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# VASCULAR MATTERS

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2nd Quarter 2015



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Society of Vascular Nurses

**SVN**

www.svn.org.uk

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[svn.org.uk](http://svn.org.uk)

The official website of the Society of Vascular Nurses  
Visit here for information on SVN membership, conference information,  
bursary applications and much, much more!



**Vascular Matters Editors**

Leanne Atkin & Emma Bond



## SVN Membership Form (also available online [svn.org.uk](http://svn.org.uk))

FULL NAME: \_\_\_\_\_

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Email: \_\_\_\_\_ Tel no: \_\_\_\_\_

Job Title: \_\_\_\_\_ Grade: \_\_\_\_\_ Hospital \_\_\_\_\_

Area of work: (e.g. Community/Ward/Lab) \_\_\_\_\_

**MEMBERSHIP TYPE** Full (*circle as appropriate*): **NEW MEMBER / RENEWAL** (all registered nurses)

**ASSOCIATE** (all other Healthcare professionals with an interest in vascular care)

### WARD MEMBERSHIP

Does this include a Nurse Specialist? Name of Nurse Specialist: \_\_\_\_\_

ANNUAL MEMBERSHIP FEE: £20

OVERSEAS MEMBERSHIP £25

WARD MEMBERSHIP £100

**Cheques should be made payable to the 'Society of Vascular Nurses'**

In accordance with the Data Protection Act you are advised that enrolment information provided by members will be computerised and used for administration purposes. It may be shared with third parties in order to send you RELEVANT information (for example, information about vascular products, study days, courses, meetings etc).

**I do not want my name and address circulated on mailing lists  (please tick for NO)**

Please return form and fee to:

Sue Ward VNS Vascular Assessment Unit, The Royal Sussex County Hospital, Eastern Road,  
Brighton BN2 5BE

Email [susan.ward@bsuh.nhs.uk](mailto:susan.ward@bsuh.nhs.uk) Tel 01273 696955 bleep 8213

## President's Welcome

Welcome to the 2nd quarter edition of the Society of Vascular Nurses' newsletter. As I write this in my office at work I can see the television stands being placed in situ for the forthcoming election results. Whatever the results, the National Health Service has remained high up amongst all the political parties' agendas during the election - I suspect reflects the public's high regard for the health service and the challenges it faces.

On a lighter note, I am pleased to confirm that the Society of Vascular Nurses' annual conference will be on Thursday the 12th of November 2015 at the Bournemouth International Centre. Planning for this is well underway so please monitor the website closely for further news about the conference and the vascular symposium which will be on the 11th of November 2015

As we do every year we will be running a prize presentation (The James Purdie prize) so please read the newsletter or have a look on the website for details of entering.

<http://www.svn.org.uk/conference/james-purdie-award/>



The Society of Vascular Nurses continues to work closely with our colleagues at the Vascular Society and recently put forward a document to them called the provision of vascular nursing services. This sets out the role of vascular nurses in both an arterial centre and the non- arterial centre ("the hub hospital and spoke model") and what those nurses could be expected to carry out in that role. We have suggested that there should be a vascular nurse specialist available a minimum of 5 days a week in both centres and their role would include outpatient and inpatient assessment and diagnosis. We have also made some recommendations about the support nurses would need to carry out these roles. The committee and I feel that it is vital that we continue to advocate for vascular nurses when many of our roles are being challenged.

Finally I hope you all enjoy this edition and please send any articles, reviews, case studies or points of interest you have to the editorial panel - it's always good to hear from you.

Michael van Orsouw  
President of Society of Vascular Nurses



## NICE Quality Standards

Ruth Chipp, Vascular Nurse Specialist, City Hospitals Sunderland Foundation Trust

The SVN supports the NICE (National Institute for Health and care Excellence) quality standards for both Peripheral Arterial Disease and Varicose Veins in the Legs; both of these quality standards were published in 2014. Summaries of these two quality standards can be found below, for more detailed information access the NICE web site, a web site link can be found at the end of this article.

NICE provides national guidance and advice to improve health and social care. They provide independent, authoritative and evidence-based guidance to ensure safe, effective care that is high quality and value for money. They develop their guidance and other products by working with experts from the National Health Service (NHS), social care, local authorities and others in the public, private and voluntary sectors, including members of the public. NICE guidance is for the NHS, local authorities, social care providers, charities and anyone with a responsibility for commissioning or providing healthcare, public health or social care services.



A NICE quality standard is a concise set of statements designed to drive and measure priority quality improvements. Each NICE quality standard is informed by accredited evidence-based guidance. NICE states that these standards ensure achievable care and are not targets. The quality statements describe key markers of high-quality, cost-effective care for a particular area. These statements may address prevention, as well as elements of health and social care, and promote an integrated approach to improving quality.

The NICE quality statement for people with varicose veins states that they should seek advice from their local General Practitioner service. Varicose veins can cause symptoms that may affect quality of life and if left untreated may progress to bleeding, skin damage and ulceration. A referral to a vascular service is a first step to interventional treatment for varicose veins that can relieve symptoms, slow disease progression and improve people's quality of life.

The quality standard for varicose veins in the legs is made up of 3 statements, these statements state to ensure quality care:

1. People with varicose veins that are causing symptoms or complications, including ulceration, should be referred to a vascular service.
2. People with varicose veins who are seen by a vascular service are assessed with duplex ultrasound.
3. People with confirmed varicose veins and truncal reflux are offered suitable treatment with
  - Endothermal ablation
  - Or, if endothermal ablation is unsuitable, then ultrasound-guided foam sclerotherapy
  - Or, if both of those treatments are unsuitable then surgery.

It states that compression hosiery should only be offered as a permanent treatment if none of the other treatments are suitable.

The quality standard for peripheral vascular disease covers the diagnosis and management of the lower limb in adults. This guidance does not cover acute ischaemia of the lower limb. There are 5 statements within this quality standard:

1. People who have symptoms of, or who are at risk of developing peripheral arterial disease (PAD) are offered a clinical assessment and ankle brachial pressure index (ABPI) measurement
2. People with PAD are offered an assessment for cardiovascular co-morbidities and modifiable risk factors.
3. People with intermittent claudication are offered a supervised exercise programme.
4. People with PAD who have had a duplex ultrasound and are being considered for revascularisation are offered magnetic resonance angiography (MRA)
5. People with intermittent claudication are offered angioplasty only when imaging has confirmed it is appropriate. This would be after advice on the benefits of modifying risk factors has been given and after a supervised exercise programme has not improved symptoms.

Additionally there is a further new quality standard relating to pressure ulcers which is currently only in draft form and is planned to be published later this year. All health care professionals will need to be aware of this new quality standard. It will include the prevention, assessment and management of pressure ulcers in people of all ages including neonates, infants, children, young people and adults.

The quality standard relating to pressure ulceration is expected to contribute to improvements in the following outcomes:

- Incidence of pressure ulcers
- Proportion of patients with category 2, 3 and 4 pressure ulcers
- Patient experience
- Service user experience
- Health related quality of life
- Length of hospital stay
- Discharge destination such as patients' home or care home.

The quality advisory committees use other current policy documents when developing all quality standards. I will endeavour to keep the SVN members informed of any future developments.

Web links:

<https://www.nice.org.uk/article/pg1/resources/non-guidance-into-practice-guide-using-nice-guidance-and-quality-standards-to-improve-practice-pdf>

<https://www.nice.org.uk/guidance/qs52/resources/guidance-peripheral-arterial-disease-pdf>

<https://www.nice.org.uk/guidance/qs67/resources/guidance-varicose-veins-in-the-legs-pdf>

<https://www.nice.org.uk/guidance/gid-qsd92/documents/pressure-ulcers-qs-draft-guidance-for-consultation2>

## Ensuring Quality – Taking NCEPOD Forwards

Tim Randell, Amputation Rehabilitation Physiotherapist, Royal Bournemouth Hospital

My name is Tim and I am the Clinical Specialist Physiotherapist at the Dorset Prosthetic Centre with a role at the Royal Bournemouth Hospital treating the inpatient amputees.

Thank you to Claire for asking me to contribute to your newsletter. I was initially struggling to decide on what to write about, but in the end was decided by a couple of days I had last week when I assisted in some interviews and attended a meeting with my physiotherapy colleagues.

One of the questions we asked at interview was: ‘what does quality mean to you and how can it be measured?’ A question that certainly helped separate the candidates and we had an interesting range of answers. It got me thinking about my own practice and whether I was doing enough to ensure quality and that my patients are getting the best possible care. I think it is very easy once you are established in a role to become a bit blasé about your practice. You can be given more and more responsibilities and less and less time to complete them in. This brings me to my meeting. I am currently involved in updating BACPAR’s (British Association of Chartered Physiotherapists in Amputee Rehabilitation) evidence based guidelines for post op and pre-prosthetic care. We are currently trying to assimilate any new evidence found (less than we would like) with the current guideline and best practice. This is where I had to remind myself that we are recommending best practice, perhaps not necessarily what does happen on the wards due to resource or staffing difficulties. So how do we try achieve best practice and maintain quality?



The recent NCEPOD report is a great reminder of what we can be doing to improve our practice. At Bournemouth we have a care pathway detailing what should be done at each stage from pre-op to discharge based on the current physio guidelines and now incorporating the NCEPOD

recommendations. This gives us the framework and tools to regularly audit and benchmark our practice. In reality though we have got to ensure that completing these audits is not just a ‘tick box exercise’ (an excellent answer from one of the interviewees) taking up more time but effecting no real change. Because if changes need to be made are the resources, drive or support there to produce it? Possibly not, but as clinicians we have a duty to strive for the best for our patients. Use the audit results to prove to managers what resources or changes are needed to provide the evidence-based service. Having the pathway in place and putting the patient at the centre of it gives us the best chance of getting the best result. In practice this means having excellent communication between the patient and all members of the MDT everyday. To deliver this I believe the recommendation by NCEPOD of having a key facilitator that co-ordinates the patient’s need is essential. If a person or small team has this role then they will have the knowledge, consistency and desire to deliver the best possible care.

Delivering care for an amputee is incredibly challenging. There are few other conditions that combine the emotion, the psychological stress and the physical loss as having an amputation. Communication, treatment, and discharge planning is complex. The whole MDT needs to be working on the same goal everyday. Having the pathway, the facilitator and efficient channels of communication will produce the best outcome

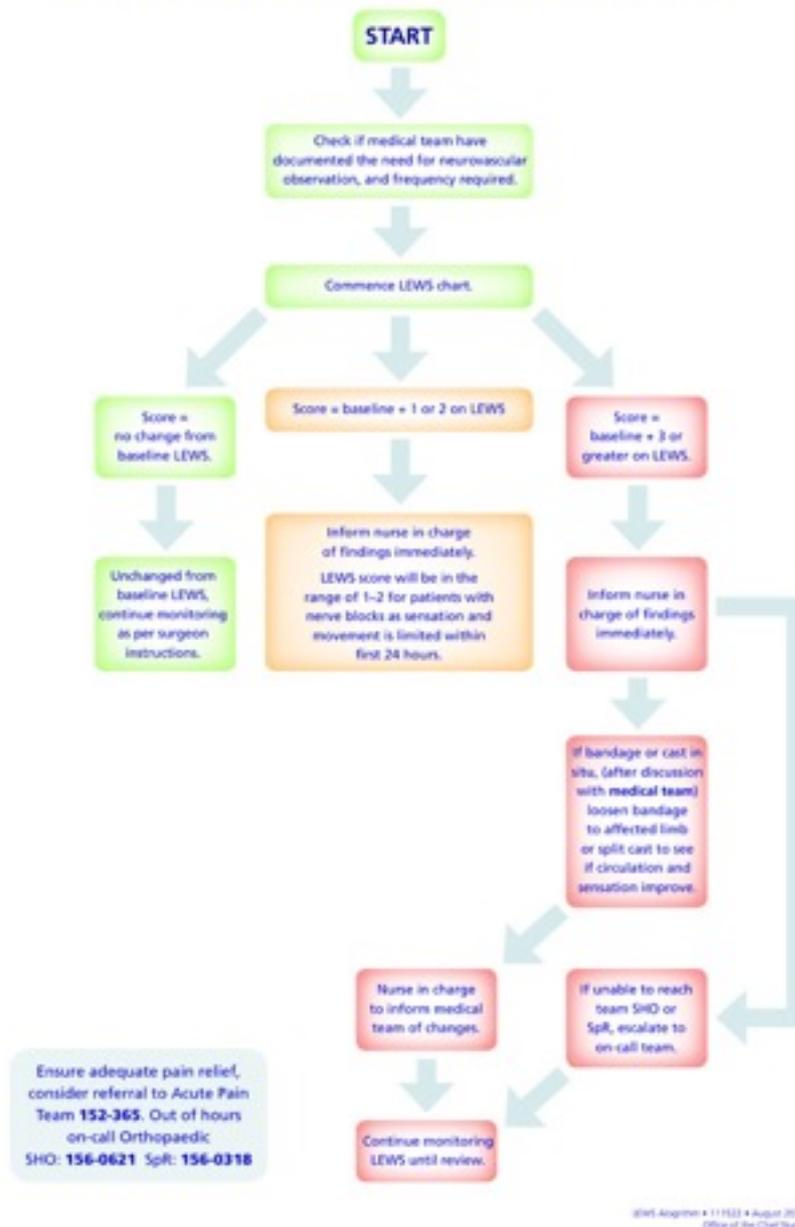
## Activa Advert

# Lower Limb Early Warning System (LEWS)

Gail Curran, Lead Vascular Nurse Specialist, Cambridge University Hospitals

At Cambridge University Hospital the Vascular Nurse Specialists teamed up with the Orthopaedic Nurse Specialists and with the help of the practice development team a new assessment and reporting process was designed. This has been introduced with the aim to reduce the risk of vascular complications in patients with known peripheral arterial disease following planned or emergency orthopaedic procedures. Prior to this change in practice it was found that limb assessments were carried out and abnormalities detected. However, the reporting of these abnormalities were often over looked due to the lack of knowledge regarding potential complications (at its worse resulting in amputation) and knowledge of how to escalate these abnormalities.

## Limb Early Warning Score (LEWS) Algorithm



Neurovascular observations provide information that is essential in the detection of nerve damage, compromised arterial supply and/or compartment syndrome. Patients with pre-existing vascular are more of risk of developing complication and therefore patients risks need to be assessed and documented on admission. Limb observations should be performed in the following patient groups: bony or muscular trauma; burns; pre and post orthopaedic, vascular and plastic surgery; in plaster, splints, orthotic devices, external fixators and traction. Observations for all limbs affected should be documented.

The document was developed to support, healthcare support workers where relevant in specialist areas and registered healthcare professionals; to assess, plan, implement and evaluate the care of a patient who, following trauma or surgery, requires limb neurovascular observations and use of a Doppler as clinically indicated. The document has been implemented Trust wide, with the purpose to ensure all appropriate healthcare professionals have the relevant

knowledge and skills to perform and document limb neurovascular observations. A teaching programme was also rolled out across the Trust to increase awareness and knowledge, these sessions were provided by the team who designed the tool.

The staff group this document focused on included registered nurses, healthcare support workers who were appropriately trained in monitoring and

Addressbrook's Hospital  
Office of the Chief Nurse  
**LEWS Observation Chart**

Patient Name: \_\_\_\_\_  
Room: \_\_\_\_\_  
Limb: \_\_\_\_\_  
Nerve Block: YES / NO In aware of effects on neurovascularisation  
Pulse assessed: \_\_\_\_\_  
Flow: 0 to 100 using the scoring system below

Date	Time	Colour	Warmth	Sensory	Movement	Capillary refill (seconds)	Pain score	Signature / Print name Designation / Contact no.

Legend:  
 Colour: 0 (normal) to 4 (cyanotic)  
 Warmth: 0 (normal) to 4 (cold)  
 Sensory: 0 (normal) to 4 (absent)  
 Movement: 0 (normal) to 4 (absent)  
 Capillary refill: 0 (normal) to 4 (absent)  
 Pain score: 0 (normal) to 4 (worst imaginable)

reporting vital signs with documented evidence of their skills, student nurses, at the discretion of the qualified practitioner and other healthcare practitioners (for example physiotherapists, physicians).

The procedure includes assessing patient’s pain, colour of the limb, temperature of the limb, sensation (taking into account nerve blocks or epidurals), paraesthesia, capillary refill, pulses (ensuring the patient’s history has been taken into account, is the patient known to have absent pulses). Each aspect is allocated a score similar to that of the early warning system for vital signs assessment and an algorithm of action associated with the document advises the healthcare workers on what steps to take and when to escalate any concerns raised.

Since implementing the new assessment tool, it is pleasing to report that there have been no further avoidable complications in this group of patients. We are planning to formally evaluate the results in attempt to validate this LEWS observation/screening tool.

## Charity Fund raising at Guys and St Thomas hospital

Talia Lea, Vascular Clinical Nurse Specialist, Guy and St Thomas' NHS foundation Trust

The Vascular team at Guys & St Thomas' Hospital or V@ST (Vascular at St Thomas') as we now like to be known, are embarking on an 8 month fundraising mission to raise money for the Limbless Association.



As a busy vascular unit we are all too often faced with patients who require a major amputation as a result of extensive peripheral arterial disease and/or Diabetes. We felt as a team, that although there has been a lot of support recently for military amputees, charities supporting Amputees as a result of simple arterial disease were being overlooked.



Our first fundraising event "The Great Vascular Bake Off", took place on Wednesday 22nd April 2015. As a result of a sterling effort by our vascular bakers we managed to raise £488 – that's a lot of cake!

We have also created V@ST merchandise to sell to our department staff, including lanyards, hoodies, T-shirts, pens and badges. The sales so far, one month in, stand at £239.

Our next event the "V@ST summer BBQ and rounders match" is taking place on 13th June, for all staff and their families to attend.

The other forthcoming events include: a mini Vascular Olympics, a V@ST quiz and raffle, and culminates with the V@ST Winter Ball in December.

As well as raising money for a great charity these events are good fun for the staff and have helped us keep a strong and happy team.

## Circulation Foundation Update

Louise Allen, Vascular Nurse Specialist, St Mary's Hospital, London

Following the end of Ian Franklin's term of office as the Chairperson for the Circulation Foundation, the Vascular Society has appointed a new Chairperson, Gill Green.

Gill has extensive experience in both the NHS and industry, in the UK and internationally. While working for Siemens, she successfully implemented the first 'film-less' hospital in the UK by establishing the PACS system at the Hammersmith Hospital. She subsequently led the Siemens marketing team in Russia then took over as their global marketing manager. As director of marketing for Motorola she successfully launched pre-paid mobile telecommunications services in Jordan achieving record levels of market penetration. Her latest role was as head of regional sales and marketing for GE, based in the Middle East and responsible for setting up Medical IT activities in the Middle East, Africa, Eastern Mediterranean and Asia.



Gill's first role as Chairperson of the Circulation Foundation has been to re-structure the committee. The new committee is focused on building on the existing strong foundations of the CF and advancing the organisation, dynamically to create more opportunities for research and extend the awareness of vascular disease nationally. The committee will be led by Gill, who will use her vast experiences within the NHS and large corporates, to drive the foundation forward with a strategic vision to reach and accomplish our new goals. The other committee members are:

- James McCaslin, a consultant at the Freeman Hospital, having returned from completing a fellowship in Perth has re-joined the team. Bringing expertise in legacy generation and management.
- Louise Allen is a vascular nurse specialist at Imperial College Healthcare NHS Trust. Louise will drive the fundraising events, in particular the vascular awareness month, which will be held throughout September. In addition she will coordinate and generate support from our Vascular Nurses.
- Shiva Dindyal, specialist Registrar at St Mary's Hospital, London, who is our Rouleux club representative and has additionally embarked on supporting the many patient information brochures and leaflets.

The team is fortunate to be supported by administration staff and members of the Vascular Society, and we have a new administrator Aaron, who has recently joined the Circulation Foundation.

To complete the team we need another two enthusiasts:

- Ideally we would like someone to support our marketing endeavours, including the newsletters, website, and social media, as well as magazine articles and publications.
- We also need someone who can create proactive relationships with other charities and essentially, collaborations with corporations to generate funding, in the form of sponsorships or donations.

If you are interested please contact either Louise Allen at [louise.allen@imperial.nhs.uk](mailto:louise.allen@imperial.nhs.uk), or Caroline Kumedzina at [caroline@vascularsociety.org.uk](mailto:caroline@vascularsociety.org.uk).

Gill is also very keen to attract fund raisers and athletes to the Circulation Foundation. This year the Circulation Foundation is planning a Vascular Awareness month, which will be September. This will be an excellent opportunity to promote the cause of the Circulation Foundation nationally and of course fund raise. For the athletes amongst you, the Circulation Foundation currently has seven places secured for the April 2016 London marathon, giving ample time for all budding marathon runners to train.

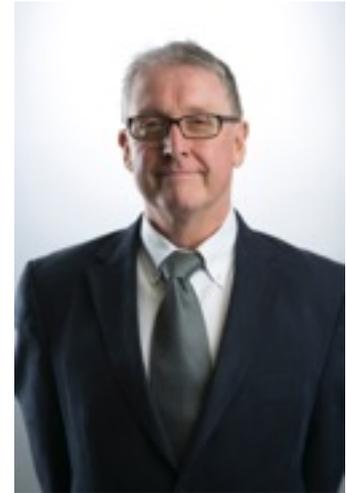
## On line vascular module to end?

Chris Jones, Senior Lecturer, Edge Hill University – Liverpool.

The imminent retirement of the co-ordinator of Edge Hill University's on line Vascular Disease Management module (HEA 3178) has thrown the continuation of the course into doubt. It is uncertain whether there will be anybody to continue offering the on line materials after July 2016.

The module has achieved considerable success since it was established. Using an entirely on line format it has attracted students from across the United Kingdom and Ireland. Many students have used their course assignments to get published in peer reviewed journals

The module has attracted students from a variety of disciplines. Although in the main participants are drawn from the nursing profession there has been increasing interest expressed in the course from podiatrists and physiotherapists. This year the amount of materials offered of particular interest to podiatrists has been increased to cater for this increase. These materials have formed the basis of a free, non-credit bearing parallel course aimed at podiatrists interested in the vascular aspects of their work. Called "Podiatry Matters" it has been accessed by podiatrists from all over the world and has attracted many hundreds of people.



There will be two guaranteed intakes of Vascular Disease Management left commencing in September 2015, so if readers are interested in joining this flexible, innovative module they should not delay application.

Vascular Disease Management:

<http://www.edgehill.ac.uk/health/cpd-modules/vascular-disease-management/>

Podiatry Matters (free):

[https://openeducation.blackboard.com/mooc-catalog/courseDetails/view?course\\_id= 439\\_1](https://openeducation.blackboard.com/mooc-catalog/courseDetails/view?course_id= 439_1)

Chris Jones

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Edge Hill  
University

## My experience of applying for the SVN Bursary to attend a Vascular Disease Management Course.

Jakki Weaden, Vascular Nurse Specialist, Bristol NHS Trust.

My brain was nagging me for a new challenge. It had a good point. I had not studied anything formally for 3 years. However, I had ground rules: Minimal travel time, easy to access, starting as soon as possible, decent tutor, of direct benefit to both me and my patients, and a juicy subject, stimulating enough to justify £500.

At the time I was a Practice Nurse. Vascular annual reviews and complex leg ulcers; my daily bread and butter. In house' training and access to NICE/BMJ E Learning were adequate, but my curiosity about Vascular Surgery grew. What exactly is an arterial duplex scan?!? Why necrotic toes aren't amputated quick smart?? What exactly does a Carotid Endarterectomy involve and more importantly who gave it a ridiculously long name?!?

I searched online uneventfully for a local, a part time course. I then stumbled upon the SVN website. Three clicks later I was looking at the course for me: Vascular Disease Management diploma module at Edge Hill University.

It was online...big tick; starting soon... tick; within budget...another tick... decent tutor??

I took a punt and emailed Chris Jones immediately with a list of questions. His swift reply and light hearted tone sealed it for me. Plus any course that allowed me to sit in my pyjamas with a cup of tea was a winner!

There were three 'best bits'. Firstly, the support I received from Chris Jones. Email/Facebook/weekly you tube feedbacks...genius. Secondly the lectures, cleverly synched up with a verbal interview. I still dip into these now. Thirdly, quizzes linked to articles. Read the articles...get the answers. I really enjoyed these. Great way to consolidate learning.

There were two 'worst bits' of the course. Firstly, the group discussion board; nice idea but disjointed and hard to follow. It did not affect my grades, so I lost interest. Secondly, sadly no permission to download and save the lectures for future reference. I am making the most of my access to them online for the rest of the academic year.

The course has deepened my vascular disease knowledge. I now understand why black toes are sometimes left to drop off! It has given me valuable knowledge to apply in practice. I have new confidence to manage patient expectations and prepare them for their vascular journey. I am grateful to Chris Jones and the Vascular Disease Management course, at Edge Hill University. My brain is content and the nagging has quelled...for now anyway.

Applying for the SVN bursary was easy, and well worth the effort. The application form was straight forward, however, it did take a lot longer than I expected. Once the bursary had been agreed, the cheque was sent extremely quickly, which was a fantastic surprise! I would encourage others to apply for the bursary to improve their own knowledge base.

## The Circulation Foundation Prize 2015 (commemorating Mr James Purdie)

Nikki Fenwick, Vice- President, Research and Development, Society of Vascular Nurses

In the last newsletter we sent an invitation to registered nurses working in any setting with vascular patients to submit an abstract for a prize giving session to be held at the annual conference at the Bournemouth International conference centre on the 11th November 2015. There is still time to apply before the closing date for applications on the 1st of September 2015



Abstracts must adhere to the following criteria:

- They must be about an original piece of work. Acceptable submissions include research, audit, practice development projects or original case studies, demonstrating an innovative approach to care. Large or small-scale studies are equally welcome.
- The work must not have been previously published or presented elsewhere (other than at local audit or teaching sessions).
- The entrant must have made a substantial contribution to the work, must be the principal author (up to 2 co-authors may be listed) and must deliver the paper in person. (Entrants must confirm with their manager before submitting the abstract that they will be allowed to attend the conference if their paper is selected.)
- The entrant is required to be a member of the Society of Vascular Nurses

Maximum length for abstracts is 250 words. Any above this length will automatically be rejected. Up to 3 key references may be included if necessary.

When writing your abstract, Kark (2010) suggests you include these specific elements and components:

- Background: A statement that identifies the nature of the work
- Aim: A statement of the purpose of the work
- Method: A sentence or two that explains how the work was done
- Results: Several sentences that describe the main findings
- Conclusion: Final sentence that describes the major impact of the work

Abstracts must be submitted electronically to Nikki Fenwick, Vascular Nurse Specialist, Sheffield Teaching Hospitals NHS Trust, at the following email address [Nikki.Fenwick@sth.nhs.uk](mailto:Nikki.Fenwick@sth.nhs.uk). A completed abstract submission form must be submitted (available on the Society of Vascular Nurses' website (<http://www.svn.org.uk/awards.php>) or from [Nikki.Fenwick@sth.nhs.uk](mailto:Nikki.Fenwick@sth.nhs.uk)

A subcommittee of the SVN will then grade the abstracts anonymously. Please avoid using any identifying details, e.g. the name of your hospital, in the abstract. If any abstracts have been submitted by a colleague or student of one of the judges, they will declare their interest and will not score that abstract. The marks awarded by the other judges will be adjusted accordingly.

The best abstracts will be selected to be presented at the SVN conference. Any which have not been selected but which reach a satisfactory minimum standard will be invited to give a poster presentation.

Closing date for applicants is the 1st of September and successful applicants will be informed by the end of September.

Successful applicants will be required to give a 12 minute presentation at the SVN conference (10 minutes plus 2 minutes for questions). The winning presenter will receive a Circulation Foundation Prize of £500. The lead author or presenter of the paper will be able to register for the conference free of charge.

The criteria by which the abstracts will be selected for presentation are described below.

(Maximum score = 10)

	Score 0 – no	1-partly	2-yes
1. Is the background to the study explained?			
2. Are the aims of the study stated?			
3. Are the methods used clearly described & appropriate?			
4. Are the results of the outcomes clearly presented?			
5. Are the implications for nursing practice &/or further research explained?			

For tips on presenting at conferences I suggest you read the following article: <http://www.nursingtimes.net/stand-up-and-be-heard-at-presentations/201128.article>

## Poster Presentation at SVN conference

For the fifth year in a row there will also be a poster exhibition. The committee invites you to submit an abstract for your poster that, if accepted, will be exhibited at the SVN conference. The posters will be judged by a panel and the winning entry will receive a £100 kindly donated by the Circulation Foundation.

This is an excellent way of sharing good practice, and may not be quite as daunting as giving an oral presentation at conference. Your poster may feature any aspect of vascular clinical practice, research or innovation. It does not need to be commercially produced. The size of the poster should not exceed standard A1 poster size (594mm x 841mm). So come on get thinking and putting your ideas together. Again if anyone would like help or information please feel free to contact us.

For tips on preparing a poster I suggest you read the following excellent article: <http://www.mc.vanderbilt.edu/documents/evidencebasedpractice/files/How%20to%20create%20an%20effect%20Poster%20Pres.pdf>

### References:

Kark V., (2010) Writing the Perfect abstract Advance Healthcare for nurses available at: <http://nursing.advanceweb.com/Columns/Facts-and-Figures-Nursing-Research/Writing-the-Perfect-Abstract.aspx> accessed 2nd of March 2014

## Feedback from vascular nurses who attended the Annual Conference in Glasgow, funded by a bursary from the SVN

Kate Rowlands, SVN Bursary Lead

As a committee we are always keen to hear from nurses wishing to apply for a bursary from the SVN. Two nurses from the Sheffield Teaching Hospitals NHS Trust successfully applied for a bursary to attend the conference at Glasgow back in November 2014. They have both provided a short piece on their feedback from the day.

### Feedback from Sister Sue Coxon

Northern General Hospital, Sheffield Teaching Hospitals NHS Trust.

I attended this conference with another colleague with the help of a bursary. We both really enjoyed the conference and would definitely recommend it to our colleagues and hopefully attend again ourselves.

I have cared for vascular patients for many years since changes within the trust brought vascular services to a general surgical ward. Even though I have years of experience in the speciality I only attended my first SVN conference in 2014. In 2014 I was fortunate to receive a bursary which enabled me to attend the conference held in Glasgow. The conference was excellent and varied with speakers covering different topics. The conference was very well run and interesting. It is good to meet and hear from other people and find out how other areas have changed and improved their services. It gives ideas and possibilities of looking into how things are done within your own area. The Wednesday evening symposium combined meeting representatives and taking ideas back about dressings and treatments with an interesting talk from a guest speaker. It was also a very pleasant social evening. I hope I have the opportunity to attend future conferences and would highly recommend going.

### Feedback from Staff Nurse Katie Davidson

Northern General Hospital, Sheffield Teaching Hospitals NHS Trust.

I wanted to attend the conference as it is related to my work and there is currently very few study days available that focus on peripheral arterial disease and its co-morbidities, the patient management and also providing an overview of current developments in our area of practice. I feel the conference managed to achieve all this. I also enjoyed listening to how other trusts manage on a day to day basis and reflected on things that were different to our way of practice, and also thinking of things that could be brought to our ward.

The evening symposium and trade stands were very relevant and the staff manning these very helpful we were also able to talk to the reps with our vascular nurses present and give feedback on what is useful to use on the ward.

The main conference day was well managed with lots of informative stands with very helpful people tending them. All the speakers throughout the day were very clear and very keen to answer any question to which were asked.

It was a great source for learning new things and we are both very grateful for the opportunity to have attended.

# SVN CONFERENCE

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**BOURNEMOUTH**

**NOVEMBER 2015**

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## Draft Programme

Lower Limb Amputation

Deep Venous Disease

Impact of Centralisation on the Diabetic Foot

AAA Screening

Debate



Medi advert