



Sairéad Wild BSc (Hons), RVN

Sairéad graduated from Anglia Ruskin University, Cambridge in 2016, with a first class BSc (Hons) in Veterinary Nursing with Applied Animal Behaviour. She currently works at the Old Golfhouse Veterinary Group in Watton, Norfolk, and has a special interest in infection control.

Email: sairead.wild@cvsvets.com

Veterinary nurse clinics – opportunities and obstacles

Sairéad Wild BSc (Hons), RVN

The Old Golfhouse Veterinary Group, 4 Goddard's Court, Watton, Norfolk, IP25 6XT

ABSTRACT: Nursing clinics appear to provide a valuable contribution to general practice, freeing up the veterinary surgeon for other, potentially profit-making duties, as well as increasing the profile and autonomy of the veterinary nurse in the delivery of their role. With both nurse clinics and customer expectation increasing exponentially, the pros and cons of the provision of the clinics is examined and conclusions suggest that, if VNs are properly trained and supported, the delivery of nurse clinics can be holistically beneficial.

Introduction

Since the introduction of the Royal Charter in February 2015 and with it the strengthening of the regulatory framework and accountability of registered veterinary nurses for their actions, the role of the veterinary nurse (VN) has subtly received further validation and value within both general and referral practice. In recent years, nursing clinics have begun to broaden their subject matter, and VNs now find themselves dispensing to clients their knowledge and skills on a range of pathologies. This is excellent for developing or maintaining a rewarding career and keeping abreast of clinical and practical initiatives; however, there remain “downsides” to the provision of nurse-led consults, which may leave the VN feeling frustrated or unfulfilled.

Benefits

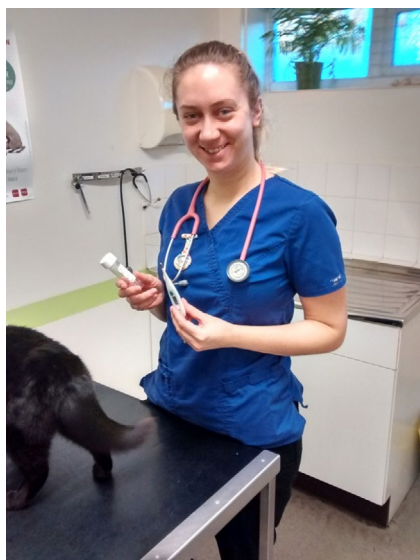
There are notable benefits from the provision of nurse clinics within practice, covering a range of factors.

Beneficiaries

- The VN: nurse clinics give the VN opportunity to engage with the client and patient on a one-to-one basis, and this window is an excellent opportunity to educate, advise and “bond” the client, while fulfilling their duty to ensure the health

and welfare of their patients (Code of Professional Conduct, 2016) by introducing or enhancing their psychological and/or physiological well-being.

- The patient: from the perspective of the patient's well-being, the value of nurse clinics seems apparent, providing preventative health-care, for example, the provision of pre-prescribed flea and worming medication, identification of early signs of arthritic joints, administering vaccinations or advising on behaviour and training techniques. Additionally, clinics offering services such as weight or diabetes management can improve or maintain the patient's clinical status and so enhance quality of life.
- The client: for the pet's owner the nurse clinic is a portal for receiving professional, educated and supportive advice regarding the safe-keeping of their pet (Carney et al., 2012), at reduced – or perhaps even free of – cost, permitting even those on tighter budgets access to animal welfare knowledge. VNs may also utilise clinics for undertaking diagnostic groundwork such as blood and urine collection (Figure 1).
- The practice: the practice benefits from a cost-effective method of increasing footfall and sales, not only from consultations which may lead on to bookings for procedures such



▣ **Figure 1.** Nurse clinics can be utilised not only for preventative healthcare, but also diagnostic groundwork



▣ **Figure 2.** The nurse checks the patient's clinical parameters prior to dispensing information on effective dental care to the client

as neutering, blood tests or dental work, but also purchasing of products such as food, dental or grooming equipment.

Law and ethics

VNs must always ensure that they are working within the principles of the Code of Professional Conduct (2016) in ethically promoting or suggesting procedures, and not use clinics as a method of supplementing the practice's income unnecessarily with such

proposals if they are not absolutely necessary (Ackerman, 2012). There is a legal responsibility on the VN during consult for the health and safety of not only themselves but also the patient and the client, and therefore steps must be taken to prevent harm such as biting or scratching injuries from anxious pets, for which the VN will be held accountable in law (Ackerman, 2012).

Developing the VN profile

There is much to be gained by the VN from undertaking clinics, with opportunity to utilise a range of skills, from academic to clinical, in the provision of care and education. The VN has long been informally perceived as the approachable “go-between” with communications between the veterinary surgeon (VS) and the client, translating and summarising in both directions and, as such, is ideally positioned to engage on an even playing field with clients and foster long-lasting professional relationships. This also facilitates more accurate ongoing monitoring of subjective presentations, such as chronic pain or weight management.

As with human medicine, the consulting nurse is a key member of the practice team. Not only do nurse clinics raise the profession's profile externally, the range of activities that the nurse is able to competently and skilfully undertake also endorses veterinary surgeons' views of their high levels of knowledge and ability, fostering increased trust within the clinical team (Costaras, 2014). Health education is developing into an integral part of nursing and both VNs and human nurses have a specific role to play in promoting this, using their knowledge to influence attitudes and behaviours, through clinics and other quality initiatives and strategies within the practice (Traynor, 2003) (Figure 2).

Drawbacks

The working day of the VN is full, dynamic and physically, mentally and emotionally demanding as nurses move from task to task juggling administrative demands, clinical application, laboratory work and housekeeping duties, which must be carried out observing accuracy, safety, legal obligations and time constraints. While clinics are clearly excellent resources for empowering nurses, one might ask whether

all participating practices are able to uphold the necessary levels of delivery, knowledge, training and commitment. For many practices there will be constraints which may impinge on the quality of the clinics, and these same constraints may also be stressors for the nurses involved, possibly leaving them feeling undersupported, overworked or frustrated. There are several of these potential stressors to consider in the delivery of the nurse clinics.

Type of clinic

It may be very tempting for practice managers to wish to introduce a wide range of clinics, in order to provide a fuller set of services from which owners could avail themselves. However, the nurses involved must also feel fully motivated to deliver the clinics, and this is where careful clinic-type selection ensures that VNs provide appropriate, desirable and accessible services for the client, and have suitable levels of knowledge and skills to be able to consult efficiently and effectively, and gain satisfaction themselves from providing the service.

Levels of knowledge

Within most general practices there will be a variety of levels of education and training, from new students to experienced VNs, and this means that there will naturally be different levels of information and knowledge that each nurse will be able to impart to the client. It is important, therefore, that the more junior members of the nursing team do not feel as though they are overstressing their abilities during consults (McLeod, 2008). If the VN is inexperienced with the subject, the delivery may also be unpolished and the VN will very probably find the experience stressful. This could develop into feelings of negativity towards nurse clinics, and so a lack of commitment or desire to undertake them, which could be subconsciously imparted onto the client and, so, reduce compliance (Ackerman, 2015). VNs who find themselves “thrown in at the deep end” may find this experience does not help with emotions such as confidence, calmness or self-belief, and they may decide that they cannot commit to the practice and feel obliged to pursue a different career path. A high turnover of VNs within the practice and/or employment of many locum nurses has the potential to impact on the delivery of service, and practices may additionally find that their locums' variability in skill sets does not



Figure 3. The nurse carefully prepares a second vaccination

offer a consistent level of quality service delivery for the desired clinics.

As well as pooling knowledge within the nursing team, continuing professional development (CPD) such as the Onswitch 7-steps programme or SPVS-VPMA's Consulting Nurse course (Tottey, 2016) can be used to build on VNs' knowledge-bases. This can lead to additional qualifications for the nurse, which raises motivation as well as keeping knowledge current (Ackerman, 2012).

It is vital that any clinic undertaken by VNs has been fully discussed among the team, so that a protocol based on, for example, the Calgary–Cambridge consulting model (Silverman, Kurtz, & Draper, 2016) can be developed to ensure standardisation of delivery (Figure 3). In busy and/or understaffed practices this may be an element which is easily overlooked. Knowledge of the subject and any associated equipment is critical for the delivery of authentic, comprehensive consultations and will spare VNs any embarrassment or loss of confidence from having to seek answers to clients' queries from outside of the consult room.

Reflecting the UK's National Health Service, the essential and now mandatory aspect of clinical governance responsibilities of veterinary staff can ensure safeguarding high standards of care, and good governance will facilitate the improvement of VN knowledge and service delivery through setting or redressing

standards. Good clinical governance is best achieved in practices with positive organisational cultures, where rigorous, organisation-wide evaluation, monitoring and accountability are employed, with full integration of financial control, performance and quality throughout (Scally & Donaldson, 1998). In practice this allows VNs or practice managers to measure whether all VNs undertaking clinics are delivering the service to the depth and quality required by all those involved.

Resources

There is an obvious list of necessary resources such as stethoscopes, nail clippers, weighing scales and thermometers, but consideration must also be given to less-obvious resources such as allocation of time, and consult-room availability. If the nurse clinics are not held in a designated, dedicated room, then appointments must be managed so as not to overlap with VS consults nor be booked at times when nurses are otherwise normally less available, for example, during theatre hours. A VN who is pulled away from other clinical duties to deliver a consult may be distracted, unfocused and feel rushed, and this may be difficult to conceal from the client, leaving the VN believing that they have underdelivered. It is important, therefore, to ensure that sufficient numbers of nurses are available to cover both the requirements of the normal clinical agenda and those of the consultations.

Law and ethics

Clients who are unaware of the remit of the VN will doubtless not understand the restrictions of the Veterinary Surgeons Act (1966) and Schedule 3 (Amendment) Order (2002), such as diagnosis and prescription, and in a nurse consult this may result in them feeling that they have not received the service they were expecting. The VN may, by the same hand, feel that they are limited by legislation; not entitled to provide the client with (perhaps sometimes obvious) diagnoses for particular clinical presentations, and being obliged to seek the permissions of the VS in order to complete the consult. These restrictions can be reduced if, for example, the VN pursues the qualification of "suitably qualified person" (SQP), so entitling them to dispense POM-VPS or (in the non-food animal) NFA-VPS pharmaceuticals such as an anthelmintic.

Conclusion

On balance, there does appear to be a very strong argument in favour of the provision of nurse clinics; they are excellent resources for increasing footfall and add-on sales; they are also supportive of improving patient welfare. They can facilitate "bonding" of the client and they offer the consulting VN increased autonomy, interaction with clients, and exercising and developing their clinical skills and knowledge. It is the background work – the planning – which is the area most likely to introduce drawbacks to their provision; levels of staffing, education and training of VNs, and a workload which, if not managed properly, may impact negatively on the delivery, the clients' perception of the practice and the emotional welfare of the VNs involved.

Good communication, good training and (at least) adequate, predetermined resources would appear to be fundamental to the successful delivery of nurse clinics. Consulting VNs are key contributors to positively developing practices, but only when they are properly trained and supported, providing increased autonomy, and a spotlight on the scope of their valuable role within the practice.

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