nd year students horse handling skills, to examine 2nd and 4th year students in their "objective structured clinical examinations" (OSCEs) and to teach bandaging techniques. 3rd year students are also instructed in how to carry out colic workups.

For me, making the move to a teaching hospital has been a positive and very rewarding one. I do know that some people could not think of anything worse and I definitely have days when my patience is pushed to its limits by horses and students, but I enjoy the teaching aspect of the job tremendously. I still nurse horses every day at work, I teach and I also learn on the job every day, so this role has given me what I was looking for. Many of the veterinary students are not 'horsey' and may never touch a horse again, but they are so pleased and amazed when they have placed an intra-venous catheter, applied a good distal limb bandage or managed to get the shoes off a horse. This makes the work all worthwhile as I had a part in it.

The students I teach are the future of veterinary medicine and I am privileged to have made the start of their career a pleasant and less daunting one.

Disclosure statement

No potential conflict of interest was reported by the authors.