



Transitioning from university to practice: Carla Husband, Abbie McMillan and Lauren Sweeney

Abbie McMillan:

Hello. My name is Abbie McMillan and I graduated from the University of Bristol in 2020. I'm a registered veterinary nurse, and I'm currently working in first opinion, small animal practice.

Carla Husband:

Hello. I am Carla Husband. I'm also registered veterinary nurse and graduated in 2020 from the University of Bristol. I'm now working as a referral nurse in hospital in the southwest, and currently also work for the RCVS as well. So have kind of some ideas from both sides, I suppose.

Lauren Sweeney:

My name's Lauren Sweeney. Surprisingly, I'm also a registered veterinary nurse. I graduated in 2020 as well from Bristol, alongside Abbie and Carla. And I work as a registered nurse now and alongside Abbie in the same hospital, in a lovely veterinary hospital in Birmingham.

Abbie McMillan:

Great. So the next question is how we all found out about Veterinary Evidence. We had to do a Knowledge Summary as part of our course in our final year, and it was kind of presented to us at the introduction for that assignment, that there was this option for it to be published in Veterinary Evidence, or kind of sent in as an application for this competition, which is how I think we all found out about it.

Lauren Sweeney:

Yeah. I think the uni is obviously very pro at getting veterinary nursing sort of as evidence-based as possible. So as soon as it was brought up as a topic, I think straight away there was a sort of desire to apply or to send our Knowledge Summary in. And I think it's a really great way for your hard work to pay off and actually be out there for other nurses to read as well.

Carla Husband:

And yeah, exactly. Like Lauren said, you've already put in so much of the hard work a lot of the kind of exams and assignments now that we are kind of introducing for nurses to be kind of licensed to practice, like to join the register, and so many of them now. We're really trying to encourage that kind of practicing and getting involved in the evidence base, and realizing that quite a few of our lecturers as well had already published through Veterinary Evidence and already had Knowledge Summaries published was then really nice to then also kind of be involved with that and kind of use our hard work and put it forward.

Abbie McMillan:

Yeah. And I think we were actually really lucky that at Bristol, it was so encouraged and they really introduced it to us. Because I don't know if I would've found out about the competition otherwise, or if I had found out about it felt like I could actually enter and how that process would go. So I think that would be something that would be really cool if it was a bit wider spread in the nursing training.

Lauren Sweeney:

Yeah. I think like as a student, if I didn't know that there was a student evidence award, I would've been too nervous to put my work forward. I'd have been like, "Oh, let me just get qualified first." I think actually having something designed for students to enter their evidence into is perfect, really, for people like us.

Carla Husband:

And also knowing,-

Abbie McMillan:

Yeah, definitely.

Carla Husband:

... it's not just for veterinary students as well. It was really interesting to hear that we were kind of almost like the first nurses, really, that were kind of putting our research and our kind of hard work towards it as well. And that it wasn't just vet students that had the opportunity to do this and how important it is for nurses to also contribute to the evidence base. Because there's so much that we also do in our day-to-day jobs that are so evidence-based and gold standard, like lead, and it's so crucial for us to also have a real kind of key role in creating evidence as well.

Abbie McMillan:

I was just going to say, I actually checked before we started this podcast and we're still the only nurses I think to have either placed or actually entered the competition. So I feel really lucky that we, I think, had the opportunity and encouragement to do it, but I do wish it could continue like that after us as well.

Lauren Sweeney:

Yeah, definitely. I hope that more nurses are encouraged in the future.

Abbie McMillan:

Yeah.

Lauren Sweeney:

Now, I was basically going to say something along the lines of what you've just said.

Abbie McMillan:

All right. So one of the questions was how we found out about the competition, which I think we've answered already. And I think the next question as well is why did we want to get involved in it? And I think it was definitely the support of our kind of the staff and faculty around us, encouraging us to do it.

Lauren Sweeney:

Yeah. I think it actually makes you feel quite like part of a bigger community as well. Because if you're doing it, if you are making a Knowledge Summary as part of your university, like coursework, you see it as something very independent. You don't necessarily associate it with the whole of the veterinary community. So I think actually putting it forward and having other people read it and now knowing that it's just out there for everyone to read, I think makes you actually feel like as part of a massive veterinary team. So that was definitely something that I took away from that.

Carla Husband:

Yeah. And I think without realizing, we kind of wrote something very topical that was published in needed times.

Lauren Sweeney:

Yeah, it was awesome.

Carla Husband:

It was quite needed in the times that it was published and it was actually just hilarious, because I don't think we guys really even thought about it, did we? We kind of just were like throwing some ideas around and we were like, "What should we write about?" And then came up and then it was like, "Oh wow, this is actually so topical."

Lauren Sweeney:

Yeah.

Carla Husband:

So even more reason to kind of like get involved and put it forward for publication and for the competition as well. But I think we had Ali Mann, one of the lecturers who was on our course has written quite a few Knowledge Summaries for Veterinary Evidence, and she was so helpful in kind of helping us get it published and encouraging us as well. And all the staff, really. But yeah, I really hope that it kind of encourages then students coming up through to know that they've put all this effort in to do this coursework and it's really then not that much more effort to then get it published.

Lauren Sweeney:

Yeah. I just put it out there for everyone to be able to read. I think actually that was one of the things we found probably part of the hardest of the process was finding suitable studies that matched exactly what our question was. So I think actually to know that there's now some out there that have followed a very similar format of the Knowledge Summary, it would be handy for students who are in a support, like who are now in a similar position to where we were, like to be able to actually look and read through one.

Abbie McMillan:

Definitely. So the next question is, how have you found the transition from being a student to working in practice?

Carla Husband:

Ooh, good question.

Abbie McMillan:

Do you want to start, Carla?

Carla Husband:

At first, it's very much you have that imposter syndrome, don't you, of like, "Oh my God, should I be qualified now? I've been a student for so long." I think it's just exciting. I think it definitely depends where you end up working, because I know from quite a lot of chats with you guys and some of our friends from university as well, that we've had quite supportive workplaces that have kind of allowed us to kind of really throw ourselves in the deep end, but have that support and backing behind us. And I think it's so crucial for new nurses to feel that ways. Then they can really flourish and challenge themselves.

Lauren Sweeney:

Yeah, no, I would say similar. I actually went on and took a permanent job at somewhere that I'd done my sort of EMS. So I was already familiar with the environment. I was familiar with the team and they were also familiar with the level I was working at as well. So I felt that it was actually quite a nice transition. And actually, I would recommend that maybe to someone, like if they want to go somewhere that they feel comfortable. I think actually to get me that ground in and working as an RVN for the first year, at least like that, I really enjoyed being somewhere that I knew. And I think as well, obviously we graduated just as the first wave of the pandemic hit. So actually I think for us, it was probably quite different to how it would be for quite a lot of people.

Lauren Sweeney:

Like I ended up working maybe a bit more independently than I probably would if I had the support of a massive team of like 14, 15 nurses, like I was used to. But actually in a way, I think that's actually made me a better nurse because it's like, obviously you've still got your support system to ask for help, but sometimes you have to initiate the extra learning or building up knowledge of cases that you haven't covered before and things like that. So I think actually it was quite an interesting sort of transition into nursing.

Abbie McMillan:

Yeah. I feel like we all kind of had a different experience when we qualified in our first practice after we were RVNs, which I think is quite interesting. I ended up going abroad for a year, and so it was a completely different environment. And a lot of like... Just kind of the clinical aspect of nursing was different. The diseases were different. Medications had different branding names. There were different vaccines, stuff like that. And I think by the time I accepted a permanent position there, I was the only RVN. So I think contrary to you guys, I feel like I was kind of like lacking that initial support in the beginning. And obviously there were qualified vets there that I could ask questions, but a lot of nursing care points and operating procedures, they just couldn't really help me with.

Abbie McMillan:

So that I found quite stressful to not have that support behind me, but it also made me really confident in my nursing quite quickly, because I felt like I had to kind of back myself and be like, "No, I've been trained this. I know how to do this. I know this is the right way, and this is the evidence that I have to

support this." Which is why I actually found evidence-based nursing to be really supportive, because it kind of filled that gap for me where I didn't have colleagues to ask. But since I've moved back to England and I'm at a bigger clinic with more RVNs now, I definitely feel that support system now. And I do really value it.

Carla Husband:

And it's always nice as well, like you said, Abbie, like having that evidence-based. Like if you are kind of having those clinical discussions of team members, you can then be like, "Hey, but look, this is kind of my point and this is why I have it because there is this evidence base behind it. And I'm not just kind of pulling it out of thin air." Like it is coming from somewhere. I have a question for you, Lauren. So did you find it tricky going back? Obviously, you said going back to a practice that you'd already worked at. Did you find it tricky though, going back to a practice where you were known as a student and then going back as a qualified?

Lauren Sweeney:

I think it could have gone either way. I think people could have still seen me as a student and I would've had to almost be like, "I can do it now." But actually, I think because they were all so excited for me to qualify that as soon as I could, they were like, "Well, it's your turn now." So whenever there was something, like whenever there was a difficult catheter or something there wasn't the like, "Oh, I'll do it because I'm an RVN." They were like, "Go on. You do it now, because you are the RVN." And actually, I think it was almost the opposite to that. And it was really nice, actually.

Lauren Sweeney:

And I think we were all sort of as excited as each other that I could probably do... I could like, I don't know, have the confidence to do things and stuff. But yeah, no, I really liked going to a practice that I was familiar with. And if that wasn't possible, I definitely would've enjoyed the challenge of growing somewhere new. But I think actually I was glad to see familiar faces and to see familiar protocols, things like that. I think that's helped me feel more confident.

Carla Husband:

Oh definitely. And I think as well, it's so dependent on the nurse, isn't it? And how comfortable you feel. I think we were lucky in the fact that during our training, we've kind of had to go to lots of different places and rotate around different departments in the hospital. And you have to kind of learn how to adapt really quickly, don't you? But some people haven't had that experience yet. But I definitely... Kind of piece of advice is definitely once you feel comfortable and confident in your nursing, take that opportunity to go and see other things and go and see how other things are done and learn from lots of other nurses with their experience. As soon as you feel like you are maybe getting a bit comfortable, maybe just go and have a chance to learn something new and go and experience some other practice.

Abbie McMillan:

So the next question we have is, have you used evidence in practice, which I think we kind of partially answered already. My answer is definitely yes, pretty much every clinical discussion I had with vets where I wanted to implement a new protocol or change something because of something I was taught at university, it was always, "Well, let's reflect on research, come back together and form a protocol that way," which I definitely really, really appreciated. I feel like, especially in specifically like nursing care, I feel like a lot of it, which I didn't actually realize until we actually went to do the research for the paper

that we wrote. But I feel like a lot of, kind of the decision making about the way we do things in practice is a lot of hearsay or kind of like rumors that we kind of presume to be true or-

Lauren Sweeney:

Like anecdotal something or [inaudible 00:14:28]-

Abbie McMillan:

Yeah. Like anecdotal evidence passed down from the nurse that helped to train you before and it sticks with you that way. It's not to say that it's not true, but it's also not been backed up and proven to be true by evidence, which I think having written this Knowledge Summary really shifted my perspective of it.

Lauren Sweeney:

I think it sort of allows you to sometimes bring something a bit more to the conversation as well. I would quite often find that as maybe as some of the younger year students, like I wouldn't want to get involved in bigger conversations because I was like, "Wow, these people know so much." Whereas I felt like when I actually started looking at evidence that wasn't there, you'll be really surprised how much knowledge you actually pick up from it. And I started to feel that I could engage in conversations a little bit more, which was actually really nice. And I took, became a clinical coach sort of when I was like a year qualified.

Lauren Sweeney:

And actually, I liked when I was teaching her things. I liked to know that I had the most up to date or the most knowledge that I could give her that wasn't actually just backed up off my training. It was backed off from really good textbooks and manuals or actually new evidence, or sometimes saying, "Oh, when I was in uni, we were taught this, but actually now, there's a slightly different way to look at it." And I think actually, I think that doing the Knowledge Summary and sort of the processing and publishing it, part of it made me more likely to look at those things than I would've been prior.

Carla Husband:

It's such a dynamic profession. Like everything's always changing, isn't it? And like Lauren said, you do just have to keep on top of what's relevant and what's being published. And I'm quite lucky in the fact that in my practice I have got quite a few nurses that are really keen to always be kind of reviewing the kind of protocols that we have in practice. And we do a lot of clinical audits and kind of then going back to our clinical directors and being like, "Okay, this is what we're doing. And this is the compliance of these protocols, but realistically we should be doing this instead. Let's implement it and see what happens and see how our nursing improves." And just being able to then kind of gain that evidence and kind of back up everything that you're trying to say is so useful. And we are really then improving our patient's care and kind of gold standard nursing that we can do.

Abbie McMillan:

So the last question that we have before, I think it's like an open floor discussion of anything else you guys want to ask is, what would you say to your younger self? Do you have any advice? Like your student self or even like before university?

Lauren Sweeney:

I think I would probably have to carry on questioning things, because as a child, I was always one of those probably quite annoying just, "Why? Why [inaudible 00:17:28]? Why?" The reason we do it like this. And I feel that I carried that on into uni and actually maybe then almost analyzing each individual paper and being like, "Well, why did they do it like that?" Allowed us to form not only part of our discussion, but actually I carried that on into my clinical nursing. And maybe if we have like a patient now that doesn't do what we expect it to do, doesn't get either better in the way we expect to or show clinical signs in the way we expect, I'm quite like, "Oh, why?" And then that will get me to go on and do a bit more research. And I think actually not losing that side of yourself, like not losing that curiosity.

Lauren Sweeney:

I think it's hard to in a profession like this because obviously you do your CPD and you... It's a sort of a profession where you're always learning. But actually I think even if you become confident in something, it's good to be like, "Well, why? What would happen if I did it this way? What would happen if we changed our protocol?" And I think that's definitely something I would tell myself, "It's okay to do that." Like my younger self, it's okay to carry on doing that. That's a good thing. What about you, guys?

Carla Husband:

I would say that we all hated it at university, having to sit there and reflect about things. But actually, I think I've definitely learned now how important it is. And I definitely kind of tell even like my younger self before university, like how important it is to kind of take a step back, really reflect on something and ask yourself how you can do better without kind of being too hard on yourself. And knowing that okay, yeah, that might not have gone exactly the way you wanted to, but okay, here's what we're going to do next time.

Carla Husband:

And I think that it's so important, especially for our profession, that we are reflective practitioners and we are really kind of seeing what happened and making sure we can then kind of utilize our evidence base as well to then go back and be like, "Actually I think next time I'm going to do this instead, because realistically, this is now what the evidence is saying. And this might work better next time." And especially now with all of our CPD, having to be reflective on our CPD, I think it's just such an important habit to get into.

Lauren Sweeney:

I think that's really good. Especially in such a high intensity profession as well, where you are sometimes pulled and stretched in lots of different directions, I think sometimes you can't always reflect there and then on a situation, and it's not until later when you get a little bit more time that you can reflect on difficult cases, difficult days, or even good days, good cases. I think that actually that's really important for sort of prolonging your sort of mental wellbeing in practice.

Carla Husband:

Yeah.

Abbie McMillan:

I also think like having that reflection kind of encourages, I guess, the thought process of like we're humans and this is how our day went. What could we have done differently? What might we change to make this day better? And I think the biggest thing that I would tell myself when I was a younger student

or even before I went to university would just be to remember that I'm human. And just because you make a mistake, it doesn't make you a bad nurse. It doesn't make you a bad person. And humans are imperfect by design. So there's no way that we can get everything right all of the time, especially in something as unpredictable I think as clinical practice. And what I found is like, the most helpful thing that I found for practice and for clinical development has been having that kind of no blame environment around you. So that when you do have those mistakes or those errors do happen, you can reflect on them, think about what worked, what you could change about situations so it didn't happen again.

Abbie McMillan:

And you can be honest about it to other people, which I... So important to not have that fear of having like, being berated or having it affect your career if you make a small mistake and that makes you terrified to actually tell someone. I think we're dealing with lives in our hands as nurses. Like clinical practice and the care we provide is too important, I think, for us not to be honest and come forward and stuff. So I think encouraging that behavior and that kind of environment wherever I go now is definitely a priority. And I wish I could have internalized that when I was younger.

Carla Husband:

That's a really good one, Abbie.

Lauren Sweeney:

Yeah. That's really important. And like you say, like, it's, you want to build an environment around you that supports that, that supports the sort of... Mistakes happen. We look to reflect on why they happened and how we can prevent them. And also, you are there as a team as well and you need to build that support as a team. And I think actually that's really important going into a career, especially a career where you go in and you suddenly switch from student to qualified and your boundaries change almost of what you're allowed to do and what you're allowed to do sort of without sort of nurse supervision, things like that.

Lauren Sweeney:

It's really important to feel that you can actually be like, "I don't feel comfortable doing this. I've not done this before. Do you mind going through it with me and watching it?" And obviously you've always got your vets around, but I think it's important to... Because there'll be other nurses as well that are very comfortable and confident with certain things. And I think building up that team sort of support as well would be really good.

Abbie McMillan:

Yeah. That's really nice. And I think that's worth noting as well, that those jobs and those clinics with that positive atmosphere do exist. And I think they're becoming a lot more common now, but I think if there's any students or any RVNs that are listening that are struggling with their current practice because they don't feel like supported in that way, not to give up because those places definitely do exist. You just have to find them or encourage them in your own environment that you're already in.

Carla Husband:

And I think it's definitely becoming a new kind of thought process now as well, especially from kind of managing directors and clinical directors and stuff, that they know that our industry is facing a bit of a

crisis when it comes to mental health and mental wellbeing and work-life balance. And there's definitely becoming that improvement of really seeing that support from clinical directors and senior staff and head nurses and things like that. And I think like Abbie said, if you don't feel like your practice is offering that for you, then your lives and your mental wellbeing, your mental health is too important to kind of go through that for so long without the support that you need.

Carla Husband:

Because again, like Lauren said as well, it's a massive team this industry. You can't work by yourself. You need that team. You need your other nurses. You need your vets. You need your VCAs, your receptionists. Everyone is a massive team in a practice, whether it's three people that work there or a hundred. And you can't let your kind of worries kind of just sit there without voicing something and speaking up and making sure you are happy and doing well and not letting you know other kind of worries or concerns and politics of practices affect your decisions as well.

Lauren Sweeney:

What would you say your sort of, I don't know, like your tips would be to maybe new grad nurses going from SVN's to RVN's. What would you give as like a tip for going into practice?

Abbie McMillan:

I think maybe just take a really deep breath because I found a lot... I've put a lot of... I had a lot of internal pressure when I qualified. That I was like, all of this responsibility I suddenly have and it felt like a massive weight. And anytime there was a difficult decision or clinically something went wrong, it was like, all of the responsibility was on me. And it was really draining and it just wasn't a healthy, I think, approach to nursing. And I think it impacted my mental wellbeing quite a bit when I first qualified. So I think having that break, recognizing that you're human, and that just because you're qualified doesn't mean that you suddenly should know everything that you were ever taught. Like you can still ask questions, you can still forget the name of a drug or [inaudible 00:26:32], and you're going to be fine and validate you as a nurse. And I think just carrying that with you as you go along would be my top tip.

Lauren Sweeney:

Yeah, definitely. I think like-

Abbie McMillan:

How about you guys?

Lauren Sweeney:

... especially the [inaudible 00:26:46], that resonated with me. Like you move, you say you go to a different practice, it's a completely different brand and you're like, "Whoa!" Like, I feel like... You know?

Abbie McMillan:

Yeah. You're staring at it. Let's figure it out, so you don't have to ask.

Lauren Sweeney:

Yeah. It's okay to just go "So I don't know what this brand is," and things like that. And actually, that doesn't make you bad at your job. That just makes you responsible and accountable and things like that. So yeah. No, that's amazing. What about you, Carla?

Carla Husband:

I think my advice would be that it's okay to remember that just because all of a sudden you're now on the register... Kind of similar to what Abbie's saying. Just because now all of a sudden you are an RVN doesn't mean you have to be able to do everything. You still are able to ask for that support and ask for that help. And you're not expected to go from zero to a hundred. And I think it's so important to still kind of feel like you can be a student at times with certain skills that you're not confident with, because at the end of the day, we are all still learning and there's still stuff that all three of us are learning and pushing ourselves towards and challenging ourselves with. And it's so important not to kind of lose that sense of thinking, "Oh yeah, I can't ask questions anymore, because I'm now a RVN. So I should know everything."

Lauren Sweeney:

Yeah, no, definitely. Definitely. I was just going to say like, enjoy it. Have fun and also congratulate yourself on the fact that... Like our course, our uni course was four years. At the start of those four years, you desperately wanted to be a registered nurse. And then now you are a registered nurse and obviously all that hard work, all the assignments, the coursework, the exams, the remembering every single nerve, every single muscle, that's paid off now because you are a nurse. And whilst you can have daunting days and difficult times, I think actually there are always really positive times as well. Like you've achieved a fantastic thing. You're a registered nurse. You have a variety of skills and you can make a massive difference to a patient and a family. So I think actually, congratulate yourself as well on getting that far. And almost, that's the start of a whole new journey for you, that transition, but I appreciate it can be very scary.

Carla Husband:

And along those lines as well, I know I am the biggest... Like I am the guiltiest party and I know kind of we all are, really. I am very much always going at 100 miles an hour and don't stop to take a bit of a breath and go, "Oh, okay. I can just do this for a little bit of time. I don't have to always be thinking about what the next thing is, what the next course I'm going to be doing." It's very important to kind of still be kind of doing that sort of education and keeping yourself learning.

Carla Husband:

But it is also important, like both of you girls said, to kind of take a breath and appreciate how far you've come and really be proud of yourself for getting through the whole of your course. Whether it's a level three diploma or a level five FdSc or a level six BSC, either way you are an RVN. You've worked so hard and you've finally done it. And yes, there are so many amazing kind of courses out there and certificates and all these cool things that you can be doing, becoming a clinical coach, all amazing things. But you are well within your rights to take a breath and just enjoy being an RVN for five minutes.

Lauren Sweeney:

Yeah, definitely.

Abbie McMillan:

Yeah. Even before I qualified, like I think in the two months leading up to my qualification, like where do I want to end up in 10 years? And how do I get them now?

Lauren Sweeney:

Yeah. If you were like, right, I've been qualified five seconds a certificate, like what should I do? Yeah.

Abbie McMillan:

And it was funny because I always thought people, like when you look into doing an additional certificate, sometimes they're like, "Oh, we recommend that you're qualified for like at least a year. And you've settled into practice." And I'm like, "Why?" And now I'm like, "Oh, that was like." And I think knowing that there isn't actually that big rush to... Like to just enjoy the journey a little bit and appreciate. Because the reason I got into nursing is because I really love the profession. And I think now that I'm qualified, I didn't think about just sitting and enjoying and being in the career that I want to be in. I was just so focused on getting to the end point eventually. That's something that I definitely-

Lauren Sweeney:

That's probably a bit of a byproduct as well of a course that leads to a qualification. That there is always the because there's a lot to learn in quite a short period of time. You are always having to forward plan and think about the next thing, and I think actually that becomes a way of thinking. Whereas actually, like Abbie says, that it's nice when you have qualified that there isn't a rush. And I think actually you want to stay in the profession for a long time. If you burn yourself out too quickly because you want to do everything, that can be really difficult and very challenging. And I think actually it's really important that you sometimes just take your goals slow. You can always have your short term and long term goals and your sort of future aspirations, but it's a very big career with lots of different twists and turns in it. And I think actually as you say, going slow, enjoying working in a practice and just enjoying the now is really important.

Abbie McMillan:

Yeah. That kind of leads me onto a question that I wanted to ask you guys, which was, talking about the mental health of the nursing profession. Do you have any pro tips on coping with certain aspects? And do you feel like you've got like a list of warning signs that you can recognize as, "Oh, I think I'm approaching burning out. What can I do to kind of pull myself back and take that break?"

Lauren Sweeney:

I think I can be quite like an over worker and I have now after a couple of years realize that actually that can lead to me getting quite tired and sometimes quite anxious in the profession. I will start to pick that up in myself if I work for too long. And most of that is when I'm like, "Oh, I'll do this overtime. I'll do this. Logan, I'm there." And actually like that all through uni as well, I was like, "Oh, I'll have a million jobs. I'll do everything." And there comes to a point where you're like, actually, I can't. I can't do everything. I can't balance an intensive job with taking on overtime that nearly doubles my weekly hours, also having a social life, things like that. And I think actually that was a big realization for me that whilst we all take on extra shifts every now and then, you must think about yourself as well.

Lauren Sweeney:

Like yes, that is a day off. And yes, technically you aren't on the road to work so you could do that overtime if you wanted to. It's your one day off for the entire week. Do you need that day actually to

just reset, put some washing on, doing the dishes that I've been sitting there for too long? And also, like what we've been talking about earlier, like reflecting on things. I would say that at uni really threw me how often they were like, "And now reflect on what you've done." Because that wasn't really a way of thinking for me. Whereas I'd say now, I definitely am always thinking about things. And actually a lot of the time, it's thinking about how well we did as a team on a day, like how many ops we had in and how they all got a fantastic standard of care, got the same standard of care they would've got if we had only one up in, things like that.

Lauren Sweeney:

And that's actually really nice. It makes you feel really fulfilled and that you've done a really good job. And then I try and set myself free for the day. Once I've done my sort of reflection, I'm like enjoy the rest of the day, enjoy the time. Because I think it's not all careers are like our careers. Some people will finish their job for the day and go home. And then that's their time. And I think actually as a sort of like professional career in medicine, it becomes you sometimes or you become it. I'm not sure which way, but you sometimes have to learn to set yourself loose a bit and enjoy time where you're not thinking about work.

Carla Husband:

Yeah. I agree. Very similar. I think we're all guilty of obviously being in group work chats and still having your emails turned on. And you get home and you're worried about that patient that you've been nursing for eight hours that day, and you don't know whether it's going to make it through the night. And as much as yes, it does consume you. You do just have to get home and say, "As much as I love my job, my job is now over for the day. Now it's me time. And now it's time." And now it's entrusting the other nurses to now come in and do the best they can for that patient. And then you'll come in the next day and do the best you can again.

Carla Husband:

And it's so important for you to then know, "Okay. It's now 6:30, I'm home." Phone is off, silenced the work chat, silenced the emails, and just have whatever you feel like you need to do to relax, to detox, to get it all out of your system. Go for a run. Do some yoga. Have a bath. Anything like that. Do some coloring. I love coloring.

Lauren Sweeney:

Literally or like speak to your partner and reverberate the entire day. Whatever it is for you. Yeah.

Abbie McMillan:

I think it is definitely trial and error. I definitely pushed myself, I think with the similar thought process of at university, thinking about, "Okay, the next thing. Okay. The next deadline." While doing NPL, while doing improvement. And you kind of already, I think, are pushing yourself quite hard. So then going to clinical practice and be like, "Okay, I need to keep pushing myself to the phase." And without realizing it, I had just taken on a lot of additional things like personal life, I had a lot of stuff going on. Professionally, I had a lot of stuff going on. And I just didn't give myself room for that human error or that, like, I didn't give the universe the margin for randomness that the universe does. So anything can happen. It was like, all of the plates I was balancing just all started crashing down. And it was really hard for me because I got frustrated with myself.

Abbie McMillan:

Because I was like, "Why can't I do this? Why can't I maintain this?" And I didn't see the signs of anxiety and burn out that now that I'm in a different kind of place in my life, I have a very different work-life balance, I value that life balance so much more now because I recognize how low I actually was and I didn't see it. And now that I have that balance established a little bit better, I recognize how valuable it actually is. And I prioritize it a lot more than I used to. So I think giving yourself that room would be my top tip, but also I think you just... I think sometimes people just need to experience it to recognize how important it actually is, and to realize that you're a person and not just a piece of the clinical team. And you need to have a space for yourself as well.

Lauren Sweeney:

Yeah, definitely. Would you say that the sort of, I don't know, sort of like continued sort of professional development and things like that, sort of, would you say that that's helped you feel that you have a niche bit of veterinary care that you really enjoy? Because sometimes some bits of nursing can be challenging and we will have our favorites. And actually, sometimes you have bits of nursing that are comforting. And actually on difficult days, I'll be like, "Oh, I just want to do ops. I just want to be on ops. I really enjoy ops. It's a really good day." I find that's quite good sometimes to your mental wellbeing as well. Like you have a niche bit of nursing or like a bit of nursing you just really enjoy. Do you say that you have favorite bits of nursing or...

Carla Husband:

Hundreds.

Abbie McMillan:

Yeah, definitely. Definitely. My favorite for sure is emergency and critical care, and I've just started a certificate in April that I'm really excited to continue. I feel like it's already become relevant in my role as a out of hours nurse. And I do think that doing this CPD and kind of getting on the journey of the career that I want at the end definitely gives me a sense of purpose that I think really helps me carry, like helps carry me on those days where I'm not feeling particularly, I guess, stimulated by the nursing that I'm doing that day, which doesn't always happen, but sometimes you have a low or you have a difficult client or a difficult situation and you're kind of just like, "Why am I doing this?" And I think having that going on in the background where like, this is actually my goal, this is something I really enjoy, and this is the kind of nurse I want to be really motivates me and keeps me going.

Lauren Sweeney:

Yeah, definitely.

Carla Husband:

Going into like a part of nursing where, "Okay, for kind of like a few hours, I don't really need to overthink anything I'm doing now. I'm good at it. I'm confident with it. I know I can achieve the task and it will all go well." I'm definitely a medical nurse through and through. And I just love having that time to kind of be with the medicine clinicians and just kind of talking about interesting cases that we've got coming in and kind of planning out our weeks and things like that. And it's just, it's nice to kind of have that bit of time in the area you enjoy working in, and it just kind of fulfills you as well and makes you feel confident in your kind of skills. It's really important.

Lauren Sweeney:

Yeah. It can make like a massive difference. Can't it? Especially when you're like, "Yeah, I know what I'm doing. I'm good at this." Sometimes you just feel like you're in your place, and that's really nice. And I think something for me as well is I've recently started doing something that I didn't think I would enjoy the way that we do. So like we are quite... [inaudible 00:41:54] and I work, we've always been quite pro nurse consults. Sort of like trying to get the nurses doing as much as they can, and sort of we are looking at expanding our consult service and things like that, and sort of doing maybe some more complex ones, diabetic clinics, things like that. And I think actually I've put quite a lot of time into doing CPD on it. And I'm actually doing a proper nurse consult CPD at the moment.

Lauren Sweeney:

And it's all very evidence-based and it actually feels like... Because quite often I'd feel that I could do the clinics, but I was maybe thinking about them a bit anecdotally. Especially weight management, there is so much evidence out there for how to run a good weight management clinic. And actually, it's not something I've maybe spent that much time on. And I think, I've done this CPD now. I've got a fantastic amount of evidence and a great CPD talk by a really, really great nurse. And she has put a lot of effort, but also a lot of research into it. And you just feel that you're giving the patient, not just your anecdotal and very good anecdotal evidence, but you are giving them scientific points as well.

Lauren Sweeney:

Like you feel that you are giving them everything that you can. And I think actually part of that I probably picked up from our process of doing the Knowledge Summary and things like that. I was always thinking, I always thought my weight clinics were... I felt that I gave the right information and things like that, but I always felt that I could give more, to actually to be able to go away and research that obviously both independently and as part of the CPD. Feel like it's really enhanced my nursing and actually made me sort of fall in love a bit more with maybe nurse consults that I didn't think I thought I was either particularly good at, or I didn't think that I thought they were something that I would love, things like that. But I feel like actually being able to add more science and more evidence-based to it, it's become a part of my life I actually really enjoy.

Lauren Sweeney:

And now sort of it's something that I feel that I will carry with me, like do I not enjoy this? Or do I just not have enough evidence or enough science to back it up? Because obviously, part of our love as nurses is, like as being nurse is science. It's like, actually, do I just not have all the facts I need to enjoy this properly or to appreciate the skill? So yeah, I think actually doing maybe this sort of evidence based nursing and obviously this podcast for the awareness month, I think it's actually really important to mention how much that can change your perception of something.

Carla Husband:

And I think as a final question, maybe, to round this up and almost kind of link back to the beginning, Lauren kind of started it for me, but I was going to ask, what is your guys' favorite bit of research or something that you've read or looked up that's actually then changed the way you nurse and has made you feel like you nurse a lot better because of it?

Lauren Sweeney:

I'll leave mine. That's what I just mentioned, because that's literally that. Like looking a lot more into nutrition and how understanding the body score appropriately can help you actually work out quite a lot of calculations. Things that mean that you're not only giving a patient like an old cut down their food by this amount, you're saying we're going to cut it down by this amount based on the calculations I've done to meet their requirements and everything like that. And I feel like doing that, gaining more knowledge on that has actually completely changed how I feel that I provide my consults. So yeah, for me, that's definitely it.

Abbie McMillan:

Amazing. Not to steal your thunder, but when I was a student in my final year, I did my dissertation on nutrition and critical care and specifically looking into non-invasive or minimally invasive feeding tubes and all of the research for that, like conducting the literature review, going back through kind of previous cases that the hospital had had and the data that was available from them and outcomes and stuff like that. I feel like it's really heavily influenced how I treat inpatients now. I'm very... Some people sometimes think I jump the gun where I'm suggesting like feeding tubes very early on or suggesting assisted feeding really early on to the clinicians that I work with, just because the research that I did at the time really changed my perception on it.

Abbie McMillan:

Like to think about how even just simple things, like the fact that, oh, they've been anorexic for two days, but they've also been hyporexic or not eating enough for like the five days before that. So really should we be considering doing a feeding tube a lot sooner. And sometimes people do feeding tubes until three to five days that they've actually been in the clinic, but they haven't eaten before that and stuff like that. And looking at how much nutrition can influence the immune system, like related outcomes and how much of an impact it can actually have on critical care for patients, I think it has made me really, really, really passionate about it and very considerate to nutrition, which I think previously I thought was quite a benign process and not actually super impactful in the way that I believe it is now. How about you, Carla?

Carla Husband:

Similar. Obviously when I did my dissertation, weirdly I looked at eyes because I love eyes. And honestly, since coming into practice, I'm so much more aware of kind of how we're looking after our patients, doing anesthesia and things like that. And because I'm then so hyper aware, all my colleagues around me are then also doing the same because they kind of see me and they're like, "Oh, I put lubrication in this cat's eye," and I'm like, "Great." [inaudible 00:47:53]-

Abbie McMillan:

They turned just to tell you.

Carla Husband:

We kind of look after our patients during an anesthetic. I think there's so much evidence around it. And one of our kind of clinical audits that's happening at the moment in our practice is all about kind of the temperatures that our patients get to even before they have their anesthetic. And it's such a kind of known thing, but then seeing all of that evidence and actually being like, "No, this is something we need to change, the protocols and stuff in practice," I think is just so interesting. It's just lovely to have that

scientific backing to be like, I'm actually doing something because I know scientifically it's been proven to be the best thing to do. It's just really reassuring to nurse in that way.

Abbie McMillan:

And it's kind of like what Lauren mentioned earlier, we're having that curiosity. Because I think something that I didn't know before I went into medicine and veterinary, is that I assumed all of this was fact and knowledge. And then I came into nursing and I realized it's kind of sometimes more an art than it is a science. I think remembering that a lot of this practice that we do isn't actually fully evidence-based, or the fact that evidence can change over time and different things can be suggested helps keep you in that questioning mindset. So you don't get kind of stuck in old ways of like, "No, this is how we've always done it."

Lauren Sweeney:

Yeah, definitely. No, I think that's really important because like, especially if someone works on something for a long time, they can become set in their ways. And that's just an inherent part of being a human. So actually someone and it's normally like, I don't know, younger graduate or people that have just graduated that come in and sort of like question. And sometimes that makes you challenge yourself as well. And I'm saying that even if someone that's only like, what, is nearly two years qualified, about to be. Sometimes even then you become comfortable in things, and you'll have, like in my case, your student asked you a question and then you're like, "Huh, come think of it that way." And I think actually that's really nice. That's really nice to be challenged sometimes. Yeah.

Carla Husband:

Well, it's so lovely talking to the both of you.

Lauren Sweeney:

It's been nice to discuss everything. Because we all lived together when we wrote it, so it was very much like a house effort when we wrote that Knowledge Summary. So actually, it's quite nice to relive it and see where you all are and see how you're sort of getting on with your interaction. But yeah, it's been really nice.

Abbie McMillan:

And thinking back to when we were students and reflecting on, I think, some more difficult times that we've had, I really enjoyed it. It's been quite cathartic for me.

Carla Husband:

Yeah, definitely.

Abbie McMillan:

And I think as well as remembering how accessible, like especially Veterinary Evidence of with the student program, but also just like, I think journals in general. I think sometimes, I definitely thought there was this barrier between what we were writing at university and what was actually a published article level. And to think that that gap isn't actually that large and can be bridged by nurses as well is that, I think it's definitely something worth remembering.

Lauren Sweeney:

Yeah, definitely. Right. Thanks. It's nice to speak to you guys.

Carla Husband:

Thank you.

Abbie McMillan:

Yeah, nice to be able to speak to you. Thank you.

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/). Feel free to adapt and share this document with acknowledgment to RCVS Knowledge. This information is provided for use for educational purposes. We do not warrant that information we provide will meet animal health or medical requirements.