I am immensely proud of my profession and since qualifying in 1985 I have seen increasing opportunities for Veterinary Nurses who wish to be acknowledged as key members of the practice team. During my time in practice, with a keen interest in preventative veterinary healthcare, I particularly enjoyed the role of Clinic Nurse/Pet Health Councillor. Since joining Bayer Animal Health, this interest has continued and part of my job is motivating other nurses to also become actively involved in nurse consultations and clinics.

Many practices have nurses with keen interests in consulting and Nurse Clinics are the ideal opportunity for them to pursue the specialism that interests them e.g. senior pets, behaviour, while still performing their other duties. It will give them career satisfaction as well as providing an excellent service to clients and their companions.

If you or a member of your family have recently attended your doctor’s surgery or have had an outpatient consult at the hospital you may well have met nurses with a variety of roles, including:

- **Nurse Practitioners** – These nurses carry out care at an advanced practice level. They often perform roles similar to those of doctors. They commonly work in primary care (e.g., GP surgeries) or A&E departments, although they are increasingly being seen in other areas of practice.
- **Clinical Nurse Specialists** – Nurses undertaking these roles commonly provide clinical leadership and education for the Staff Nurses working in their department, and will also have special skills and knowledge which ward nurses can draw upon.
- **Nurse Consultants** – These nurses are similar in many ways to the clinical nurse specialist, but at a higher level. These practitioners are responsible for clinical education and training of those in their department, and many also have active research and publication activities.

I hope that one day we will see the Veterinary Nursing profession following a similar career path and we will have our very own Veterinary Nurse Practitioners.

In the meantime I would like to introduce you to a shining example of my profession, Bizzy Allen-McClure. Bizzy has been involved with running nurse clinics for many years. As well as enjoying the successes of her nurse clinics, she is also keen to help others interested in setting up clinics overcome some of the barriers they may encounter...

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**CASE STUDY**

**Bizzy Allen-McClure** RVN, BSc (Hons) Business IT, City & Guilds Certificate in Veterinary Nursing of Exotic Species, Clinical Coach

I am the Head Nurse at Harbour Vets, a first opinion small animal Tier 2 Practice in Waterlooville. My role involves the general running and management of the practice including organising the veterinary nurse team, allocating duties, regular team meetings, staff appraisals and training. I’ve been involved in running nurses clinics for many years.

Here, I’ve broken down what I perceive as common barriers into topics and tried to offer some suggestions to help overcome them.

Clinics are commonly run in topics such as senior pet care, weight management, development and growth. However, the clinic can also be expanded to involve the nurse in the management of clinical cases such as the one below.

‘Lucy’ was a 10 year old cavalier King Charles Spaniel and had suffered from repeated anal gland infections. Her owners were struggling to cope with her care, both in terms of compliance with treatment plans and with financial issues. They were seriously considering having Lucy euthanised.

The Veterinary Surgeon referred Lucy to me to attend weekly nurse clinics. During the weekly appointments I ensured Lucy’s anal glands were emptied and that the owners were coping with administering the antibiotics. The clinic also gave me the opportunity to address other issues such as weight loss, parasite control and grooming to improve Lucy’s quality of life.

This was a highly rewarding case as it allowed me to have a real involvement in Lucy’s care. Her owners trusted me and felt able to talk to me about any issues that they had. The appointments allowed me the opportunity to support them and care for Lucy that wouldn’t have been possible during the limited time available during a vet consultation.

**Suggested further Reading**

*The Consulting Veterinary Nurse – Nicola Ackerman*  
### Common barriers to running nurse clinics

<table>
<thead>
<tr>
<th>Time</th>
<th>Having enough team members to run the clinics without leaving the rest of the team short staffed.</th>
</tr>
</thead>
</table>
| **Suggestions to overcome barriers** | • Look at nurse rotas – which days can you spare a nurse for consult appointments or look what times of the day are the quietest.  
• Put together a case for recruitment of another team member. Nurse clinics can generate considerable income as well as freeing up the vet’s time for more complex cases and bonding clients to the practice. |

<table>
<thead>
<tr>
<th>Space</th>
<th>Lack of a dedicated nurse consulting room.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suggestions to overcome barriers</strong></td>
<td>• Look at times between consultations or whilst the vet is operating when the consulting room will be free to use.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Support</th>
<th>Lack of support and referrals from the rest of the team.</th>
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</table>
| **Suggestions to overcome barriers** | • Communicate the benefits of nurse clinics and what services you can offer with the rest of the team during practice meetings or via memos.  
• Arrange for the receptionists to shadow a nurse during some clinics so that they are aware of what they involve and will be able to promote them effectively. |

<table>
<thead>
<tr>
<th>Uptake</th>
<th>Lack of uptake from clients.</th>
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| **Suggestions to overcome barriers** | • Nurse clinics need to be marketed effectively – Advertise in the practice newsletter, send information with booster reminders, posters in the waiting room and on the practice website or Facebook page.  
• Send a mail shot using your practice management software. E.g. send an invitation to all dogs over 7 to attend a ‘Senior Pet’ clinic.  
• Ask the whole practice team to refer clients to you at every opportunity. |

### Joy’s Top Tips on Setting Up Clinics

- Set up a practice meeting with all staff involved
- Discuss length, times, costs
- Ensure all staff know what is involved
- Clinics can be run at times when the practice is quiet
- Consider pricing carefully

#### Marketing of Nurse Clinics and Puppy Classes

- Website/newsletter
- Posters in reception
- What motivates owners to come?
- Best slogan
- Best advertising copy for poster (max 3 sentences)

#### Fun, informative, professional

- Practice leaflets (printed or PDFs on website)
- Targeted letters / phone calls
- Mail shot from database (but remember you can only target animals which are registered, often elderly pets may not have attended the surgery in years!)
- Advert in newspaper
- Register for vets to refer clients – nurses call/write to clients to book appointments
- Invitation from reception staff and vet at first vaccination appointment to puppy parties
- Facebook / social media

#### The Nurse Consult Room

- Consider rearranging consult room to create a relaxed feel
- Turn table sideways – no barrier between you
- Angle keyboard and monitor towards clients so you don’t have to turn away to type or read notes

#### Consulting is a skill!

- Smile / Eye contact
- Use names of owner and pet
- Avoid jargon clinical terminology
- Observe the client carefully and listen to answers

#### Use Open Questions

- Start your question with:  
  Who, What, Where, When, Why (or How)  
  “When was “Charlie” last wormed?”  
  ‘What are you doing about flea prevention?’  
  ‘Have you considered how old “Charlie” is now, in human years?”

For more information on nurse clinics and protocols for puppy, adolescent and senior pet clinics you can contact Joy at joy.howell@bayer.com
CASE STUDY

Louise Victoria Dawson RVN A1 and Clinical Coach at Manor Vets Halesowen regularly undertakes nurse consultations and finds it expands her skills set and confidence

The role of a Registered Veterinary Nurse involves a variable list of tasks, both clinical and administrative. The duties of the average RVN are often be changed each day, with many practices using a rota to try to place specific nurses in different areas of the clinic each day. This ensures that everyone is utilised to their best abilities, and that those undergoing training spend time alongside qualified and more experienced staff.

RVNs are now also actively encouraged to participate in other areas of clinical work, leading to the development of such titles as, ‘the consulting nurse’, or ‘nurse practitioner’. Though nurses are still legally unable to diagnose, they are able to provide a number of other services to clients and patients, which enables them to deal with issues that would otherwise take up a veterinary surgeon’s time. Procedures undertaken by VN’s in nurse clinics involve the following:
• Grooming – including dealing with anal glands and nail clipping
• Microchipping
• Worming
• Administration of medication already prescribed by a vet, such as flea treatments, repeat injections etc.
• Weight management and nutrition advice
• Diagnostic testing such as urine, blood and blood pressure checks
• Pet travel scheme
• Puppy and kitten checks
• Post op checks on routine surgical patients, i.e. neutering, lump removals, some dental work etc.
• Rabbit health advice
• Puppy socialisation
• Behaviour

Nurses often have more time to spend talking to clients about their pet’s health, whereas vets are usually busy and rushed for time. Clients often also feel more able to relate to a nurse talking to them, and appear to ‘take in more information’. However, in my experience, there are some problems which can arise:
• Nurses are not legally able to diagnose, as mentioned above. This can often be a surprise to clients, who will sometimes will book a nurse appointment thinking it will be a free examination, and ask the nurse questions about other health issues. In these cases, it is necessary for the nurse to explain to the client that they can take notes about the patient’s history, examine the patient as best they can, i.e. check weight, temperature, and dentition, examine feet and feel the abdomen, and then report such findings to a vet. Clients can become disgruntled when a nurse is unable to tell them what is wrong, and they are then asked to go and make a vet appointment.
• Clients often ask nurses to advise on medication during their nurse clinic e.g. can they alter a dose, collect another prescription? They do sometimes get upset when you explain that legally only a vet can prescribe and dose medication.
• Some animals are booked in for a nurse clinics, and clearly have a problem that the VN cannot deal with alone. This is often time consuming for the nurse and client – as the nurse will then have to check if a vet is available to see the patient either at the time, or at another appointment.

After qualifying as an RVN in 2004, I was involved in setting up the now very busy and successful nurse clinic system in the large practice in which I still work.

I enjoy nurse consulting very much. My most memorable and successful nurse appointment involved a rabbit being presented for what was booked in as a weight loss appointment. The owners were concerned that the rabbit was gaining weight, and wanted to discuss ways in which to reduce its weight whilst maintaining a healthy diet. When examining the patient, it became apparent that the rabbit was not overweight at all, but had a very swollen abdomen, which was hard to the touch. This was obviously an issue unrelated to weight, which was beyond my capabilities as a VN. After arranging for the rabbit to be examined by a vet, an abdominal tumour was diagnosed, and was later surgically removed by one of the practice specialist exotic surgeons. Luckily this condition was identified before the tumour became fatal.

As nurse consulting is now integrated into the practical Veterinary Nurse training scheme, future nurses will hopefully be more aware of the services that can be provided. RVN’s that qualified prior to 2010 will not have benefitted from such training, as it was not included in the syllabus prior to this time. For this reason many RVNs will be less confident in the consulting role. As the profession develops, I look forward to seeing more of an emphasis on the role of the RVN in the consulting room, and the introduction of specific nurse practitioner CPD sessions, which would enhance the skills and confidence of RVNs when undertaking this very important part of the job.
Nurse Clinics... For Vets!

Many nurses commonly cite difficulties with internal communication and lack of buy-in from other practice staff as a barrier to running successful nurse clinics. So we asked 2011 vet graduate Katherine Costaras to give us her views.....

Kate is a vet at Your Vets in Dagenham, one of 7 clinics in the group, based in the Midlands and Essex. She works as part of a 4 vet, 5 nurse team. The nursing team actively run clinics which run throughout the day.

The involvement of the nursing team in running clinics was already established when I joined Your Vets, with this activity being a core part of the business model. The Consulting Nurse runs a variety of clinics, from the usual weight management clinics through to diabetic and rabbit clinics. The system was set-up to follow a defined protocol which sees dedicated nurse consults running from 10am to 6pm, shadowing the timings of the vet consults. The majority of the appointments are pre-booked, some with adjacent time slots for the vet and nurse to work co-operatively on a case, for example, a cat with kidney failure who will be having bloods taken and B/P checked in an appointment preceding the one with the vet. They'll also do things like second vaccs, diabetes checks etc. Where there are gaps in the nurses’ appointment list, they are free to help the vets in their consults, triage cases and walk ins or help out back in prep if needed as an extra.

The nurses are rotated through consulting nurse duties, so they get variety in their job, and learn new skills. They have a dedicated nurse consult room with all the equipment and client information they need.

We make full use of the nurses in our clinic – they are a tremendous help and time-saver for us vets – and since they are so highly-trained, we have complete faith in their abilities. The vets do what they do best – diagnosis and treatment planning/surgery, and leave the nurses to do everything else that is within their permitted schedule. It makes no sense to me that vets should want to be spending time doing bloods, setting up ops and hooking up drips when they complain that their biggest job pressure is time!

I think that getting buy-in from the full team is really important in any system where you are running nurse consults or clinics. This is how we do it in our clinic and it works:

Finding ideas for nurse clinics are the responsibility of the nurses. They need to investigate their idea and come up with a plan of how it would work. This plan is then given to the vets who assess it and give their input into the protocol. The nurse who has ownership of it then has the responsibility of training the rest of the nursing team in the protocol, assessing what skills gap there might be, and putting in additional training if necessary.

It is important that the culture is there to support the nurses in coming up with and developing their ideas. As a business, our ethos is to support the individual in finding special interests and developing their skills. But they have a remit to share their knowledge with the rest of the team, whilst still having overall responsibility for their idea.

An example of a clinic that has worked particularly well for us is the Diabetic Clinic. The incentive for this came from the fact that these cases are so time-consuming, particularly in the first 3 months while the patient is being stabilised. The programme of care is to improve client compliance by repeated messaging of the importance of good management.

**Step 1** involves the vet making the diagnosis and discussing the initial results with the client (over the phone or in the clinic if they’re still present). At this point they are usually pretty overwhelmed by the news. If they are in the clinic, the vet gives the first insulin injection with them present and they are asked to come in 12 hours later for a second consult with the diabetic nurse. If the owner has been informed by the diagnosis over the phone, then they are booked in for a nurse diabetes consult the next day. From there forward we try to dedicate the responsibility for that case to those two individuals, so that the owner has the reassurance of always dealing with the same vet, and has their own special diabetes nurse they can talk to.

**Step 2.** At the first nurse diabetes consult, the nurse will re-explain everything in detail as it’s likely that little information has been retained by the owner. We developed a diabetes questionnaire that the nurse will work through with the owner, to ensure that we have a full picture of the patient. Working to this protocol means that the vet can have confidence in knowing that everything has been covered, and it will highlight any gaps in knowledge/management/understanding.

At this first nurse consult, they will reinforce the vet’s diagnosis and management instructions, as well as advising the owners of the long term implications and need for regular checks. The nurse will also price up the cost of on-going management for the patient and give them an information booklet. The nurse will demonstrate the injection technique to the owner and get them to practice on a soft toy and then administer an injection of insulin to the patient to ensure they have adequately learnt the injection technique.

**Step 3.** The day after the initial nurse consult, the nurse will follow up with a phone call checking that everything is okay and books the client and patient in for their next appointment which is with a vet for a glucose curve. This is usually 1 week after their initial vet appointment and patient diagnosis.

So within this first week, they will have spoken with or seen a vet twice and a nurse twice. A lot of the questions the owners will have can be fielded by the nursing team and any questions they cannot answer can then be referred to the case vet.

**Step 4.** After two weeks they will have another nurse appointment where the patient will be weighed, drinking and appetite assessed, and their owner management charts checked. Thereafter the check-ups will alternate between vet and nurse.
Nurse clinics have become more popular as vets and clients have gained more knowledge and confidence with the nurse’s role in practice. Allowing nurses to run certain clinics can help raise awareness of a veterinary nurse’s abilities in practice. They help to free up the vet’s time, making more appointments freely available for other animals and clients, and allow pet owners to become accustomed to other veterinary team members. Nurses also have the opportunity to examine and treat patients, whilst at the same time building rapport with clients and boosting their confidence in the practice.

As people, nurses are very versatile and adaptable to both patient and client needs. We can offer advice to pet owners and apply our knowledge on subjects ranging from parasite control, neutering advice and grooming techniques to post-operative and pre-operative care, physiotherapy, bandaging, nutrition, blood sampling, weight clinics, diabetes clinics, senior clinics, puppy parties, microchipping, behaviour and training.

Assisting the veterinary surgeons in theatre on a day to day basis helps to boost confidence in surgical skills which means that the nurse can then discuss procedures in depth with clients, explaining the reasons for the surgery and the techniques used. This again can help build confidence in the veterinary practice as pet owners begin to understand veterinary care in more detail.

In order for nursing clinics to become successful, you must have full support from the entire veterinary team. Receptionists and administration staff should know what clinics are available, the times of these clinics and what they involve. This then means they can offer advice to clients on the necessary appointments whilst demonstrating knowledge and confidence in the nursing team. Vets should also be aware of the types of clinics the nurses are happy to run and what is involved in them from topics discussed to how pet owners can be introduced to them.

I find it is always a good idea to promote nurse clinics by other means too, including posters in and around the waiting room, leaflets, local radio and newspaper adverts, social media advertisements and general word of mouth. That way when a client attends the practice they can see clearly what is available and how useful the nursing team is.

Before setting up any clinics, you need to ensure you have everything available to make the clinics a success. A consultation area should be available, where nurses and their clients will not be disturbed, allowing for animal examination and a private area where pet owners can discuss things in confidence. In this consultation area there should be an examination table, some weighing scales, access to patient records, a microchip scanner, flea combs and grooming equipment, nail clippers of different sizes, muzzles and restraint equipment, literature (leaflets, posters etc) and body condition score charts. Preparation is key. A well run clinic can not only boost client confidence and bonding, but have benefits which run right through the practice.

Using the nurse as an integral part of that diabetic patient’s management team allows us to deliver a high standard of care where the patient is checked very frequently, while not putting undue pressure on vets’ time. It also means that we can deliver the same messages regarding management 4-5 times in the first month which really drives compliance and as a result we can stabilise them much more quickly. So really, the full use of our nurses helps us to drive an even higher standard of patient care than we would be able to do using our vets alone.

Currently we do not charge for our first diabetic nurse consult, however this is something we are thinking of reviewing due to the skill, expertise and time the nursing team bring to these cases. Overall though, we don’t lose money as we are still getting income from the medications and from the vet consults and we see the nurse clinics as allowing us to drive good compliance and bond the client. Using the nurse properly allows us to free up more fee-earning consults for the vets. It also leads to job satisfaction for everyone, as we are empowering the nurses to use the skills that they have been trained in. Our nurses love their consulting roles.

To me, it’s a win-win for both the vet and the nursing teams. Bit of a no-brainer really.

CASE STUDY

Gemma Cooke Registered Veterinary Nurse at Ian McConnell’s Veterinary Practice in Oldham, believes that nurse clinics benefit the whole practice and not just the nurse involved.