



### Samantha Cross BSc RVN

Sam graduated from University of Bristol with BSc in Veterinary Nursing and Bio-veterinary Science, qualifying as an RVN in 2017. She worked in small animal first opinion practice for 2 years and now works in a referral teaching hospital. Sam thoroughly enjoys in-patient care and supporting students during their training.

Email: [sc13421@bristol.ac.uk](mailto:sc13421@bristol.ac.uk)

# A move to referral nursing

## Samantha Cross BSc RVN

Langford Veterinary Hospital, UK

**ABSTRACT:** In this article, I discuss the career change from working as a Veterinary Nurse (VN) in first opinion practice to a VN working in a referral teaching hospital. Of course, no two veterinary practices are the same and this article reflects personal experiences. However, I hope it may help those who are considering a change in their career path and wondering which route to take.

Keywords: veterinary nursing; career; referral

### First opinion practice

In my experience, a VN working in first opinion practice has a diverse job role and is a “jack of all trades.” The daily routine varies greatly from running nurse clinics and monitoring patients under general anaesthesia to assisting veterinary surgeons (VS) with emergencies.

During my time in general practice engaging with owners was an important part of the role and building relationships with them as well as their pets, whether this be during consultations, giving advice over the phone or booking appointments and dispensing medications for them over reception. Another aspect of the position involved managing stock control and learning marketing skills through the use of reception displays and social media.

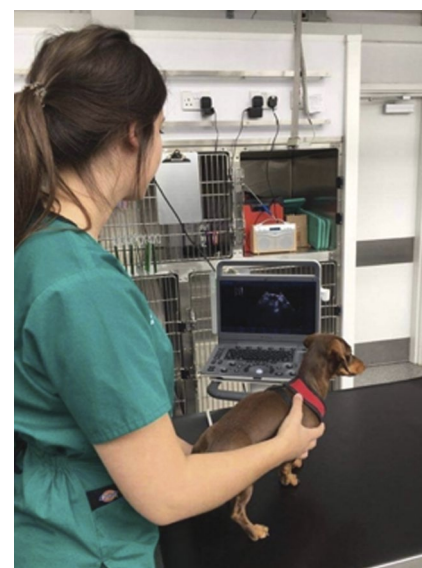
All members of the team, including receptionists, VNs, VSs and student veterinary nurses (SVN), work together to ensure smooth running of the practice. Every so often when an emergency would come through the doors it was essential to work together to provide the best possible care we were able. I also remember “lunch and learns” being an exciting time for everyone in the practice, a chance to all enjoy learning about new products from representatives over a relaxed lunch break.

During this time, I realised that my main passions were in-patient care and supporting SVNs during their training, as I find both very rewarding. Although I thoroughly enjoyed my time working in first opinion practice, after two years I found myself wanting to try something new to expand my knowledge and skill set and where better to do that than at a referral teaching hospital as a surgery and neurology ward nurse.

### Referral hospital

One of the main differences I noticed when I first started working in a referral hospital was the higher caseload and the busy ward environment. The faster pace seemed overwhelming at first, however after observing the team of nurses organise the day in order to provide optimal care to all the patients in the ward, I was inspired and enthusiastic to run the ward myself.

There are various specialising areas within the hospital; feline, induction, cardiology, imaging, ophthalmology, oncology, intensive care unit (ICU) and the surgery, neurology and medicine wards. VNs may choose to work in one area only or to rotate through different areas. The types of cases we see are fascinating such as; neurological conditions, fractures, skin flaps, total hip replacements and complex medical conditions.



**Figure 1.** Neurology patient having their bladder scanned.

My favourite patients to nurse are those who have come in with devastating neurological conditions that may result in them not being able to walk. These patients require intensive care post operatively and a complex nursing plan to address their mobility and urinary difficulties. Neurology patients are often hospitalised for up to three weeks needing physiotherapy and bladder management (Figures 1 and 2). Staying in for this length of time means that we are able to build a strong relationship with them and their owners during their rehabilitation period. These are also very rewarding cases, as some will learn to walk again and go home with physiotherapy plans to continue their progression.

I soon realised that VNs are used to their full potential, given many responsibilities and are involved heavily in rounds to discuss the nursing care plan for the patients each day. As a result of this, VNs are listened to and their opinions trusted. For example, if a VN believes that a patient is in pain and requires additional analgesia a pain plan is created (Figure 3).

There are always opportunities for continuous improvement, specialising in particular interests and gaining confidence in nursing abilities. Research studies are common and VNs are encouraged to carry out clinical audits if they are interested. There are also opportunities to support SVNs with their studies and dissertations.

Although I was a clinical coach in first opinion, working in a referral teaching hospital means that I am now responsible for supervising and supporting multiple SVNs throughout their rotations through the hospital, teaching them a variety of skills and

how to provide optimum in-patient care for a range of patients. I also support the veterinary students during their placements and teach them how to place IVs and how to fully utilise VNs.

During my time in referral, I feel that I am always learning and have already expanded my knowledge by discussing complex cases with VSs. I have learnt many new skills – including physiotherapy techniques and recovering patients after complex surgeries such as a hemilaminectomy and total hip replacement. I have more experience managing arterial catheters and passive and active drains. Also, I am now confident in placing male urinary catheters and regularly teach new or less experience staff and students.

### Making the decision

Which path is right for me? Are my skills good enough?

If you feel that you have achieved all that you can in your position in general practice and you are looking for an opportunity for progression then maybe referral nursing is for you. Fortunately, there are many transferrable skills between these two positions. The underpinning nursing knowledge will be the same whichever route you decide and the bottom line is that patients are cared for to the best of our abilities. Standard operating procedures may be slightly different but procedures such as placing intravenous catheters and bandaging will have the same basic techniques. Good communication, owner support and, of course, team work will also be important skills for both positions.

With a variety of areas available to work within, you can choose which may suit

your particular interests. For example, if you enjoy emergencies and critical care then perhaps ICU would be a good option. If you are unsure which area, or even referral nursing is for you, then spending a day or two in a referral hospital setting may be a useful experience, which can also be used as continuous professional development (CPD).

There are often opportunities to spend time in different areas of the hospital and attend in-house training sessions to continue personal development by expanding knowledge and skill set.

Another aspect to consider is that the hours and shift patterns may differ to those offered working in first opinion practice. Within a referral hospital with a separate day team and night team, VNs are able to hand over the ward of patients at the end of the shift meaning there is little out of hour work.

Working in this profession can be very physically and emotionally challenging, therefore mental health and a good work-life balance is of utmost importance. I have been pleasantly surprised to find that referral nursing has improved my work-life balance due to the sense of achievement nursing provides and the option of various shift patterns to allow enough time for myself.

The change can seem daunting at first, although there will be plenty of support from nurses who will remember how it feels to be new to the role. I personally have found greater job satisfaction by finding what keeps me interested and enthusiastic about nursing and I am thrilled that I took the opportunity when I did.



Figure 2. Urinary catheter passed to empty bladder:



Figure 3. Team members discussing a patient's pain management plan.