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Sally has worked in a variety of small animal first opinion practices in Kent over the past five years and qualified in her late thirties as an RVN from College of Animal Welfare in April 2019. She now works as an RVN at a referral hospital in Canterbury. Her special interests in practice lie within the worlds of wound management as well as communication. She currently lives in rural Kent with her partner, their working cocker spaniel Henry, two outdoor cats and four indoor cats including a very 'characterful' Cornish Rex called Fig.

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A rollercoaster first year as an RVN... after a rollercoaster route in!

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ABSTRACT: Following on from my career change story where I described my move from a creative career to a Student Veterinary Nurse (SVN), comes the opportunity to reflect on my first year as a Registered Veterinary Nurse (RVN) since qualifying in April 2019. From first opinion practice, a location change, and then onwards to referral hospital world, how has so much happened within twelve months of putting on "that" badge?

KEYWORDS: career; veterinary profession; veterinary nursing

Having taken the plunge and landed a receptionist position to get my foot in the veterinary door, I snapped up an Animal Nursing Assistant role three months later at a low-cost veterinary practice, and pressed on, putting together a proposal to my then small group's director for my branch to become a training practice. My proposal was approved, and within a year of career changing, I found myself in green and white stripes. My time spent studying the Veterinary Nursing diploma at College of Animal Welfare found me struggling to retain the vast amounts of information condensed into the two-year version of the course (I blamed my aging mid-thirties brain). Multiple failed theory exams made a little dent in me rather than empowering me to pass the next re-take but of course I persevered. After adding around four months onto the two-year course because of these re-takes, passing the OSCE practical examinations first time was one of the biggest sighs of relief in my life!

So, with the greens and the RVN badge on, came the pride... and the increased responsibility. I knew already that veterinary nursing was not all happy endings and puppy weight checks. During my time as an SVN I had been involved in an RCVS investigation which found me on multiple phone calls to the VDS, writing long statements, and then sitting in a hotel conference room in front of a lawyer feeling absolutely petrified. Not only was the incident which was being investigated utterly traumatic in itself, but the process afterwards was mentally

draining and for nearly a year it haunted me. I had no concerns about my conduct or what I could have done differently or better, but the hindsight and the disappointment in others was huge. Of course, eventually when I was able to decipher some positives in the situation, I took two things away from the experience which will always stand me in good stead as an RVN. The first is to never be afraid to voice concerns or demand attention if something is concerning – in your loudest voice. The second is to *always* record *everything*, regardless of any potential for insignificance or how busy you are.

After qualifying, I continued within the safety of the small animal first opinion corporate practice I had finished my training at (yes, I had moved to yet another practice within my time as an SVN after the practice I used to take my rabbits to as a youngster offered me a position). I loved my team, the atmosphere, and relished learning from (and "teaching") the fresh new graduate veterinary surgeons. My Head Nurse had been in practice for a couple of decades and was a brilliant role model, always trying to encourage me to be more confident in myself as I was "already a good nurse" as an SVN in her eyes. In amongst the routine procedures, I experienced orthopaedic surgeries, some complex medical cases, challenging wounds, undertook hundreds of nurse clinics, and completed the Surgical Nursing RVC/CVS CPD where one of the highlights was spending more than the five minutes, we were allocated at college to actually experience and practice suturing techniques.

Just seven months after qualifying, I left my comfort zone practice as I was moving to live with my partner. I knew I wanted to take advantage of the move by looking for a practice that was a little different to broaden my nursing horizons but for various reasons, the practice I chose was not for me. I found myself in tears most nights on my walk to the car after a shift, on the way home, at home in the bath... Although I had wanted to experience nursing exotics, I found the ways of working difficult as they did not match my expectations. Added to the fact that I didn't feel welcomed by some of the team, I found myself re-thinking whether veterinary nursing in general was for me. It is a shame when you find yourself in a practice that doesn't suit you, especially when you see other nurses working quite happily in that environment. After everything I had been through to qualify, I felt put off entirely by just a few weeks in this practice.

I spoke with my partner and family about what was wrong, about how my CV would look with just a couple of months at a practice on there, and about whether there was a way through to the "other side" if I stuck at the job and gave it more of a chance. I remembered seeing an Instagram Q & A story from RVN Louise Northway, in which she had answered a fellow RVN who wasn't happy at her practice and was unsure what to do. Louise's advice was to make her practice work for her – if there was no scope for improving things, then it is time to question whether it is the right practice for you? I knew that it was not the right practice for me, but I was stuck between knowing this, knowing that RVNs are always in high demand so aware that it should not be so difficult to get a new job, but also longing to feel comfortable within a team again and knowing that would not happen for a while if I started somewhere new yet again. I had to take the reins, so I braved contacting a previous the practice I had applied to. Luckily for me they had a new position available and I was embraced with open arms and able to move onwards and upwards.

It has taken eight months for me to recover my confidence, even now that I have made it into a referral hospital with a brilliant

team who have a dedicated and information-sharing work ethic. I love the varied and involved case load, and find the process of handing over to, and being handed over to by our out of hours vets and nurses, is exciting and inspiring. During my first few months there though, I worried constantly about my abilities and capabilities when it came to being speedy enough, knowing what the vet might need for a test or scan I had no understanding of nor seen before, new hospital equipment I had not yet experienced in person... all fairly normal new things to get used to you are probably thinking. I did realise that some of this was the process of moving up a notch both to a referral practice – so seeing the other side of what happened to those patients I had previously helped refer, and also to a hospital where we see a lot of emergency and critical patients. There is no guidebook for this upscale! When I had previously only had access to a pulse oximeter, thermometer and a stethoscope for nearly five years in practice, and was suddenly presented with a multi-parameter machine, a new style of blood pressure machine and an ECG machine, I was a little overwhelmed and also a little worried that the way I had previously been monitoring patients had not been thorough enough. I am still learning about and starting to understand their advantages, particularly in the care of critical and emergency patients, but will always reach for my trusty stethoscope as well.

I also found it hard to see what happens to some of those more critical, referred patients. Perhaps I always thought that once I packed them off with their drip bags and printed history that they would automatically be fixed once they arrived at the referral hospital. When in fact they are often critically ill, and they *can* die. Experiencing more deaths and nursing animals so closely for days on end and sometimes watching their decline or experiencing their deaths, also hit me hard to begin with. Seeing the scope of disease, both chronic and acute, even made me start to fret about what could potentially happen at any given moment to my own beloved pets at home; but it drove me to do absolutely everything I could for each animal I saw as though it were my own - to constantly improve my standards of nursing care at all times, absorbing

condition-specific information from the vets, and undertaking CPD on hospitalised and critically ill patients.

As well as upscaling in the equipment stakes, I struggled to find my place and voice in amongst a large team – I had previously been an advocate of relaying CPD information to my teams and enjoyed training the SVN's, but in this new hospital setting, I did not know whether my skills and ideas still stood strong. I have found as I move from practice to practice or meet new colleagues, that a question I am regularly asked is what my special interests are. I think this is super important so that everyone knows who the "go-to" people are in practice for radiographs or diabetic clinics for example, but once I started at my current hospital, I found myself worrying that I did not yet have a focus, a specialism or a plan. I love my wound management and I now want to understand more about critical care, but I have not latched on to the usual big nursing subjects – imaging, anaesthesia, or behaviour, for example. We are extremely lucky as an industry to have access to such a wealth of refreshing CPD, but there is a real gap when it comes to qualifying and then help with having direction as an RVN. In my experience, after the race to get through the course and OSCEs, there is no advice or training given at college or immediately after qualifying on how to formulate any sort of first year qualified or five year career plan for yourself, or discussion about how to utilise acquired CPD skills in practice, integrating into new veterinary teams, or how to take on or create for yourself, more specialist nursing roles in practice. Perhaps this is something I can change one day...

Since I started writing this article, a good six months ago, I really feel that things have fallen into place for me at my current practice. My confidence is back, my head vet has even trained me on how to use the CT scanner I was previously totally terrified of, and importantly, that I am starting to feel that I do know enough to be where I am. I constantly contemplate that I want to and need to understand more, so the Veterinary Certificate in Emergency and Critical Care is now the next port of call for me – fingers crossed that my proposal for this is accepted in my next career chapter.