



Staci Finn RVN

I qualified in 2010, working in a small animal practice. Since returning to 'reality' after travelling, my cross-breed dog, Puglet, has been keeping me busy, along with working part-time at my local Companion Care veterinary surgery and 'locuming' at various veterinary practices and hospitals in my area.

Notes from a VN abroad – nursing 'Down Under'

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Truly, I have what is known as the 'travel bug'. As far back as I can remember I have wanted to travel the world – especially to New Zealand and Australia.

I started my nursing career at the age of 16 and began to work my way towards my dream role. Finally, in 2010, at the age of 20, I qualified as a veterinary nurse. The next year flew past and I spent it trying to figure out what my career had to offer me next as I was uncertain whether or not I wanted to continue nursing in first-opinion practice.

The constant nagging of my 'old' head nurse, who was working in Australia, finally gave me all the encouragement I needed to pack my bags for a six-month, once-in-a-lifetime adventure.

Before I left, friends and family voiced some concern about my travelling by myself and asked whether I minded leaving them behind. Whilst I could understand their concerns, I will say now that many of the people whom I met whilst travelling and working have become firm friends.

I applied for my working/holiday visa through the Australian government website six months before I planned to leave the UK. Within 24 hours, I received a confirmatory e-mail saying I had been granted entry for one year from my time of entry into the country.

Six months later I boarded my first flight and 48 hours later I had reached my destination – Australia.

First impressions 'down under'

After a few days of settling into the local hostel and experiencing the relaxed

sun-soaked lifestyle, I was offered my first job, working in a first-opinion small animal clinic in Sydney's northern beaches; I had applied for it via the www.kookaburravets.com website.

The first thing that caught my attention was the wildlife: parakeets, kookaburras, possums, water dragons, skinks, wallabies, koalas, kangaroos and many more colourful creatures that are free to wander as they please. So orphaned and injured wildlife are common in veterinary clinics.

During the middle of one shift, a two-day old possum was brought in, as its mother had been killed. So it was off with my sock to act as a pouch and then down my top for warmth – all in a day's work (**Figure 1**)!

The most immediate difference I noticed was the rate of pay compared to England. The average fee I received in Australia was \$24/hr (£16/hr).

The head nurse at the practice was from England, where she had achieved her British RVN qualification. Some of the other nurses were at college gaining their certificates in veterinary nursing and some were at university doing courses from other disciplines – such as

☑ **Figure 1.** A two-day-old orphan possum



psychology – and were nursing in order to pay for their course.

In Australia it is not necessary for veterinary nurses to have relevant nursing qualifications; although most were doing related courses.

Even though this was a small clinic, it undertook some sophisticated surgical procedures. The most notable for me was scrubbing in to open-chest surgery on a dog to assist with a thymoma removal from the top of the heart.

We also had a wallaby that had been involved in a car accident and was subsequently brought in by a member of the public. The wallaby had an open fracture of the tibia and fibula (**Figure 2**). My boss decided that we would pin the leg free of charge to allow the wallaby a second chance of life. Unfortunately, radiographs revealed that it had a pre-existing fracture of the other hind leg, so it was euthanised.

Cases involving wildlife were regularly seen here – not just wallabies but also parakeets and possums.

After five fun-filled months, I had raised more than enough money to be able to travel up the east coast from Sydney to Cairns with a friend I had met, stopping at places such as Byron Bay and Surfer's Paradise. From Cairns, I flew across to the magnificent country that is New Zealand, to go skiing and where I also confronted my fear of doing a bungee jump!

I did some voluntary 'woofing' (working on organic farms), helped on a dairy farm with calf rearing, and learnt to milk cows in the North Island. I was also asked to work on a llama trekking/animal farm to help with the feeding and husbandry of the animals, which included more wallabies (**Figure 3**)!

After the adrenaline rush had worn off, I decided that six months was not enough for me as there was so much more to see and do. So rather than go home, I went back to Australia to continue the six months I had left of my working/holiday visa. The income that could be earned there was significantly more than in New Zealand or England.

Melbourne was my next destination – and my favourite place in Australia – as it has a very European feel despite the temperature



❑ **Figure 2.** Unfortunately, this wallaby had fractured both its hind legs

rarely dropping below 28°C. Prior to my departure for Melbourne, I had applied for a job on www.seek.co.au and was offered an interview on the day I arrived. Consequently, six hours after landing, I was offered my next job, working at the Animal Accident and Emergency Clinic in Melbourne.

Triage, teamwork and adrenaline

Without a doubt, this has been the best experience of nursing I have had since qualifying, and as a result I have decided to continue working in emergency medicine. The clinic works very much along the lines of a human hospital.

We work in teams of four to five most of the time: two veterinary surgeons and two nurses during the day, one of each on triage and the others on in-patient care. On an overnight shift, a team of four works until midnight, then one veterinary surgeon continues from midnight.

❑ **Figure 3.** Voluntary 'woofing' on a dairy farm in New Zealand



Nurses do the triaging as the patients and their owners arrive; a veterinary surgeon then sees the cases according to priority. Some of the veterinary surgeons I was lucky enough to work alongside had done emergency internships and had also lectured at conferences all over the world.

The one thing that has never changed wherever I have worked around the globe is the high standard of nursing care – whether it was in an old, converted house with just the basic essentials or in a purpose-built building with state-of-the-art equipment fitted.

Generally, at the triage stage, pulse rate, respiratory rate, temperature and mucous membrane/capillary refill time are determined and a history is taken in less than five minutes. The shifts are a long – 12.5 hours; but being surrounded by a great team of people makes it more enjoyable and their knowledge is outstanding. I have also found that caffeine and the adrenaline rushes help too.

Challenging cases

I found triaging a challenge as I never knew what would come through the door next. The shift I remember most was a night shift in which a tick-paralysis dog and a dog bitten by a snake came in at the same time. Between the other nurse, one veterinary surgeon, and myself we fought the whole night to keep the two dogs alive as well as doing four-hourly observations and treatment as necessary to the existing in-patients.

Our snake-bite victim was a 65kg Dogue de Bordeaux who was immediately seen by me and the veterinary surgeon. The staff had warned me that when a dog is bitten by a snake they act like a 'happy drunk' and produce urine that looks like red wine – and they were right. It's often uncertain what kind of snake the patient has been bitten by, but in this case the dog had bitten the snake's head off and the owner had brought it in with them!

Two intravenous catheters were placed in both cephalic veins, and PT/APTT bloods (coagulation tests) and a haematology screen were run.

Both blood results were off the scale, indicating the dog had no clotting factors in its body and it was anaemic. An antihistamine injection was given subcutaneously, prior to the anti-venom

and the blood transfusion (Figure 4). As anti-venom is derived from other animals, there is a risk of reaction.

Once the anti-venom was given, a snake venom detection test was run. This allowed us to detect if any venom remained in the dog's blood stream. If the test is positive, a second vial of anti-venom must be administered.

The other patient, a Jack Russell terrier, had been bitten by the paralysis tick, *Ixodes holocyclus*. This tick causes paralysis by injecting a neurotoxin that attacks the animal's nervous system. The paralysis starts off as weakness in the hind legs and can escalate to the point where the animal is unable to stand, swallow and eventually, to breathe. An initial check by the veterinary surgeon revealed that only one tick was attached to the dog.

Once the tick had been removed, intravenous catheters were placed in both cephalic veins and an antihistamine injection was given subcutaneously as, like the anti-venom serum, the tick anti-serum



Figure 4. Snake anti-venom

can give rise to a reaction. The serum dosage was calculated using the dose rate of 1ml per kg. In this case, 9ml were administered as a continual rate infusion.

Generally, patients deteriorate before they begin to improve, so continual blood gas checks were run to monitor CO₂ levels, and tick examinations were done every two hours to ensure that no more ticks were present. The dog was also bathed using a tick rinse shampoo.

I am happy to report that both dogs survived and were returned to their owners.

It is cases like these that give me tremendous fulfilment and they help to reinforce how much I love and appreciate the job that I do.

But even when cases have had a less positive outcome, I know that I have been fortunate to have worked with colleagues who, like me, do their absolute best. That's why I would never change my job or ignore my passion for travelling. It's the best of both worlds and I couldn't be happier.

I returned to the UK from Australia once my visa had expired. Over the past year I have been saving enough money to have a two-month holiday in my next destination America. [vml](#)

Further reading

KOOKABURRA VETERINARY EMPLOYMENT (2014)

[Online] Available from:

<http://www.kookaburravets.com> [Accessed: 2nd February 2014]

SEEK (2014) [Online] Available from: <http://www.seek.com.au> [Accessed: 2nd February 2014]

NEWS REVIEW by Jean Turner

New Professional Level 5 Qualification for Clinical Coaches

The College of Animal Welfare (CAW) is delighted to announce that a new professional coaching qualification, which it claims will help clinical coaches to gain the best from their student veterinary nurses, is now available and open for applications.

Clinical coaches spend a large amount of time training their students in practice; coaching and supporting them as they learn the new skills needed to do their job and mentoring their student by looking at their personal development and addressing issues which may affect their learning and performance.

The skills needed to perform the clinical coach role have been focused largely around either the old A1 award or skills gained on the job, with a mandatory initial training that focuses on the technical competencies and use of the NPL. There is no doubt that the role is rewarding, but it can also be extremely challenging; particularly dealing with setting timely targets, planning and structuring efficient training systems, building relationships and maintaining personal boundaries.

The Level 5 Certificate in Coaching and Mentoring, accredited by the Institute of Leadership and Management, is a blended learning programme (an effective combination



Registered veterinary nurse demonstrating bandaging to students

of online, distance learning complemented by three study days at college) that will allow coaches to develop their ability to guide, influence and develop their students to be the best veterinary nurses they can be.

Starting in June 2014, the qualification covers a variety of topics such as communication skills and relationship building; overcoming barriers to coaching and mentoring; effective coaching/mentoring tools and techniques; feedback and monitoring progress.

The normal price for the qualification is £1,250 plus awarding body fees; but The College of Animal Welfare is offering 2014 TP Congress delegates, CAW Clinical Coaches and those supporting CAW students on placement, the opportunity to enrol onto the 2014 course for £950 (or £105 per month). Awarding body fees of £124 are also payable.

Further information can be found at www.caw.ac.uk