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Next Meeting:

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Shock! How to nurse the shocked patient
Belinda Andrews-Jones VTS (ECC) DipAVN (Surg) RVN PgCert Vet Ed FHEA

In the veterinary field, shock is defined as a lack of oxygen delivery to the tissues. This occurs most commonly secondary to a problem with the circulatory system and hypoperfusion. Decreased perfusion, and thus decreased oxygen delivery to the tissues, will have significant effects on the organs, especially the heart, brain and kidneys. If prolonged, it will lead to organ failure and death. Four major types of shock are recognised:

<table>
<thead>
<tr>
<th>Type of shock</th>
<th>Description</th>
<th>Common Causes</th>
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<tbody>
<tr>
<td>Hypovolaemic shock</td>
<td>Decreased circulating blood volume</td>
<td>Haemorrhage; severe vomiting and diarrhoea; thirdspace fluid loss (loss of fluid into the body cavities)</td>
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<tr>
<td>Distributive shock (includes anaphylactic, toxic and septic shock)</td>
<td>Abnormal distribution of body fluids secondary to body-wide dilation of all blood vessels</td>
<td>Sepsis; systemic inflammatory response syndrome (e.g. severe pancreatitis); severe allergic reaction</td>
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<tr>
<td>Cardiogenic shock</td>
<td>Failure of heart to act as effective pump</td>
<td>Dilated cardiomyopathy; severe dysrhythmias</td>
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<tr>
<td>Obstructive shock</td>
<td>Physical obstruction to blood flow within vascular system</td>
<td>Pulmonary thromboembolism; pericardial effusion</td>
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Treatment of shock
The treatment of shock varies depending on the cause. Most patients with hypovolaemic or distributive shock will require some form of intravenous fluid therapy, often at quite fast rates in the initial stages.

Patients with shock are also likely to benefit from oxygen supplementation and being kept in a stress-free, comfortable environment. They may have a reduced body temperature but should be rewarmed slowly and only after fluid therapy has been started. Patients with shock require careful and close monitoring, especially in the first few hours after presentation.

In this lecture it will be explained how to differentiate between the different types of shock, how to best monitor for changes with your patients, and how best to help stabilise them.

Triage and assessment in critical care
Eleanor Haskey RVN

This lecture is aimed at student and qualified veterinary nurses. It will cover the concept of triage and how to prioritise patient’s according to the severity of their problems. The lecture will also cover the assessment of major body systems and the following aspects of triage:

- What is triage?
- Telephone advice
- Preparedness
- Primary survey
- Secondary survey
- History taking and communication
- The golden hour

Transfusion therapy; a step by step approach
Robyn Taylor RVN DipVN (New Zealand)

This lecture is targeted for student and qualified veterinary nurses working in practice. Transfusion therapy can be a lifesaving skill to have when performed correctly.

Collection & Storage
Safe blood collection from both cat and dog donors is as important (if not more so) as the delivery of the product to the patient who requires it. How much blood to take, what anticoagulant should be used, storing blood products after collection and caring for your blood donor post donation are all essential aspects of transfusion therapy that need attention.

Components
Component therapy has been made available with the existence of national blood banks and this makes it easier to provide your patient with the right component. This lecture will discuss the various blood components available to the veterinary industry.

Blood Typing
As with human medicine there are different blood types for canine and feline patients. Blood typing of dogs is highly recommended even on their first transfusion, but essential in cats. The importance of this will be discussed further within the lecture.
Cross matching
Cross matching can be performed to assess the safety of the blood you wish to transfuse your patient with. Any patient receiving subsequent units of red blood cells after a short period of time should have cross matching performed.

Administration and Monitoring
What volume to give your patient and at what rate, monitoring the patient for complications that can occur during a transfusion and how to recognise these complications and manage them.

Transfusion Reactions
A blood transfusion does not come without its risks and monitoring patients being transfused is essential. Transfusion reactions for plasma and red blood cells differ from each other and have varying levels of risk to the patient.

The aim of this lecture is to equip veterinary nurses with the knowledge required to safely nurse patients receiving transfusions by being aware and recognising the complications associated with transfusion medicine.

Sepsis: an overview
Miguel Martinez Ldo Vet CertVA DipECVAA
Severe sepsis and septic shock are associated with a guarded prognosis and high mortality rate despite treatment. Sepsis is a major health problem in human medicine too. Despite large scale research, the outcome is still less than optimal. In order to be successful in the management of sepsis and septic shock we need to achieve 3 basic goals:

1. Rapid recognition of the clinical signs (diagnosis)
2. Aggressive resuscitation to improve organ perfusion and oxygen delivery
3. Specific treatment of the causative agent without any delay

The clinical signs of sepsis are often non-specific, but a presumptive diagnosis can be made based on clinical history and physical examination, with a focus on heart rate, respiratory rate, temperature and white blood cell count. Other variables such as glucose and tissue perfusion markers (lactate and base excess) can be extremely useful too.

The aim of resuscitation is to restore an adequate oxygen and glucose delivery to body tissues and return to normal metabolism. The end points of resuscitation are defined by normalisation of lactate and/or base excess. Although very often used, changes in cardiovascular variables such as blood pressure and heart rate do not accurately reflect the adequacy of tissue perfusion. The corner stones of resuscitation are fluid therapy and vasopressors.

As important as resuscitation it is immediate administration of appropriate doses of intravenous antibiotics. There is very strong scientific evidence that this is lifesaving. In the emergency setting, broad-spectrum antibiotics are indicated. However, samples of potentially infected body tissues and fluids have to be obtained before antibiotics are administered. Culture and antibiotic sensitivity of these samples will help to optimise the treatment.

Finally, it is very important to stress the importance of a comprehensive treatment plan including monitoring, nutrition and medication. Regular monitoring helps to obtain valuable data. The analysis of these data allows us to detect physiological changes and complications which can then be treated accordingly.

Approach to the respiratory patient
Miguel Martinez Ldo Vet CertVA DipECVAA
Respiratory distress and dyspnoea are true emergencies very commonly found in veterinary medicine. The key to success in the management of these patients will be to minimise stress while trying to increase oxygen uptake. While we do this, we have to try and figure out what is the most likely diagnosis in order to refine and optimize the treatment goals.

Upon presentation, it is important to provide an oxygen rich environment in a stress free manner. This can be achieved by several means (masks, nasal prongs and catheter, tracheostomy, endotracheal intubation and IPPV). All of them have pros and cons that we will discuss during the lecture.

Stress will likely increase oxygen consumption in an already oxygen “hungry” patient. A quiet environment, minimal handling and the administration of sedatives at an appropriate dose will contribute to reduce oxygen consumption and improve the mechanics of breathing.

While we do the first aid, we have to collect relevant information from the owner, perform a succinct physical exam (remember, minimal handling) and analyse the patient’s breathing pattern. It is not exaggerated to say that any mistake in the initial stabilisation can end up in the death of the patient.

Once the initial triage and stabilisation has been done, a battery of diagnostic test will have to be performed. The majority of them will require some degree of handling or restraint and very often the patient will need to be sedated or anaesthetised. It is of the utmost importance to be prepared in advance so the procedures take as little time as possible.
During the triage phase it helpful to classify the problem as
- Upper airway disease
- Lower airway or parenchymal disease
- Pleural space disease

The pathophysiology and treatment modalities for these types of pathology are relatively different.

Finally, in the emergency setting it is important to prioritise our attention in functional tests such as pulse oximetry and blood gas analysis. Once a tentative diagnosis has been achieved, serial monitoring of functional respiratory variables will guide our treatment plan and help to set therapeutic goals.

Monitoring the critical patient

*Eleanor Haskey RVN*

Critical care patients have a wide range of individual patient requirements depending upon their disease process. This lecture will use a critical care framework to highlight the important considerations for a critical patient. This lecture is aimed at qualified VNs, degree and diploma holders and will cover the following aspects of critical care nursing:

- What is critical care nursing?
- How can we alter the environment?
- Observations of the critical patient
- The nursing process
- Using a framework (Kirby’s rule of 20) to assess and monitor a critical patient

Environmental enrichment in the rescue setting

*Nicky Trevorrow, Behaviour Manager, Cats Protection*

This lecture will look at the common types of environment enrichment for rescue cats with an emphasis on maintaining disease control, how it differs depending on the needs of the individual cat and how you can make a difference to rescue cats.

Feline shelter medicine – rising to the challenge

*Jenny Stavisky MRCVS BVM&S PhD*

Shelter medicine is increasingly recognised as an important discipline within the veterinary professions. It is simply the recognition that animals in rescue shelters, rehoming centres, foster care and other forms of temporary housing are a bit different. These differences lie in the animals themselves, their environments, and in their owners and carers. Making veterinary decisions around both the preventive healthcare and veterinary treatment of these animals requires us to take into account these differences.

Cats are a particular challenge. There are so many of them – over 130,000 pass through rescues in the UK every year. And housing a relatively antisocial species in close proximity with dozens or even hundreds of others equally antisocial felines can cause chronic stress, which may manifest itself as numerous problems including over-grooming, lower urinary tract disease and flare-ups and outbreaks of viral respiratory infections. These problems are difficult to manage, often requiring extensive input of manpower and financial resources to control them.

Often, when there is a problem, it can be tempting to just deal with the immediate presenting animal; however, we may be able to provide more effective care by looking at the whole problem. For example, a rescue which regularly presents a few cats with flu is likely to have many more mildly affected cats circulating infection on the premises. By building up a good rapport, taking a good history, and, where possible, visiting the premises it might be possible to really improve the cats’ health.

Shelter clients can be very variable. Some run small scale operations from their homes, while others are highly qualified and experienced animal welfare professionals. However, they generally share the issues which come from trying to apply a limited budget to a seemingly unlimited influx of animals. Approaches vary; some will treat every animal as an individual. Others will take a more pragmatic approach, and may for example choose to treat a complex fracture with amputation, and use the money which would have been used for orthopaedic surgery for ten neuters.

In this session, we’ll explore what shelter medicine is, top tips for nursing care of shelter cats, and ways to continue this support after rehoming.
Canine infectious disease control – individual and herd health
Paula Boyden BVetMed MRCVS
We frequently deal with ‘infection’ in general practice, be it a cat with a bite abscess, or a dog with a nasty otitis. But what about when we encounter infectious disease; how can we ensure it is not transmitted between patients? How good is your biosecurity? If a vaccine is available, can we be sure all our patients are vaccinated? How does this impact the ‘public’ areas of your practice?

This talk will first explore biosecurity at the practice level and what we can do to ensure that we maintain a ‘help or at least do no harm’ approach. It is important that we as veterinary professionals are not a factor in disease transmission to, or between, our patients.

Looking more widely, many practices provide some form of charitable care which may be in the guise of a local welfare organisation. But how often do we get to go out to the organisation and/or consider the ‘herd health’ of a group of small animals rather than the individual patient brought into the practice? It should be borne in mind that the group of small animals could equally be an owner with multiple animals, or an individual offering foster care. Whatever the situation, we need to consider the infectious disease risks in such environments, taking into account carrier states, shedding, whether to test or not and ultimately how to manage the situation.

Whatever we advise we must ensure that we are providing the best possible care as well as using funds wisely, considering in particular what will be achieved by a particular screening test, and if it will change our approach to the case in hand.

Mental health and addiction in the veterinary profession
Rory O’Connor MSc Addictions, BA Psychology, RMN, Diploma in Counselling
I will explore the extent and nature of mental health and addiction problems within the veterinary profession including veterinary nursing and students. I will provide details of my role as National Coordinator of the Veterinary Health Support Programme. I will include data covering the past 4 years including outcomes. There will be opportunity during and at the conclusion of the session for questions.

Puppy farming: what your clients should look out for when buying a puppy
Bill Lambert, Health & Breeder Services Manager, The Kennel Club
My presentation will cover the following areas:-

- Intro to Puppy farming
- What the KC is doing
  - Fit for Function: Fit for Life
- Educating breeders
  - KC Assured Breeder Scheme
- KC BVA Health Schemes
- DNA profiling
- Endorsements
- Educating puppy buyers
  - Where to look
  - What to ask
  - What to expect
- Educating puppy buyers buyers
  - PAAG
  - PF Study Group
  - Local Authorities
  - Veterinary profession

The ins and outs of dispensing
Kirsty Gwynne CertEd RVN MBVNA
Managing a pharmacy in a clinical practice requires an up to date knowledge of current legislation and VMD requirements. A nurse who is prescribing, handling and dispensing pharmaceutical products has to ensure that they are up to date with the legal requirements, especially now the Registered Veterinary Nurse is accountable for their own actions.

When dispensing medications a nurse has a duty of care to ensure that owners are informed of any special handling or administration requirements, whilst identifying if there are any sensitivities or allergies to active compounds and dealing with this accordingly.
Understanding fleas
Les Middleton
The aim of this lecture is to give an overview of the flea lifecycle, to explain the significance of each stage and to explain why fleas are significant cause of distress and disease to humans and domestic pets. It will look at the significance of the environment and how to best advise owners on treating a flea infestation the home and will conclude by looking at Advantage and detailing how best to advise customers on its use.

This is an AMTRA accredited lecture which will provide 8 SQP points.

Worms – the ins and outs
Joy Howell DipAVN(Surg) RVN HonMBVN
This lecture is an AMTRA accredited SQP CPD presentation 8 points

The Learning objectives are:
- To identify the common Gastro-intestinal worms in dogs and cats and to consider worms found in other organs of the body
- To understand the impact of parasites on our pets’ health and the implications to humans

The advancements in treatments have increased away from low efficacy treatments administered to reduce the risk of the clinical disease in pet dogs and cats to highly efficient treatments. Most wormers remove those worms present at the time of treatment but do not possess any residual activity

Dogs and cats can reacquire infections as soon as worming activity has passed on, so in the case of most anthelmintics (wormers), there is immediate potential for the animal to become re-infected. The challenge is then to determine appropriate re-treatment intervals. The commonly recommended period has reduced over the past twenty or so years from six months to three months, possibly motivated by the recognition that dogs and cats can have infections within three to four weeks of treatment, and because some of the infections are significant zoonoses (disease of animal transmissible to man).

Therefore until recently basic advice, of worming every 3 months in dogs to prevent the risk of toxocariasis occurring in man was given. This has now been updated and makes the following recommendations:

WORMING RECOMMENDATIONS IN ADULT DOGS AND CATS
There is no one-recommendation-fits-all for adult dogs and cats, or all situations. In some cases the decision may be made to go for maximum control such as the instigation of a monthly programme.

Flea control and Worm control may be offered in combination or separately.

Understanding the veterinary business
Kristie Fairbanks* & Alison Lambert BVSc MMRS MRCVS (*presenting author)
The key word being 'business' - we'll take it for granted that you already know quite a lot about animal medicine!

In the good old, bad old days, we all just got on with the job in hand - treating the animals that were brought to the practice. We probably worked in the only practice in town, so any local pet or horse owners called us when they needed veterinary care. There was no internet, so owners couldn't get access to clinical information without talking to us. We were respected as professionals and admired as experts.

Great, wasn't it?

How times have changed.

Owners now have choices.
There are twice as many practices today as there were in 2000, and finding information and buying products online is now commonplace. Many owners are registered with more than one practice. The fact is that for many, the veterinary practice is increasingly a last resort, for emergency treatment only, which does not always make for a profitable environment in which to work.

This session will explore the ways in which you can help your practice become the destination of choice for owners in your area. Simply advertising in the Yellow Pages is not going to work - you'll need to demonstrate to owners why your practice is special. Show them that your team are passionate about providing great care - for the owner as well as the pet. We'll explore the importance of shouting local and loud, as well as looking at practical and effective ways in which you can spread the love. We'll talk about using social media (Facebook, Twitter, blogs) to get your practice's message out loud and clear. Being successful now means thinking clever and acting differently.
Providing a fantastic customer experience makes great business sense. Clients will visit (and spend) more, and encourage their friends to do the same. You can then seek out additional clinical responsibilities - obtaining desirable experience, improving skills and gaining a real sense of achievement. This session will help you make it happen.

**Customer care**

*Kristie Fairbanks* & Alison Lambert BVSc MMRS MRCVS (*presenting author*)

Nursing is the ultimate caring profession, and when you are a veterinary nurse, caring does not just stop at the patient. The fact is that the provision of customer care is a huge part of being a veterinary nurse, and it's vital to do it well. Sure, a large part of your practice receptionist's role relates to the handling of queries, complaints and requests from clients. But it is the job of everyone at the practice to deliver an excellent customer experience to your clients, because if you don’t, these clients will take their custom to one of the other local practices that will. Then they'll tell all their friends about the rude/unhelpful/begrudgingly average service that they have received from you.

It's actually not difficult to keep our clients happy - after all, we're all customers ourselves so we know what works. A friendly smile, a genuine interest in what they say and a desire to help will take you a long way. And when the whole practice team are working together, it generates a tangible buzz that draws clients back, and gets them telling their friends just how good you are. And it feels good when you've put down the phone to a pet owner who started the call as a speculative enquirer about vaccination prices, and has ended it as a client of the practice.

In this session, we'll look at your practice through your clients’ eyes. You might be surprised by the seemingly innocuous things that they place huge importance on. You might not recognise what you see.

We'll explore some simple techniques and behaviours that will immeasurably improve your clients’ experience of your practice. Fundamentally, providing excellent customer care relies on one thing - putting your clients' needs at the centre of everything that you do, not what's cheapest, quickest, or easiest for you or your boss but what's best for your client. (Who, actually, is also your boss). It's not difficult to do well, once you change the way you view customer care.

**Telephone techniques**

*Kristie Fairbanks* & Alison Lambert BVSc MMRS MRCVS (*presenting author*)

Nurses are often called upon to man reception, or answer the phone in busy periods. Most of the time the call will be a request for information or prices, and many of these calls will be from owners who are not currently registered with your practice. All too often these callers are swept off the phone with the briefest of responses, which is never going to persuade them to honour your practice with the thousands of pounds that the average pet owner spends over the course of their pet's life. That's a lot of lost business, and all for the sake of a few minutes.

At Onswitch, we believe that every call represents a golden opportunity to recruit a lifelong loyal client to your practice, for free. It's a simple, but crucial, concept, and there are five equally simple steps to achieving this, by delivering excellent customer care over the telephone:

1. Use your name
2. Use the pet's name
3. Answer the price question at the end
4. Provide practice information
5. Always offer an appointment

Each of these steps helps to bond the client to the practice, and engages them with your way of doing things. She may 'only' have called to ask for the price of a booster, but always remember that the caller can easily get the product or service she wants elsewhere. Indeed, she'll probably be calling several other practices after you put the phone down. It's your job to demonstrate that she doesn't need to look around - if she feels welcomed and respected by your practice in a quick phone call, she'll easily make the connection that she'd get the same great service as a client.

In this session we'll listen to some real examples of good and bad practice on the telephone, through which we'll explore some simple tips and techniques that will help you deliver excellent customer care over the phone. It's everyone's job to promote the practice's services to potential clients, because ultimately everyone's job depends on the business growing profitably, including yours.
Good equine operating theatre technique

Katherine King BSc(Hons) REVN

The key to good equine operating theatre technique is asepsis. Organisation, accurate preparation and team work go hand in hand with asepsis as the main components of an operating theatre, and should be second nature to an equine veterinary nurse.

The role of the equine nurse is paramount during any operation and when you break down the process from start to finish, you can truly appreciate why this is the case.

- Aseptic technique
  - Key to the success of the operation
  - Most wound infections occur at the time of surgery, not post operatively!

- Daily Maintenance of the operating theatre
  - Essential to maintain a high standard
  - Daily jobs must be done and will ensure smooth running of theatre

- General conduct in theatre
  - Personnel – who’s involved? How many students?
  - Personal hygiene
  - Communication!

- Preparation of theatre
  - Clean & tidy?
  - Bed position
  - Instruments & equipment. Has the equipment been tested?
  - Checklists?
  - Is everyone ready?

- Preparation of the patient
  - Preparation prior to surgery
  - Preparation in theatre

- Preparation of the surgical team
  - Scrubbing up
  - Gowning and gloving
  - Preparing the instrument trolley

- Scrub nurse Vs circulating nurse
  - Both very important roles
  - Differences in roles

- Surgical instruments
  - Knowing your instruments
  - Organisation of instruments in theatre
  - Different names can be confusing!

- After the surgeon’s work is done...
  - Bandaging
  - Moving the patient from theatre to recovery
  - Recovering the patient
  - Cleaning and setting up for the next operation
  - Sterilisation

Final take home message...REMEMBER THE FIVE ‘P’ RULE: ‘PRIOR PREPARATION PREVENTS POOR PERFORMANCE!’
An evidence based approach to equine behaviour problems

Tracy Allin-Baker

Failure to remedy equine behaviour problems remains a significant reason why horses are euthanized in the western world. For centuries there has been a whole host of different ‘methods’ of dealing with horses that display ‘difficult’ or ‘problem’ behaviours, and unfortunately this has created many ‘old wives tales’ as to how to deal with these horses. At its simplest a ‘behaviour problem’ is ‘any behaviour that the horse does which causes the horse and / or the horse’s owner a ‘problem’. Methods used to overcome undesirable behaviours vary widely in terms of how humane, safe and successful they are. The choice of training method or ‘cure’ for the modern horse-owner is now over-whelming; and thus it can very difficult to know which method to choose. It is therefore important to apply a scientific or ‘evidence-based’ approach in order to evaluate different methods in terms of horse welfare, handler safety and long-term success. The first step is to ascertain the cause of the problem, rather than to just address the ‘behaviour’ being displayed; as there can potentially be many different ‘reasons’ for why one specific behaviour is occurring. Each horse should therefore be evaluated individually before addressing the problem, there is no ‘one size fits all’ or ‘quick fix’.

Sadly, scientific approaches have become unpopular in the last few decades, in comparison with “natural” approaches. However, most so-called “natural” approaches have not yet been robustly proven, and are simply one particular trainer’s opinion or approach. Conversely help offered by vets has often been limited to pharmaceutical medication (after pain is ruled out), which over the long-term is not very sustainable, and indeed is not applicable to all behaviour problems (for example, ridden). Despite the amount of research on behaviour modification in horses being small in comparison to other animal species, over the past decade there has been a slow but growing desire amongst some equine academic professionals and trainers to conduct meaningful scientific research into ascertaining the best methods to deal with problem behaviours. This talk will explore some of the current scientific ‘evidence based’ approaches to solving undesirable horse behaviours’.

Biosecurity in equine practice

Harry Carslake MA VetMB MRCVS

What is biosecurity?

Biosecurity is a term most commonly used to mean a set of measures designed to reduce the risk of spreading infectious disease from one individual to another. An obvious veterinary example is isolating a horse with diarrhoea caused by Salmonella. Biosecurity in equine practice goes beyond excluding and containing infectious diseases however. Minimising exposure of immunocompromised patients (such as septic foals) to opportunistic pathogens, avoiding the promotion of antibiotic resistance within the bacterial population of the hospital and protecting clinic employees from zoonotic diseases are also examples.

Why is it important?

Equine clinics and hospitals are becoming bigger and are treating horses with increasingly complex and severe illness, necessitating more stringent biosecurity. Hospital acquired infections compromise the welfare of the horse, lengthen hospitalisation time, increase costs and at worse increase mortality rates. There has been much adverse publicity in recent years about hygiene standards in human hospitals, and the public are becoming increasingly aware of biosecurity issues. Large outbreaks of infectious diseases in equine hospitals have caused them to shut for weeks, resulting in huge disruption and financial losses. Failures in biosecurity can have more subtle effects though. Contamination of a surgical wound by an unwashed hand is an example of a breach in biosecurity which might have serious consequences for the patient.

How do we maintain biosecurity in an equine practice?

Every equine clinic is different and there financial, housing and staffing issues which need to be considered when implementing biosecurity measures.

1. Identify what and where the risks are. Consider which infectious diseases represent risks to hospitalised horses and personnel, and which patients are most at risk from opportunistic pathogens.
2. Identify when, where and how transmission of pathogens is likely to occur. Examples are on the hands of clinical staff, or via drainage from one stable to another.
3. Implement preventative measures. It is essential that they are clear and communicated to all staff. Standard operating procedures (SOPs) can help.
4. Monitor and adapt your biosecurity protocols to ensure they are adequate and up to date.

Understanding equine upper airway disease

Prof Tim Greet FRCVS

Diseases of the upper airway have long been recognised as common problems in equine practice. Recent advances in diagnostic imaging have allowed a much greater understanding of the complex anatomy and physiology of the region.

Traditional rigid endoscopes were replaced by flexible fibre optic instruments during the 1970s. Subsequently, video-endoscopic equipment was introduced and this has recently been complemented by the introduction of remote dynamic endoscopy. Such techniques have encouraged more sophisticated assessment of the causes of upper airway obstruction both at rest and during exercise. Similar developments in radiography, have seen the use of contrast radiography and videofluorography and now computed tomography is also making an important contribution to the diagnosis and our understanding of diseases of the equine head and neck.
There are fundamental differences in the mechanics of the upper airway in horses compared to other domestic animals. Horses are often required to perform athletically and performance-limiting problems frequently present a significant diagnostic and therapeutic challenge.

Equine nurses are critical members of the modern veterinary team and their understanding of and competence in both diagnostic and therapeutic procedures are essential to the successful management of patients.

The presentation will attempt to illustrate current approaches to the management of selected diseases involving the paranasal sinuses, gullet pouches and to several performance-limiting conditions of the pharynx and larynx.

**The effective mentor**

*Dr Jacky Eyres*

Mentoring is a relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person. However, true mentoring is more than just answering occasional questions or providing ad hoc help. It is about an on-going relationship of learning, dialogue and challenge. Mentoring is increasingly seen as an effective tool for developing people in the workplace, both formally and informally, and should be part of the skill set of anyone who has teaching, training or management responsibilities for a group of staff, especially professional ones. Some clinical professions stipulate mentoring as part of the training curriculum, requiring mentorship to be provided to all students in training and for newly-qualified practitioners for up to a year post-registration.

Effective mentoring helps professionals reflect on their practice and learn from experience. It enables them to make sense of critical incidents, mistakes and other key events, and encourages self-questioning and critical thinking. Mentorship is a skilled undertaking and even the naturally-gifted mentor can benefit from training for the role. Nurses who are considering becoming involved in student supervision and mentorship in any clinical setting should have knowledge of the importance of mentorship, its process and basic principles.

The session will cover the following areas:

- What is mentoring?
- Types of mentoring.
- How does it compare with coaching and counselling?
- When to use mentoring.
- Skills of the effective mentor.
- A typical mentoring session.
- Pitfalls to avoid.

The session will be relevant to anyone who currently acts as a mentor or wishes to become one, especially those who have yet to undertake a recognised training for the role.

**How to conduct the perfect tutorial, maximising time with students**

*Sue Badger MEd CertEd VN MBVNA*

Working in veterinary practice is often stressful and certainly busy and it is therefore no surprise to find that for many head nurses and clinical coaches the need to implement student tutorials as an integral part of their day-to-day role is often a bridge too far! The aim of this session is to explore the aspects that require consideration in order to deliver well run tutorials including such issues such as environment factors, gaining an insight into the student’s learning style and the need for flexibility on the part of the mentor/tutor. Tips for ensuring that the tutorial provides maximum impact and focus as well as best use of time will be discussed. The use of modern technology has the potential to provide a stimulating environment but there are also a number of traditional tools that can be implemented to improve the experience for both student and clinical coach leading to advantages for the practice as a whole.

**Equine nursing for small animal veterinary nurses**

*Marie Rippingale BSc(Hons) REVN G-SQP DipHE CVN DipAVN*

Transition from the old NVQ qualification to the new Veterinary Nursing Diploma has been an interesting process. One of the most notable changes has been the requirement for all veterinary nursing students to learn about both small animal and equine nursing before being allowed to specialise. This lecture is designed to assist VN educators and clinical coaches to effectively teach small animal students about equine nursing. The first and most important thing to address is that not everyone has an interest in horses and many students may actually be frightened of them. It is therefore essential to explain or even better demonstrate to the students that horses are fascinating with many differences from small animals. It is then important to explain why people want to own, compete and work with horses. Encouraging students to take an interest in the equine species will accelerate the learning process and make it more effective.
This lecture will cover topics that most commonly cause the small animal students to struggle including:

- The equine distal limb
- The equine digestive tract and nutrition
- Equine health and husbandry
- Equine anaesthesia
- Equine radiography

The most important aspects of each of these topics will be explained along with tips and ideas for effective teaching and examining the students.

**Human nursing - being human**

*Tim Curry, Assistant Head of Nursing at the Royal College of Nursing*

The role of the Nurse in healthcare has never been under so much scrutiny. A series of catastrophic failures in quality and safety within a variety of patient settings have created a wave of public and political concern about how nurses are prepared for practice, how they are supervised, and what measures we can use to understand ‘what good nursing care looks like’.

One of the most important reports in recent years, the Francis Inquiry into the failings at the Mid Staffordshire NHS Foundation Trust, published 290 recommendations earlier this year which suggested substantial changes in the way health services are run. The overarching critique was one of concern about how culture is formed and how that culture is shaping the actions of professionals. Nursing had its own chapter within the report in which Francis challenged the prevailing culture in nursing and the values which underpin nursing practice. The Francis report defines culture (paragraph 20.5) in the context of health care as comprising:

- shared basic assumptions
- discovery, creation or development of those assumptions by a defined group
- group learning of how to cope with its problem of external adaptation and internal integration
- identification of ways that have worked well enough to be considered valid
- teaching new members of the group the correct way to perceive, think and feel in relation to any problems

In this lecture, we will explore each of the above issues and highlight the evidence and the experiences that are likely to profoundly change both the way nurses are viewed by the public and the way in which nurses are prepared for practice in future. The cultural lessons we can learn from this experience should be relevant to many public facing professional groups in and out of health.

**Blood transfusion – it’s a good thing, right?**

*Carol Gray BVMS MRCVS*

Many practices now maintain a register of potential canine and feline blood donors, or purchase supplies of fresh blood from a registered charity. However, as veterinary nurses who may be involved in transfusing blood or blood products into your patients, do you ever consider the ethics of blood collection from animals? In humans, the donation of blood is considered altruistic giving, and is governed by Codes of Ethics – not just to prevent harm to donors and recipients, but to define the procedure as a “gift” from one patient to another. We cannot apply the same principles to blood collection from animals. Indeed, we cannot refer to animals as blood “donors” at all (even though this terminology is often used in recruitment campaigns).

In this lecture, we will try to apply ethical principles to the procedure, and in doing so we will realise that we cannot just transpose “animal” for “human”. We will look at what happens in the US, for example, and will consider whether blood collection should be regulated under existing animal research legislation; whether we should maintain colonies of animals (e.g. retired greyhounds) specifically for the purpose of blood collection, or whether we should just “bite the bullet” and pay owners for blood collected from their animals. This will be an opportunity to apply ethics to a real-life situation, and will hopefully provoke debate around this topic.

**Statutory Regulation – an update**

*Hilary Orpet DipAVN(Surg) RVN MBVNA*

A lot has happened in the veterinary nursing profession over the last few years. The impetus of the 50 year celebration in 2011 started a trail of activities and meetings by the VN legislation working party to investigate how the title of ‘veterinary nurse’ may best be protected. There has been opposition along the way, after all why should VNs be regulated? Is it not being ‘protectionist’ in wanting a title to call our own? The introduction of the disciplinary system in 2012 has proved that perhaps we do need regulation, and if protecting the title means animals are getting cared for by trained and qualified veterinary nurses then surely that’s the most important point to consider.

Veterinary nurses must ensure they are prepared to be accountable for their actions and understand their role as a professional member of the veterinary team. They need to be aware of the legal, professional and ethical implications of the work they do and act accordingly in an informed manner. Lastly, veterinary nurses need to demonstrate that they support the progress for statutory regulation and the people trying to move this forward. This may involve lobbying your local MP or perhaps a march to parliament – but it will not happen without the support of the whole veterinary profession. Remember, the very reason we exist is to ensure good welfare of animals.

**WHAT DO WE WANT? ‘STATUTORY REGULATION’ WHEN DO WE WANT IT? ‘NOW’!**
Puppy Parties: Positive ideas for success
Gwen Bailey

I will cover as many of the following subjects as time allows, concentrating on the practicalities of managing puppy play and coping with difficulties that arise in class, such as noisy puppies, difficult children and puppy behaviour issues.

Introduction
I. Why run puppy parties
II. What qualifications do you need to run puppy parties
III. Assistants
IV. Getting support from practice partners and staff
V. Objectives
VI. Benefits to the practice
VII. Projected expenses and compensation
VIII. What resources will you need how will you measure the success of puppy parties

Party organisation
I. Age of puppies
II. Number of puppies
III. Inviting all the family
IV. Number of parties
V. Rolling programme versus sets of parties
VI. How often
VII. Day of the week/time
VIII. Duration
IX. Venue considerations
X. Arrangement of the room
XI. Mood and tone of parties
XII. Promoting your parties

What to include in the parties
I. Socialisation/habituation
   a. Socialisation with people
   b. Puppy play
   c. Getting used to the surgery
II. Behaviour issues
III. Behaviour problems
IV. Play and exercise
V. Education of owners about training a puppy
VI. Other topics to cover if time allows
   • Nutrition
   • Microchipping
   • Treatment of fleas/worms
   • Neutering
   • Insurance
   • Vaccinations
   • Monitoring their dogs health
VII. Hand-outs and leaflets
VIII. Regular review of classes

Managing puppy play
I. Free for all or controlled play
II. Managing the play session
III. Recognising when puppies are overwhelmed
IV. What should the other puppies do while some play
V. How much socialisation is enough
VI. Offer water

Class difficulties
Managing noisy puppies
Behaviour problem solving
Managing children
Life after puppy parties
I. Puppy classes
II. Adolescence
III. Newsletters
IV. Reunions

How to set up and run nurse clinics
Libby Sheridan, Mojo Consultancy Ltd
Nurse clinics are not only a proven revenue stream for practices through the sale of services and products, but the impact on client retention and bonding is not to be underestimated. Where many practices are seeing a decrease in footfall due to increased competition, and a squeeze on customer spending, nurse clinics present real opportunities for building a strong client relationship. Time spent understanding client needs and focusing on healthcare helps to make the shift of mind-set away from fire-fighting and onto long term wellness.

In this workshop we will look at how to first set up and then run nurse clinics. A model will be presented that nurses can work through and adapt to their own particular clinic. We’ll also look at the potential for revenue generation through product sales and driving loyalty. Part of the workshop will also consider ways to market the clinics both to existing clients and to potential customers.

Introduction to aquatic treadmill therapy for small animals
Sue Hawkins and Sara Marlow
The workshop has been designed to provide an insight into the application of aquatic treadmill therapy for small animals and the opportunity to see the treadmill in operation.

The workshop will commence with an overview of an aquatic treadmill and its purpose within a rehabilitation setting. This will include the different manufacturers, positioning of the aquatic treadmill and introduction of a patient to the equipment and the treadmill itself.

The properties of water will be discussed and how they impact on the patient within the aquatic treadmill and how this should be taken into consideration when planning and implementing aquatic treadmill sessions.

An overview of the conditions that benefit will be discussed and how hydrotherapy using an aquatic treadmill will improve the patient.

To give Veterinary Staff the correct guidance when referring a patient for hydrotherapy, the workshop will incorporate what veterinary centres should look for in a hydrotherapy centre before considering referral for their patients.

Demonstrations of the aquatic treadmill in use and practical activities will close the workshop giving delegates the opportunity to have some hands on experience with the aquatic treadmill.

When the breathing stops…..ventilation; mechanical and manual
Paul Crawford BVetMed CertVA MRCVS
Oxygen is essential for life and if our patient’s breathing is compromised by disease or the drugs we use for anaesthesia then we need to take over and ventilate the patient. In this lecture we will review the basics of how to perform safe and effective manual ventilation and the look at the advantages and disadvantages of mechanical ventilation.

Manual ventilation:
This should be available in every practice where anaesthesia is undertaken. Initially the airway needs to be secured and the cuff safely inflated. In an emergency any breathing system can be employed but for safe and economic ventilation, either, a T-piece, Bain or ideally, a circle should be used. Manual ventilation needs to be undertaken with consideration of the patient’s tidal volume - we need to be able to remember how to calculate this - and the size of the rebreathing bag. A 10kg dog does not need the entire contents of a 2litre rebreathing bag forced into its lungs! The rate of ventilation should normally mimic the resting breathing rate of the patient (exceptions will be discussed during the lecture). In most patients the valve on the breathing system does not need to be fully closed. Partial closure will help reduce the risk of excessive pressure developing in the patient’s thorax. The thumb and 1 or 2 fingers should be sufficient to deliver an appropriate tidal volume to the patient. Monitoring is ideally undertaken using capnography (see later lecture for detail). The key safety issues are prevention of excessive pressure developing in the thorax through leaving the valve closed or excess force being applied to the rebreathing bag during inspiration.

Mechanical ventilation:
The key advantages of mechanical ventilation are - consistent accurate delivery of gas to the patient without distractions that can occur if a person is squeezing a rebreathing by hand. It will also free up staff hands. With manual ventilation 1 person is restricted to the task of ventilation alone. They can do nothing else throughout the anaesthetic period!

Don’t forget - practice ventilation on ‘healthy’ patients; don’t wait for a blue one!