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After qualifying in 1996, Helen soon found her interests were in front of people rather than an anaesthetic machine and became a full-time consulting nurse in 1997–2004. She then joined Pet Plan as a rep for a few years before returning to set up and run her own veterinary practice. Selling this in 2013, Helen now works for Mojo Consultancy and Onswitch.

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Contributing to the practice business

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The best day of the month for the majority of us is pay day. This is the day that we like the look of our bank account, albeit for a short time before the balance quickly diminishes with all the outgoings we have, and we don't want to look again until the next pay day. We don't feel bad about accepting our wages as we all work hard and should expect to be paid for this work, but how often do we really consider where this money comes from? When we price up work undertaken for a pet, whether it be from operations, in-patient care or for products such as food, buster collars, drugs, etc., we don't always know where all this money (if it is paid to the practice) goes. We are just happy that our wages are in our banks on the day they should be.

As a previous practice owner, I have a very real understanding of where all the money we invoice from products or services provided has to go. If any of this money isn't paid in full to us or takes a long time to be paid, I know how this can have a real impact on the bigger financial picture of a veterinary practice that has outgoings to pay. So, why have I started this article about nurse clinics talking about finances? I believe that having a basic understanding of how money paid into the practice is divided to cover all the outgoings – from wages (it isn't just you who has been paid today) to the costs of running the building, buying the drugs and equipment to treat the pets, even paying for the tea and biscuits you might be eating now while reading this, and much more – is fundamental to the development of nurse clinics. The impact that you as an individual can have in revenue generation for your clinic is very tangible, and will not only help the welfare of patients but ensure your practice is still in business to continue caring for the pets in your community. After all, a bankrupt veterinary practice is no use to anyone, least of all our patients!

When we think about the business structure of a veterinary practice, traditionally the veterinary surgeons were the fee-earners and any support staff including Registered Veterinary Nurses (RVNs) were a cost to the practice, with these costs being factored in to the pricing structures when the practice manager decided on what to charge for veterinary services offered. However, this is no longer the case. RVNs are stepping up to interact more with clients, moving on from their traditional "out the back and unseen" clinical role. They are becoming fee-earners themselves, either generated from the consulting room directly or from giving telephone advice that results in an appointment or purchase of a product. When I first started to consult in my nursing role, my remit was to develop the practice's preventative health care programme. This was achieved by getting involved in 1st vaccinations, 2nd vaccinations, puppy checks and monitoring weight up to neutering, and being seen as the first point of contact for all non-clinical client interactions. While a lot of practices offer this type of service delivered by their nursing teams, there is even more that we can offer that will not only give added value to our clients and their animals, but also directly to the veterinary business.

How can nurses contribute to the well-being of the veterinary business?

First, we have to think about the type of services that we offer our clients currently. I talk to a lot of RVNs and hear that it is more common now for nurses to be admitting and discharging pets, doing the post-op checks and taking stitches out. Add to this nail clips and emptying anal glands; having a nurse deliver these services is becoming the norm. But what about other nurse-led activities such as weight-loss and dental programmes? These are the clinics that I often hear do not always work so well, with nurses feeling demoralised by the low uptake and lack of owner compliance. Why is this?

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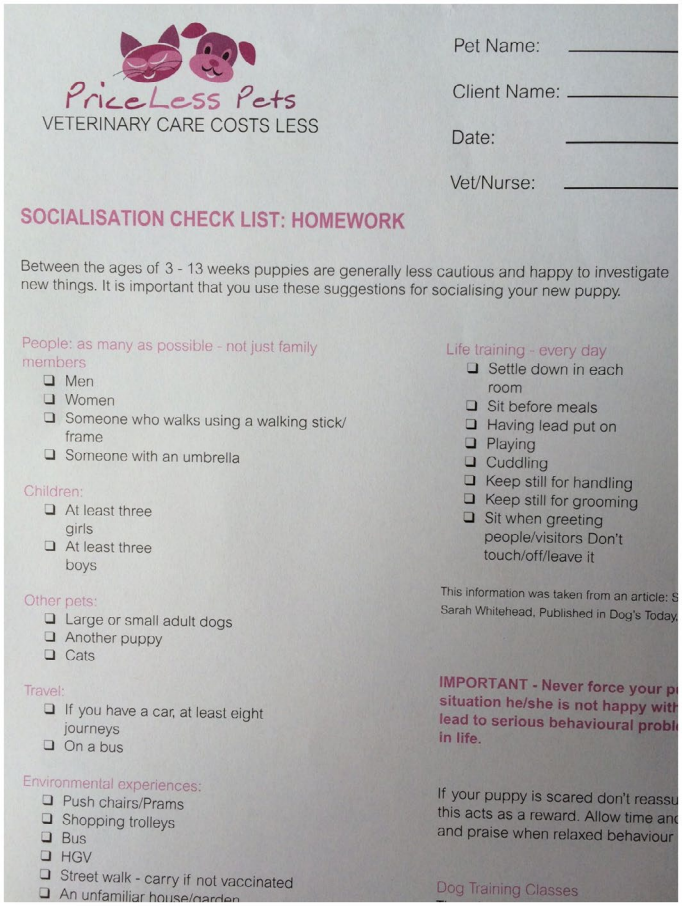

PriceLess Pets
VETERINARY CARE COSTS LESS

Pet Name: _____
Client Name: _____
Date: _____
Vet/Nurse: _____

SOCIALISATION CHECK LIST: HOMEWORK

Between the ages of 3 - 13 weeks puppies are generally less cautious and happy to investigate new things. It is important that you use these suggestions for socialising your new puppy.

People: as many as possible - not just family members
- ❑ Men
- ❑ Women
- ❑ Someone who walks using a walking stick/ frame
- ❑ Someone with an umbrella

Children:
- ❑ At least three girls
- ❑ At least three boys

Other pets:
- ❑ Large or small adult dogs
- ❑ Another puppy
- ❑ Cats

Travel:
- ❑ If you have a car, at least eight journeys
- ❑ On a bus

Environmental experiences:
- ❑ Push chairs/Prams
- ❑ Shopping trolleys
- ❑ Bus
- ❑ HGV
- ❑ Street walk - carry if not vaccinated
- ❑ An unfamiliar house/garden

Life training - every day
- ❑ Settle down in each room
- ❑ Sit before meals
- ❑ Having lead put on
- ❑ Playing
- ❑ Cuddling
- ❑ Keep still for handling
- ❑ Keep still for grooming
- ❑ Sit when greeting people/visitors Don't touch/off/leave it

This information was taken from an article: S
Sarah Whitehead, Published in Dog's Today

IMPORTANT - Never force your p
situation he/she is not happy with
lead to serious behavioural probl
in life.

If your puppy is scared don't reassu
this acts as a reward. Allow time an
and praise when relaxed behaviour

Dog Training Classes

I would urge you to consider *when* you are offering these appointments – are they offered at times convenient to the practice or to the client? No one will buy a bag of food or dental care products from you if you offer an inconvenient time for them to come in. The perceived lack of interest/ uptake can impact on whether or not the practice continues to offer these services, even if the nurse still wants to continue running them. This can lead to the "we *used* to do weight clinics …" statement.

Maybe you are reading this and realise that you haven't yet developed all you could in the preventative health-care aspect of patient care. If this is the case, I would strongly recommend that this is where you start. Owners of healthy pets have far fewer worries and concerns, which mean you can develop your client relationships and consulting confidence over time.

If you want to develop what you offer your clients, it is best to think about this with your pet owner's head on, not with your clinical head. This may sound a bit odd, but quite often, what our clients want from us is support, education and help, caring for their healthy or ill pet. If we consider this only from our clinical point of view, we miss valuable opportunities to offer support. By thinking about this from their perspective, what we can offer and deliver often not only supports them, but also impacts on the veterinary business itself, with an improved level of owner compliance.

If you think about the 8-week-old puppy owner who understands the difference between veterinary-prescribed parasite control and over-the-counter treatments, input from you might lead them to join your practice health plan or buy the product from you, rather than elsewhere. The owner who has not had input and educational advice from you spends their money somewhere else on a less-effective product. Look at the impact on the pet and the business in both scenarios. We can achieve the same outcome with other scenarios; look at where you can get involved proactively. You're helping the owner. And you're helping the practice.

What else can we offer?

If we have taken ownership of preventive health care within our practice already, it may be time to think about what else you can offer. When it comes to more disease-based topics, we can be worried about crossing over the clinical line and going beyond what we should be doing or are qualified to do. Some nurses and even veterinary bosses find this difficult to separate. However, this is because we are often thinking with our clinical mind-set again, and not with our pet owner head, and considering what an owner needs in these "sick-animal" scenarios.

If we think about kidney disease, diabetic management, arthritis patients on long-term meds and hyperthyroid cats, these are all "under the care of the veterinary surgeon", but there is more to the management of these cases than diagnosing the condition and prescribing medications. What about the day-to-day effects on the pet's lifestyle and that of the owner? Listening to a vet consultation, much of the focus will be on the medication and clinical aspects of the condition. That's what they've got to get through, often in a 10-min slot. And you'll find that the client is reluctant to ask the vet any questions about day-to-day stuff, such as exercise, subtle changes they have noticed but are unsure about asking, or even about the treatment plan itself for fear of looking stupid. This scenario results in clients either talking to the person on the desk when they go out to pay for the consultation or asking an Internet search engine. As we know, this

is very annoying to the vet, who in response might say, "I would have talked to them about that if they had asked" or "I explained that to them already". It's a lost opportunity and detrimental to the patient.

This is where nurses can take ownership of these cases and work with the vet. If you have ever visited a doctor or hospital where there has been a nurse in the room with the doctor you'll know that their role is to answer your questions and be your advocate. Why are we not doing this in our vet consultations? It clearly benefits the patients. A visit to the vets is no different – it's a stressful experience, and to a lay-person talk of medications and treatments can sometimes be hard to understand. Working alongside your vet in these clinical cases from the outset demonstrates care from the practice and is perceived very well from the client who is worried about their pet. You can look at the lifestyle impact of the pet's condition, or the prognosis, and give help and support and practical advice. As the nurse working with the vet, you can help to interpret the clinical speak so it is understood by that individual pet owner.

How do you start?

In my experience, this is something that nurses have to be more proactive about. Vets are busy people and asking them to let you know of a suitable case you can join in on is unlikely to be remembered in the midst of a busy afternoon. Look through the diary appointments to identify the case you can help with and be waiting in the consulting room when they call the client in or talk to the vet you have delivered the blood test results to and ask to be included in the appointment. Being proactive will demonstrate your willingness to develop this and should also help the vet to think about involving you more in future when they witness the benefits of your help directly themselves.

Don't forget to arrange for some consulting CPD too. There are courses such as the Onswitch 7-steps programme and SPVS-VPMA CPD events offers a Consulting Nurse course too, as well as others that will be invaluable to you. I would also suggest that you observe your own vets consulting to see their style (just don't learn any bad habits they may have developed over time!).

Listen to the type of questions the clients ask – or don't ask. Not asking something is just as important to notice and is where nurses can make a huge difference to compliance. The classic example of this is the diet prescribed for feline kidney cases. While the client may be told how important the food is and the features of lower phosphorus and protein (the general selling point we make to clients when we discuss these diets), how are they going to get their cat to eat it? It is common to learn at a later consultation that the kidney diet

was not a success – their cat wouldn't eat it, so "they looked on all the labels on the foods in the shops and bought the one with the lowest protein". Does this sound familiar? We will all agree that this is not good for the patient.

Let's consider the alternative where the nurse in the consulting room (or who had an appointment with the same client straight after the vet one) stepped in with more practical advice, even if it wasn't asked for. We all know some cats can take a long time to transition and may not reach the 100% renal diet target, but the client will only know this if we tell them. This "how to transition" information reassures them and increases compliance and perseverance, which will benefit their cat in the long term. And, of course, the business benefits from repeat kidney diet food sales. There are other likely spin-off benefits too with renal cases and the nurse may be able to work with the client to collect regular urine samples that are reported to the vet between clinical check-ups. They may also carry out blood pressure monitoring and could teach the owner about injecting subcutaneous fluids should it become necessary. These are all very beneficial for both cat and owner – and will go towards paying that wage bill and other business outgoings needed to run a successful practice!

Spending time with and being helpful to clients will help to build a bond to the practice that results in them being more likely to call the practice with any queries or questions they have. The trust that develops will go a long way towards securing those clients for life. They'll be less likely to be tempted away by a new surgery that opens down the road. In the long term you'll see a difference with your client losses rate.

Selling versus recommendation

A common fear that I come across is that nurses do not want to come across as though they are "selling" something. But using the kidney case scenario above, I am sure you agree that these recommendations are best for patient care and there is nothing wrong with charging for this. Your practice may choose to develop monitoring packages that make no charge for the nurse's check-up time, but charges for procedures such as blood pressure monitoring and urine tests. Or maybe the nurse time is also a chargeable appointment; after all, we are professionals! The main point is that there is nothing wrong with charging for what you do and clients will be happy to pay for it if they believe it will benefit them and their pet and value what it is that you are offering.

Whichever way you start or develop your nurse-led clinics in your practice, getting actively involved in patient care and client support will not only promote our veterinary nurse profession in the eyes of the public, but will also be beneficial to the veterinary business you work in. And it will resonate with the very reason why you wanted to do nursing: helping an animal that needs you through helping its owner.