

RIG'S LOCUM VN GUIDE



*A useful aide-memoire for
a locum veterinary nurse
starting at a new practice*



The right job for YOU

Always consider the type of nurse you are. For example, if you work better in a medical environment, do not choose a surgical referral practice. Do you prefer a city or country environment? Will night duties be a problem?

Using a reputable recruitment agency should help you with choosing the right place for you. If you can, find out about the practice – look on a website or ask your locum agency for more information. Check staff numbers, reason why they are requesting a locum nurse, etc. Since the introduction of the new VN register, any RVN should make sure that they are adequately covered whilst working. Even if you are not registered but only listed, it is still important to find out what insurance cover the practice has. If you are concerned about cover, your locum agency may have this information or be able to provide details of a suitable insurance agent.

It is always a bit daunting, starting anywhere new (especially as a locum). You will probably be expected to jump straight in and get working. If so, the following will always be useful to you. If it is not possible to have the information below before you start, then to have it on your first day is not an unreasonable request:

- A contact name, so you know whom to ask for when you arrive
- A copy of a rota that includes your hours and where in the practice you will be expected to work (In-patient care, theatre, reception, etc)
- A practice handbook, with details of any practice procedures & protocols, staff names, health & safety information, contact numbers, details of how to find the practice (in case you need to give this information to a client)
- A local street map – so you can familiarise yourself with the area quickly



Your first day

So ... you've secured a job as a locum VN, you know when you start, what next?

It may sound obvious, but what comes next is to turn up on time! If a practice has employed you to start at 9am, that generally means that they want you to be in the reception area, dispensary or prep room at 9am, suitably dressed and ready to work. To do that, you'll need to turn up on the doorstep at around 8.40am to allow time to introduce yourself, find out where you can leave your personal belongings, get changed into whatever they want you to wear and find your work station. That also means leaving home (or wherever you are staying) at least half an hour earlier than you think you need to, at least on day one, to allow for unexpected traffic, getting lost and finding somewhere to park.

Make sure when you first accept the placement that you fully understand the type of work which the practice expects you to do and that you are happy with your competence to do it. Different practices tend to utilise their VNs in very different ways and it is better to be clear rather than make assumptions.

Useful information about yourself

You may find it useful to keep a portfolio of previous work engagements and the sort of tasks which you have carried out in each. This will help to reassure a potential employer that you are as competent and experienced as you say you are. You could also use this to record other relevant personal details, such as your CV, Listing/Registered details, insurance details (if

necessary). Your CPD record might also be a useful addition. If you keep this portfolio up-to-date, it will be quick and easy to provide this information, instead of having to search each time.

Help at hand whilst finding your feet

A practice used to taking care of locum VNs will often take care to ensure you are working alongside a very experienced member of staff for the first half day, and this is worth asking for when the placement is first agreed. On day one in a new practice, you won't know practice policy on *anything*, where to find *anything*, what paperwork they want completed when admitting a patient for a drip or how to work their blood biochemistry analyser. Until you find your feet, having an experienced nurse, vet or receptionist at your shoulder enables you to work far more quickly than if you have to scour the building for help every time you aren't sure what to do.

A really well-organised practice will give you a crib-sheet or allocate time for a formal induction to make sure that you know the practice policy on vaccination schedules, age of neutering, anaesthetic protocols and other relevant information you will need to know, but which varies from practice to practice. If you don't get this, ask. Have your own list of questions you know you will need to know quickly; those will include those listed above, but could also include things like : which brand of flea spot-on and wormer do they prefer and where will you find dosage charts for each, if you aren't familiar with them? If you will be dispensing drugs, you will need to have some idea of how the pharmacy is organised. Some practices store their drugs in strictly alphabetical order; others sort by route of administration, others seem to have a more random approach like, filing in alphabetical order under the brand name for the active ingredient that used to be before they changed suppliers two years ago! You will find what you are looking for far faster if you have some idea of the system they use. And who has a key to the dangerous drugs cabinet, should you need one?

What to take with you



Should you buy your own kit? There are some items it's definitely worth carrying with you and others which, while optional, may prove handy. Whilst some practices will provide you with a uniform to wear; others will expect you to provide your own. This is something which should be established when the placement is first arranged. You may prefer to wear your own uniform anyway, especially if you are unusually large or small. Also, as the locum, what is available might be old, stained, creased or ill-fitting. You might find your own scrubs more comfortable as well if you are working in theatre: there is little worse than having to wear someone else's sweat-stained cast-offs.

You may choose to carry your own scissors, as spare pairs can be hard to find, but they are very liable to disappear and are possibly more hassle to keep track of than they are worth. So if you do take them, keeping them on a key-chain fixed to your pocket is sensible. Pens are always useful, and your own name badge looks professional, in case the practice doesn't provide one. If you like to use a fob watch, you will need to take your own, and if you have a preferred reference book it is worth keeping a copy in the car. These are, of course, all legitimate pre-tax business purchases.

Accommodation and transport

If the practice is providing you with a flat or a car, be prepared for the fact that it may not be 'The Ritz'; but you should expect basic cleanliness and facilities (bed, chairs, cutlery, crockery, fridge, cooker, bathroom facilities and heating). Think about doing a quick scan around and noting any damage when you first take possession, preferably together with the practice manager. Arguments at the end of a placement about whether or not you scratched the paintwork or broke that chair leg cause bad feeling and are so easily avoidable. Well-organised practices will do this with you anyway. Make sure that you know whether or not things like sheets and towels are provided, and if you will be expected to share with other practice staff. If you are required to do the latter, find out how they run their house, eg cleaning rota, guests, pets etc.

If you have a dog or cat that travels with you, ask whether your pet can stay with you or find out details of nearby reputable kennels or catteries.

Out of hours responsibilities

There are special considerations that apply if you will be alone in sole charge at any time, particularly caring for in-patients at night. Make sure that you have the keys to the premises. You will need the code for the burglar alarm and instructions on how to set, unset and record a message on the answering machine and, most importantly, information on how to get hold of a veterinary surgeon should it be necessary. You will also need to know the practice policy on how to deal with callers at night, such as clients who turn up without having phoned firstly, and that you feel comfortable with that policy in terms of your own safety.



Be a valuable part of the team

When a practice takes on a locum, they expect things will not run as smoothly as with their regular nurses. The popular locums, the ones who get asked back, are the ones who do their best to fit seamlessly into the team without causing problems by either going beyond their competence, or by doing no more than the absolute minimum necessary. The skills that you will develop in doing this will also be invaluable should you return to a permanent practice job.

Firstly, it is not your place to question the way in which the practice does things. As a locum you are "here today, gone tomorrow": your preferred method of, for example, restraining a cat or preparing a patient for surgery, is irrelevant. The practice is paying you to fit into their team and do things their way. Once you are comfortable with the people, you might feel able to say "I have seen it done this way before, with good results, have you ever tried it?"

and they might be glad of the tip; but if you try to enforce your own ways on them from the beginning they will see it as criticism.

Secondly, if you are responsible for pricing up work done, *never* give "freebies" or discount the



fees, even if you think the prices are high: the practice is paying you to sell their time and products, not to give them away, and you have no idea of the level of overheads that they have to cover.

If you are working on reception, try to maximise your average transaction value. As far as is practicable, all enquiries should be converted into appointments to see the vet. If a client comes in to buy a flea product, check if the tapeworm control is up to date. Or ask if they would rather have an appointment to see the vet to make sure that the symptoms they are seeing are truly due to fleas rather than some other cause. When clients come to pay after having seen the vet, ask if they have been asked to make a follow-up appointment – it is surprising how often they will forget on the short walk from the consulting room. Most importantly, never give credit, it is not your money that you are lending out. Rather than taking the easy option and just “doing the job”, try to go the extra mile and improve your reputation as a locum VN, as well as improving client service and your own job satisfaction.

In addition to maintaining turnover, the other factor that will endear you to a practice principal and improve your chances of being asked back, or at least of a favourable reference, is fitting in well with the practice team and work ethos. It is not your job to criticise the practice in any way. The clients have chosen that practice because they like the way they do things, and a total stranger coming in and telling them that they should do something different is unlikely to win their favour. It is good practice not to criticise the practice to the other support staff either; they may well have limited or no experience of other practices and think that their boss is wonderful, and in any event are likely to report back what you have said.

Don't upset the other support staff: they can help you a lot or make your stay a misery. It is important that you can say “no” politely and assertively if being asked to do something which is beyond your competence; but it will win no friends to give the impression that mopping up a spill or cleaning a kennel is beneath your dignity. Don't rely on the colour of dress to identify who else is a qualified VN and who is not - ask! If you have a gap in your work, ask if there is anything else you could be doing rather than just heading off to the staff room with a magazine. Don't make them have to come and find you if there are in-patients to check or repeat prescriptions to dispense. Be a tidy worker; be willing to clean up your own spills, make your own coffee and wash the mug afterwards! Try to cultivate a cheerful persona: they don't know you and don't want to hear your troubles.

Take responsibility for the promises that you make to clients: if you tell someone the vet will ring them on Monday, make sure he knows that; if you promise to find out some information for a client about their pet's condition, make sure you do so, even if it means staying late on your last day. Leaving disgruntled clients for the regular staff to sort out after you have gone home is not a good way to be asked back.

How to be asked back:

- follow practice policy, even if you don't agree with it
- never criticise the practice, the diagnosis or the treatment in front of the client
- maintain practice turnover
- never give freebies, discounts or credit
- don't upset the permanent staff
- leave the practice at least as clean and tidy as you found it
- take responsibility for the promises that you make to clients

Good luck!

And don't forget, we're here to help you.

*So if you have any queries, give us a call on 01392 332858,
or e-mail us on info@rigvets.co.uk*



Checklist for small animal practice

This small animal checklist is intended to give you some things to think about when writing your own. You may not want to include some of the items here, or you may have others that your own experiences prompt you to add. Hang onto your checklist after you leave a practice: it makes you look really efficient if you still have it if you are asked to work there again in the future!

For nurses working on reception or with clients

- Vaccination schedules
 - Does the practice give the same dog vaccine every year, or do they give DHP only every two or three years?
 - Does the practice give KC and/or rabies vaccines at the same time as a booster?
 - At what age does the practice finish puppy vaccinations?
 - Do all cats get an FeLV vaccine as well as 'flu and enteritis, or do the owners get the choice?
 - Does the practice vaccinate rabbits against Myxomatosis and VHD at the same time or separately?
- What is the practice's preferred minimum age of neutering for each species and gender?
- How often does the practice want to see patients before refusing to issue repeat prescriptions?
- Which brand of flea spot-on, and where is the dosage chart?
- Which brand of wormer, and where is the dosage chart?
- Which brand(s) of prescription diet?
- Waste disposal: what goes in which bins?
- Are there any nurse-led clinics (obesity, training, dental care, noise-phobia etc) that you should be referring suitable clients to or leading yourself?
- Any current promotions, such as a vaccine amnesty or a discount for prompt attendance for boosters?
- Ask for a quick tour of the computer system if it isn't one you are familiar with
- What uniform should you wear?

For nurses working in the operating theatre or with in-patients

- Does the vet or the nurse admit animals for surgery?
- Is a pre-med given on admission or afterwards?
- What are the practice's usual anaesthetic protocols?
- Does the vet or the VN calculate the dosages and draw up the drugs?
- Does the vet or the VN induce anaesthesia, intubate the animal and clip it prior to surgery?
- Does the VN maintain anaesthesia (alter the percentage of gas according to the vital signs observed) or just monitor it, advising the surgeon of their findings and taking instruction as to the percentage of gas to give?
- Is the surgeon or the VN responsible for monitoring the patient post-operatively, before and after extubation?
- Does the surgeon or the VN discharge the patient?
- Does the VN ring the client when the patient is ready to collect or does the client ring the practice at a pre-agreed time?
- Does the vet or the VN place i/v catheters and drips?
- Does the vet or the VN perform dental scale and polishes?
- Waste disposal: what goes in which bin in the surgical suite?
- For any of the tasks on the list above, is the locum nurse legally qualified and happy with her competence to perform them?
- What is the system of ward-rounds for the care of in-patients?
- Who do you report to if you are not happy about an in-patient's condition or have problems with its care or medication?
- If you are in charge of in-patients overnight, how do you get in touch with a veterinary surgeon if you are not happy about a patient?
- What uniform should you wear?

Duties

Tick those tasks on the list below which you are legally able to do and which you feel competent and are willing to do:

General areas:

- Surgical nursing
- Medical nursing
- Intensive care nursing
- Reception duties
- Consulting (second vaccinations, suture removals, obesity clinics, etc)
- Cleaning
- On call
- Overnight supervision of patients

Specific tasks:

- Admitting and discharging surgical patients
- Calculating doses and administering pre-meds
- Inducing general anaesthesia
- Intubating
- Maintenance of anaesthesia (altering the percentage of gas according to the vital signs observed)
- Monitoring of anaesthesia (noting the vital signs, reporting them to the surgeon and changing the percentage of gas as instructed)
- Scrubbing-in to assist with surgery
- Performing minor surgery
 - Suturing
 - Removal of small lumps
 - Dental scale and polish
- Giving i/v injections
- Placing i/v catheters
- Taking blood samples
- Radiography
- Cleaning and care of endoscope
- Cleaning and care of ultrasound machine
- Cleaning and care of high-speed dental engine
- Running obesity clinics
- Running dental clinics
- Running puppy parties
- Running any other specific clinics
- Suture removal
- Second vaccinations
- SQP for the purpose of dispensing NFA-VPS drugs (if you don't understand the question, the answer is no!)?

Earn more working as a Locum VN

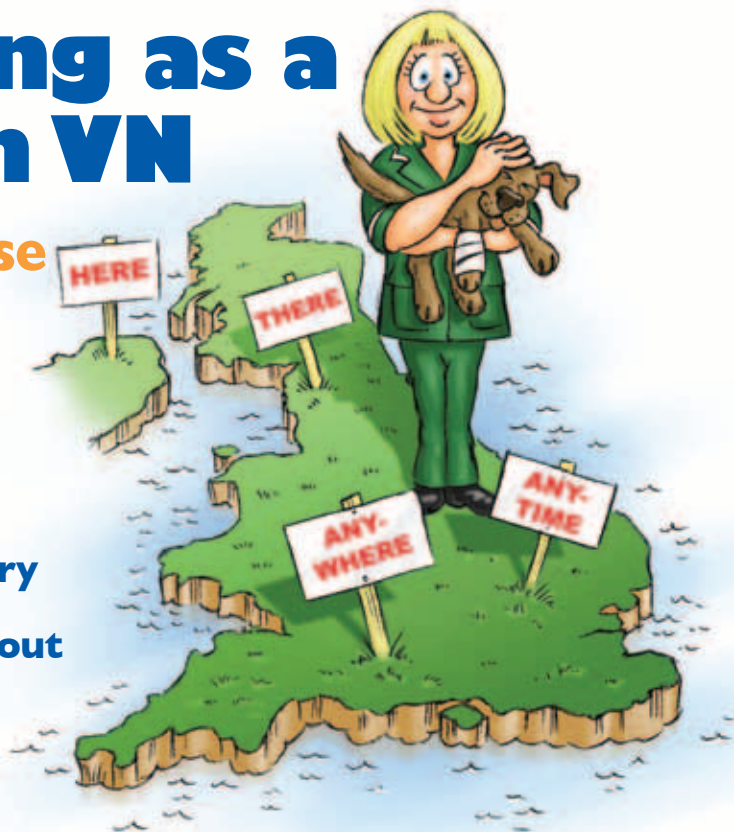
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where and
when you
want to
work

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