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Life in Referral ...

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ABSTRACT: This article discusses the author's early experiences as a newly qualified registered nurse working within a referral setting.

As a newly qualified nurse having completed the Level 3 Diploma, the future appeared both an exciting and daunting prospect. It seemed that a world of opportunities was now open to me, bringing with it a list of questions and a new personal dilemma. Did I put the skills that I had gained over the last four years to use within general practice nursing, where I had trained; or did I venture to an area completely new to me: referral nursing?

One of the wonderful things about being a Registered Veterinary Nurse (RVN) is that the role is multifaceted and can be tailored to individuals. You can choose your own career path within the profession. You can nurse within general practice, a referral setting, work within a zoo environment or move away from clinical practice into academia, teaching or management.

For me, referral nursing had appealed even as a student, for many reasons. Although it seemed a challenge, it also presented the image of varied and interesting caseloads, working with specialists in their field, working in an environment with advanced equipment and the opportunity to develop within this setting. I suppose, in short, it was the unknown with many possibilities.

As a newly qualified nurse in general practice I was familiar with many aspects of nursing: reception, nurse clinics, theatre nursing and anaesthesia. However, it seemed that within a referral hospital, these aspects of nursing would be traded for a focus on hospital nursing. I was familiar with this after working within a 24 hour branch that cared for hospitalised patients. However, the caseload within referral would include the following disciplines: neurology, internal medicine, ophthalmology, soft tissue, orthopaedics, dermatology and oncology.

The question was, could I nurse in this setting and provide the standard of care

required? Was my nursing up to the challenge? Was I good enough? A question surely pondered by every RVN at different stages of their careers ...

So let's fast forward a year. Can I now answer that question? Well yes, and no! One of the things that I love about veterinary nursing is that you are required to be constantly learning. I think that this in itself means that we are forever questioning if we are doing the job right, are we giving the best possible care we can, and the two come hand in hand. I think this is fundamental to nursing, and is tied in to the compassion we have for our patients. So, in part, I am still learning and questioning myself constantly. However, after any period of time in a role, it is natural to find your feet and find yourself doing tasks competently that perhaps 6 months ago were quite new and frightening. I would suggest that this aspect of nursing be true no matter what setting you are in.

However, after a year in the referral setting specifically, I find myself enjoying particular parts of this role tremendously:

Schedule 3 procedures

The opportunities within referral to practice Schedule 3 procedures are vast. As a newly qualified nurse, being able to perform these tasks on a regular basis has improved my confidence vastly. It is also worth bearing in mind of course that legally, only RVNs can carry out these tasks and therefore it is vital that we carry them out to the best of our ability and ensure that we are doing so competently. Some examples of daily procedures that we carry out include blood sampling, placement of intravenous catheters and administering intravenous medications, care of wounds and surgical drains, placement and care of urinary catheters, care of arterial catheters, care of jugular catheters, administering constant rate infusions (CRI), as well as tube feeding. These are all nursing tasks that are perhaps not daily common place in general practice nursing.

Gold standard practice

Gold standard, or best practice, is ultimately what we all strive for in order to give our patients the best possible care. Within referral, standard operating procedures (SOPs) are in place to help us achieve this. These can be applied to all aspects of nursing, from handling infectious cases to inserting intravenous catheters. Having SOPs based on clinical rationale will promote and in turn be influenced by evidence-based veterinary medicine. The Royal College of Veterinary Surgeons (RCVS) promotes “evidence-based theory” (RCVS, 2016) as a way to help us understand what the best for our patients is. This is something that will apply to all settings; particularly referral, where we are at the forefront of new treatments and techniques.

Use of advanced equipment/facilities

It is a privilege that within referral, the facilities available allow advanced diagnostics. For example, the use of digital X-ray, endoscopy, magnetic resonance imaging (MRI) or computed tomography (CT) and on-site labs are common place. With regards to treatments available, some referral centres will be able to offer cancer therapies such as radiotherapy or chemotherapy. When considering the discipline of internal medicine, some centres may offer radioiodine treatment for feline hyperthyroidism. Most referral centres will have state-of-the-art operating suites with dedicated theatre staff. The list goes on!

A multidisciplinary approach

It goes without saying that in every veterinary setting, good teamwork is essential to a smooth running practice. Here, I mean this in the sense that every member of staff brings a different set of skills, particularly, highly experienced and specialist expertise in their field. This may include an anaesthetist, a radiology nurse, a diagnostic imager, a soft tissue surgeon, a dermatologist, an oncology nurse ... again, the list really does go on! However, no matter which members of the team are involved, they will all come together to provide different aspects of care for one patient and professional support for each other.

Continued professional development (CPD) opportunities

I've learnt a great deal and have definitely benefited from having accessible specialist knowledge in one place. This has ranged from simply being able to ask a quick informal question regarding a case or seeking some advice, to having a nurse seminar led, for example, by an anaesthetist or a senior nurse. I've also had the opportunity to attend lectures presented by our clinicians on various topics; which can be included as more formal CPD hours towards the RCVS requirement for RVNs. A lot of referral centres will also host external CPD events, which will not only count as CPD hours but can be a good time to meet other veterinary professionals.

Emergency and critical care (ECC)

We do see a variety of critical care or intensive care cases as well as different emergencies, potentially requiring one-to-one care and support. Some examples we have seen include patients suffering with tetanus toxemia, acute trauma, patients requiring a tracheostomy tube for a variety of reasons, splenic torsion, patients requiring a blood or plasma transfusion, acute spinal injuries or patients suffering from intracranial disease. Any ECC case can be daunting and challenging to nurse, but having the opportunity to do so and learn from the experience is definitely a worthwhile part of life in referral. My experience has included getting more used to equipment such as using electrocardiogram (ECG), blood pressure monitoring, capnography; patient monitoring including vital signs, Glasgow coma scale, wound monitoring; drug administration and gaining an understanding of what the medication is for.

Holistic nursing

As a student, we were taught the theory of nursing care plans (NCPs) (Brown, 2012, p. 534) and then how to apply them to cases seen in practice. I was keen to see how this could be carried out in daily practice life. In referral, we use a client questionnaire to gain as much information about the patient's normal routine and preferences on admittance. We then use this in conjunction with nursing

information gained during their stay to adapt our nursing to their individual needs as much as possible. It is definitely a wonderful part of my current role to see how Orpet and Jeffrey's Ability Model (Brown, 2012, p. 535) can be used practically to benefit a patient and improve the nursing care they receive.

Weird and wonderful conditions/diseases

Referral does provide an interesting caseload to nurse. As I said when discussing ECC cases, some of the conditions we see can be challenging, but they always provide an opportunity to learn. Here are a few examples across the different disciplines:

- Portosystemic shunts, where “blood bypasses the liver and deposits blood directly back into the systemic circulation” (Gear & Mathie, 2012, p. 552)
- Pancreatic abscesses
- Lung lobectomies or thoracotomies performed for other purposes
- Vestibular syndrome, “disease of the vestibular apparatus of the inner ear, leading to head tilt, circling and ataxia” (Lane, Guthrie, & Griffith, 2010, p. 249)
- Horner's syndrome, “Group of signs affecting the eye caused by a dysfunction of the sympathetic nerve supply” (Lane et al., 2010, p. 100)
- Leptospirosis

As a newly qualified nurse, a lot of the conditions that I have seen in referral were initially new to me, but I found that by doing some research and asking my colleagues questions, they appeared less daunting and I was able to get a better understanding of what I was nursing.

Research opportunities/further study/training

RVNs can complete further training after their initial qualification. This could include the Advanced VN Diploma offered by the Royal Veterinary College, Clinical Coach training, the Certificate of Veterinary Nursing in Emergency and Critical Care by Vets Now, MSc in Veterinary Nursing or the top-up BSc (Hons) degree in Clinical Veterinary Nursing (Caldwell, 2014, p. 275); or a variety of short courses towards CPD

hours. Depending on your interest this could include wound management, nutrition, anaesthesia or physiotherapy. More nurses are now also becoming involved in research projects, either leading them or being an associate. This kind of work is crucial; "Establishing a unique body of knowledge to define veterinary nursing as a profession is a key role of nursing research, but how that research is undertaken in terms of professionalism, ethics, welfare and law will help shape nurses' professional identity" (Whiting, 2012, p. 394). The advantage of referral is that due to the caseloads we see, it provides an ideal environment to take on this kind of further training.

Reflecting on my past year, there are incredible aspects to referral nursing.

However, it has not been an easy adjustment. It is a steep learning curve as a newly qualified nurse and at times, the mountain seemed far too high. I would encourage other nurses not to be put off, though; with support and training and quite a lot of determination, it is possible to thrive within the role. At times this may mean asking for help and admitting when something is not within your current capability. We should not be afraid of this or take this as a negative slight to our skills; not only does it safeguard patients, it means that we are progressing and learning – which is why we are there in the first place! After a year in referral, I feel that I have only really just started my career and there is still a world of opportunities available. I would encourage other newly qualified nurses to feel the same, whatever path they decide to take.

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