

RCVS PDP Database: Examples of PDP Reflective Notes

Writing reflective notes are an important aspect of recording in the PDP database as they support details about skills and procedures carried out and recorded by a new graduate starting work in practice. The PDP is not merely a 'checkbox' exercise: the notes facility is there for graduates new to practice to record skills and knowledge they are acquiring, and to use as a prompt about the need for further development. RCVS will only be able to approve completion of the PDP where the participant's record contains details of skills and accompanying notes that provide evidence of their development from their first day in practice to their acquisition of 'Year One' skills.

The examples below are provided as a guide for new graduates using the PDP database:

General skills appropriate to any type of practice

- "As part of assessment and diagnosis I have taken blood samples from horses, cattle, cats and dogs. I have used the jugular in horses and now feel competent in obtaining a blood sample in both steady and also more excitable horses. In cattle I have had experience in sampling from both the tail vein and the jugular when, due to hypotension and vasoconstriction, the tail vein has been inaccessible. In small animals I have learnt to sample both from the jugular and the cephalic with the choice for sampling being dependant on the clinical scenario and also the temperament and number of samples required in an individual animal."
- "Through my critical care cases I have developed my skills for triage and also the importance of urgency of different tests and also treatment, for example, ABC triage, analgesia, assessment of shock. I have also developed my skills in obtaining a history on the phone before seeing a client. This is particularly important in cases such as potential toxicities and also allows more rapid assessment of an animal when seen if a history has already been given."
- "Feel much more confident taking radiographic images of diagnostic quality. Still struggling a bit with interpretation, especially in thoracic studies. Finding support from colleagues vital. Will look into radiographic interpretation CPD."
- "Doing increasingly more 1st call work and feel that I'm coping well with the increased demands on the necessity to make decisions quickly and efficiently."
- "I routinely use both digital and non digital x-ray machines and feel comfortable that I am capable of positioning animals for routine radiographic views to examine the thorax, abdomen and appendicular skeleton to gain diagnostic quality radiographs for interpretation by myself or to be submitted to referral practitioners in appropriate cases. For all radiographs I have taken I report my findings on the clinical notes and in the majority of cases discuss and show these radiographs with the clients in a manner in which is appropriate to their individual understanding. There have been many occasions in which I have sent radiographs for second opinions from specialists to aid in interpretation and I have been able to improve my own knowledge in doing this."
- "I have worked in numerous practices now and have seen varying levels of biosecurity competence, from very poor to excellent, as it is in my current job. I feel confident treating all types of infectious case in a way that will minimise disease transmission, and I feel confident in advising others how to do so. Presently, all infectious cases are barrier nursed in an excellent isolation

facility, and a strict cleaning/disinfection protocol is in operation. I feel that I am now confident in this area so will not be recording any more cases.”

- “I have made an effort to take proper biosecurity measures whilst in practice (washing hands between consults, making suspected kennel cough animals wait in the car until their appointment etc etc). I haven't had to deal with many zoonoses but I make sure that if there is any suspicion (e.g. skin lesions that could be ringworm) that I have a full discussion with the owner and question them in case they are showing any clinical signs, as well as warning them of zoonotic potential.”

Small animal practice

- “With euthanasia, in terms of client management, what to say and not say depends on the type of person involved and this is just down to personal judgement. Before any euthanasia however, I always explain exactly what I am going to do, and how the drug works, with particular emphasis on the patient "not feeling a thing and just going to sleep". Following the owner signing a consent form, I always offer them a few minutes alone to say goodbye, whilst I gather what I will need. Keeping composed and in control is something which at first I struggled with, especially when men cry. I am coming to terms with this now though. Following euthanasia, owners appear to be comforted by me reassuring them that they made the right decision - although I ONLY do this if I think it was the right decision.”
- “Had a dog with blepharospasm, I decided too quickly I didn't know what to do and asked others. Next time try using local anaesthetic in eye - was much easier to examine. Did Schirmer tear test, next time do it in consult.”
- “Dog had been started on heart medication over weekend, but I couldn't see why, and thought it was more likely lungs, so admitted next day for X ray and saw lung tumours. Very pleased I didn't just send it away with more heart medication that was written down for it. Trust your clinical findings!”
- “I have had a couple of cases of acute urinary obstruction in the male cat and this has allowed me to become confident in placing urinary catheters and dealing with the systemic complications associated with a urinary obstruction. Long term management is also important in these cases.”
- “I have had experience of diagnosing Cushing's in dogs but also the problems with medical management in clients who can't afford diagnostic tests or treatment and therefore explaining potential complications and maintaining quality of life.”
- “Case of a poodle with a weird skin/coat problem. Phone call to a dermatologist made me much wiser and I took the advised skin biopsies and got the diagnosis. Owner was very happy that I diagnosed the case without the owner having to go to an expensive dermatologist, and I was happy to have learnt about a skin disease I did not know about. Informed and thanked the dermatologist.”
- “Bitch spays are probably the surgery I have progressed furthest with. I was always very nervous carrying them out and always concerned of complications that may arise. At my new practice I did a spay with a more experienced colleague and had my technique checked and this improved my confidence. I have developed a technique I am confident with and always stick to. Getting to carry out several a week helped develop the skills I required. I am now confident in carrying out bitch

spays and manage on my own when any complications arise. I am very pleased how much I have progressed in this area.”

- “I feel a lot more confident now at taking bloods from the jugular of cats. I have developed a way to get the nurse to hold and for me to raise the vein without her or my hands getting in the way which was a problem before. I have also found that EMLA cream is definitely worth using for cats that are stressed.”
- “I now feel confident in my approach to a critical care patient having gained experience in dealing with RTAs, Diabetic ketoacidotic cases and GDVs. I am confident in choosing appropriate fluid/blood products and in how to administer them appropriately for the individual case. I am happy with my approach to the major body systems examination and in gaining a quick capsule history from clients to assist without wasting valuable time.”
- “As a result of our practice running alongside, I have had experience of completing export certificates and fitness to fly examinations before pets leave to fly to both European and non-European destinations. Therefore I have had exposure to the Pet Passport scheme both in the practice and in checks for”
- “I have used ultrasound imaging to aid me in performing cystocentesis in dogs and abdominocentesis in both cats and dogs. I am gaining confidence in diagnosing pregnancy and pyometra cases using ultrasound imaging and am using ultrasound with increased frequency to aid in my diagnostics with more experienced colleagues to guide me where needed. This is an area I am keen to develop my knowledge in further.”

Farm animal practice

- “Have put control measures in on two farms, one for Johnes and one for BVD with NMR and VLA schemes. Very pleased - proactive health planning is very satisfying when you know the clients are getting the very best.”
- “Got one client onto VLA herdsure - very pleased, as did a lot of research on BVD with In Practice, notes, and herdsure information. Was pleased as got to explain clearly and offer gold standard. Also did 60 blood samples, so am confident at those now and will stop recording.”
- “Caesarian section. 2-5am. First one did with Boss. I'd like to try paravertebral rather than L block, and also try clipping first too. And exteriorising uterus to outside before making hole. His way did work very well though and cow and calf are both doing very well. Used meloxicam for large animals. Not convinced about its long acting pain relief properties. Other thing is - xylazine was wearing off by the end. I wouldn't mind having a go by myself at a caesar after the next one we do together, but just worried about xylazine wearing off too soon. Must find out if you can top up xylazine and read data sheet.”
- “I am getting more and more confident with calvings now. Having done several, and also transferring skills from lambings. I have done a couple of uterine torsions, which were an interesting challenge. I am confident I know what to do with a torsion, and am happy with casting and rolling the cow. I recently encountered a very difficult calving, very similar to one I was presented with on my first day. I had to call in assistance to that one, but I knew what to do this time and got on with it. I ended up having to remove the head of the dead calf inside the cow with embryotomy wire, and had to perform an episiotomy as the vulva was very tight. It was a big

challenge, and one I would not have been happy with a few months ago, but I felt I was capable of dealing with it. I did not want to caesarian the cow as I felt she wouldn't survive it."

- "As a practice, we have recently been doing a lot of work regarding calf pneumonia with our clients. This has allowed me to develop my knowledge of pneumonia, its treatment and control, in particular vaccination. I have been involved in developing plans for outbreaks on farms, and have done farm visits to discuss the issue. All of this has helped me develop confidence in helping farmers with one of the biggest areas of production loss in farming today."
- "I have recently done a lot more lameness work, which has allowed me to develop skills that I was not too confident on. I have luckily been able to spend time on some good farms trimming feet, being presented with several different conditions. I now feel a lot more confident, and a bit braver at trimming deeper to find abscesses. I would like to become more familiar with different lesion identification, as this is an area I don't feel I am up to speed with."

Equine practice

- "I have been involved in the investigation and diagnosis of a respiratory viral outbreak on an equine yard which is open to the public including treatment of more seriously affected animals, discussing biosecurity measures and also putting into place preventative strategies."
- "I have been fortunate to work somewhere where there are equine clinic facilities, so I have taken every opportunity to make myself available when my boss brings in lameness work-ups. This has greatly built on my ability to recognise different lamenesses and I have performed several nerve blocks and joint taps."
- "I had been worried about going to a foaling so was in a little way glad to be called to one in a Miniature Shetland. Similar but at the same time a different experience to a calving, though the practice I've had with cattle and sheep certainly helped."
- "I learnt a lot from a case which helped me in future colic cases - how to control a colicking horse so as to be able to examine it, the use of sedation with alpha-2 and butorphanol to help control pain, the importance of re-examinations at the initial visit, when a case is likely to need surgery and that in those times the only other alternative is euthanasia. From this case and others I have seen I feel much more confident dealing with colics, and feel that this is growing and I am learning little bits more with each one I go to treat."
- "Have performed two abdominocentesis on horses, both with help from a colleague. The first one I did slightly to the right of midline using 3 needles but did not manage to collect any fluid. The second one I did midline and managed to get a reasonable amount of fluid. This may have been due to the amount of fluid present each time, or due to technique, but it was very useful to do a couple of horses so as to practice the technique. Although I have now performed two abdominocenteses with assistance and am reasonably confident with what to do I would still prefer to have someone to guide me through it for another one or two."
- "The practice tends to have quite a busy out-of-hours caseload of colicking horses. I am now very happy that I can confidently diagnose surgical and non-surgical colics and give the right advice and treatment plans to owners."