



SQAN Studentships Evaluations 2013

The BC Patient Safety and Quality Council, the UBC Department of Surgery and the Office of Pediatric Surgical Evaluation and Innovation (OPSEI) collaborated to offer the first ever surgery studentships for quality and safety improvement teams across the BC Health Authorities during the summer of 2013.

A total of eight studentships were awarded to five health authorities in B.C. The four Health Authorities were: Vancouver Coastal, Providence Health, PHSA, Interior Health and Fraser Health.

The key guidelines used to select the successful sites had:

- A project aim that involved action steps (and not just data collection)
- A pre-existing team in place that was working on a larger initiative (such as NSQIP or CCM)
- A multidisciplinary team in place (including physicians)
- Clearly defined project goals that could be met in the timeframe allocated (8 weeks)

All of the studentships sites were NSQIP sites. Each of the projects had direct correlation with NSQIP or Clinical Care Management which relevance and consistent focus.

Successful sites were:

<p><u>What are we doing about hypothermia?</u> Dan Werry, Neil Ramsay, and Kelly Mayson. Department of Anesthesiology, Pharmacology and Therapeutics. Vancouver General Hospital, Vancouver Coastal Health.</p>	<p><u>An Overview of the Surgical Safety Checklist and its Common Pitfalls in Providence Health Care.</u> Trina Montemurro, Meghan MacLeod and Nima Moghaddam. Department of Anesthesia, St. Paul's Hospital, Providence Health.</p>
<p><u>The Perfect Count: Multidisciplinary Strategy for the Prevention of Retained Surgical Items.</u> K. Ferguson, A. Bhatti, D. Duffy, K. Afshar. BC Children's Hospital. Provincial Health Services Authority.</p>	<p><u>Evidence of inadequacy of 2 gram cefazolin for surgical prophylaxis in obese patients.</u> Seok Jae Bang, Tom Wallace, Julie Wooten, Cheryl Sibbelee, Kerry Cardwell, and Kecia Turunen. Royal Inland Hospital, Kamloops, Interior Health</p>
<p><u>Scrub Busters Project to Reduce Surgical Site Infections.</u> Catherine Kruger, Kathleen Lomas and Susann Camus. Surrey Memorial Hospital, Fraser Health.</p>	<p><u>Post-operative Assessment of Practices Recognized to Prevent Hospital Acquired Pneumonia (HAP) for Patients Undergoing Colorectal Surgery.</u> Kate Sullivan, Kathy Lee, Lori Hughes, Pawan Sindhar and Susann Camus. Surrey Memorial Hospital, Fraser Health.</p>
<p><u>SSI focused data collection in Hernias, Appendectomies, Cholecystectomies and Breast Surgeries.</u> Dimple Prakash, Bryan Wilkinson, Ronelle Gutierrez and Lila Gottenbos. Delta Hospital, Abbotsford Hospital and Langley Memorial Hospital, Fraser Health.</p>	<p>Achieving Surgical Excellence at Lions Gate Hospital – <u>How does our practice align with best-practice guidelines in reduction of surgical site infections?</u> Patrick Toyota, Ramesh Sahjapaul, Irene Sui and Elena Murzello. Lion's Gate Hospital, Vancouver Coastal Health</p>

Activities and events:

July 8, 2013

Studentship Orientation and Introductions

This was a well-attended call by students and supervisors (some of the physicians). The teams felt it was useful to hear what the other projects were about.

August 13, 2013

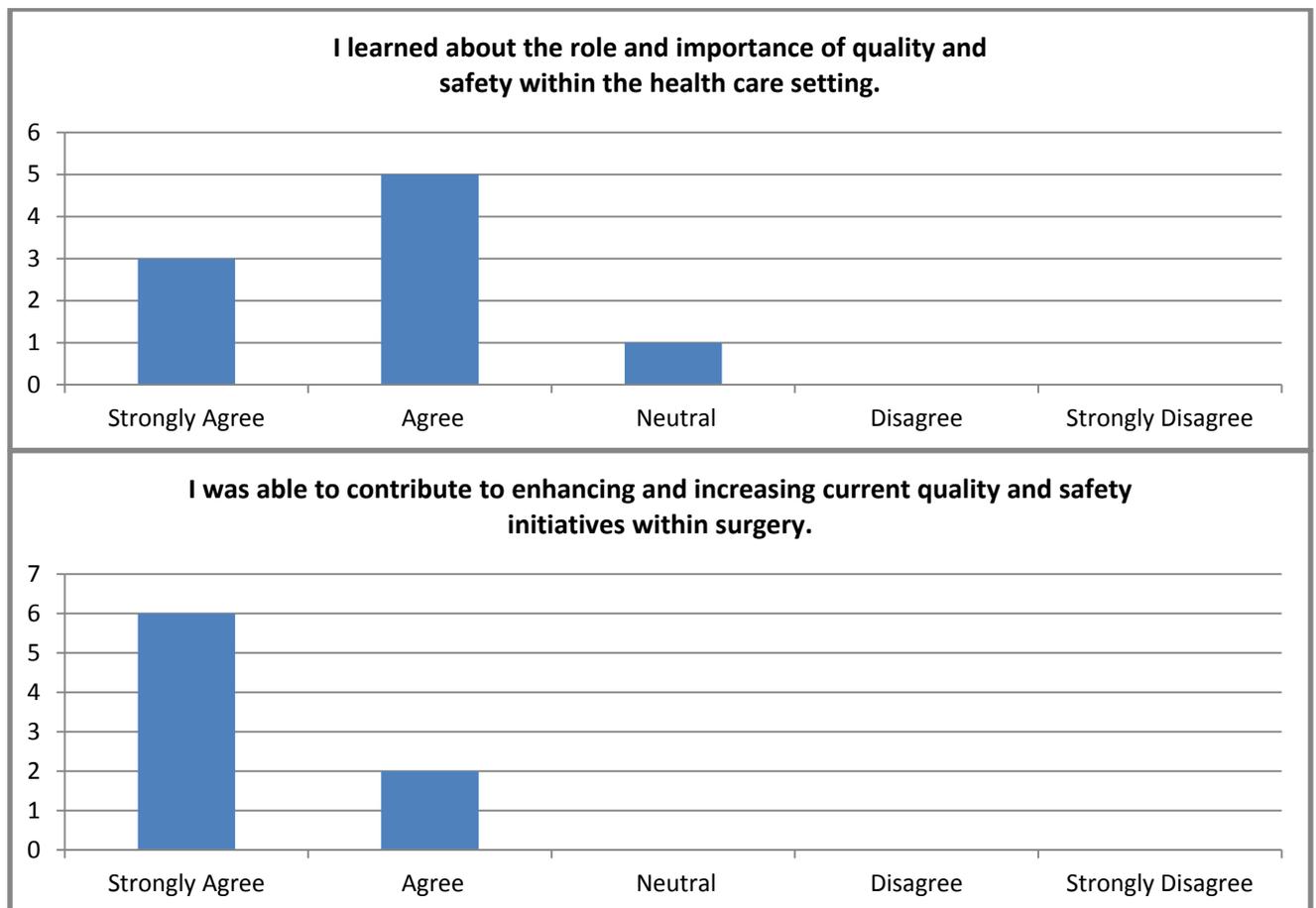
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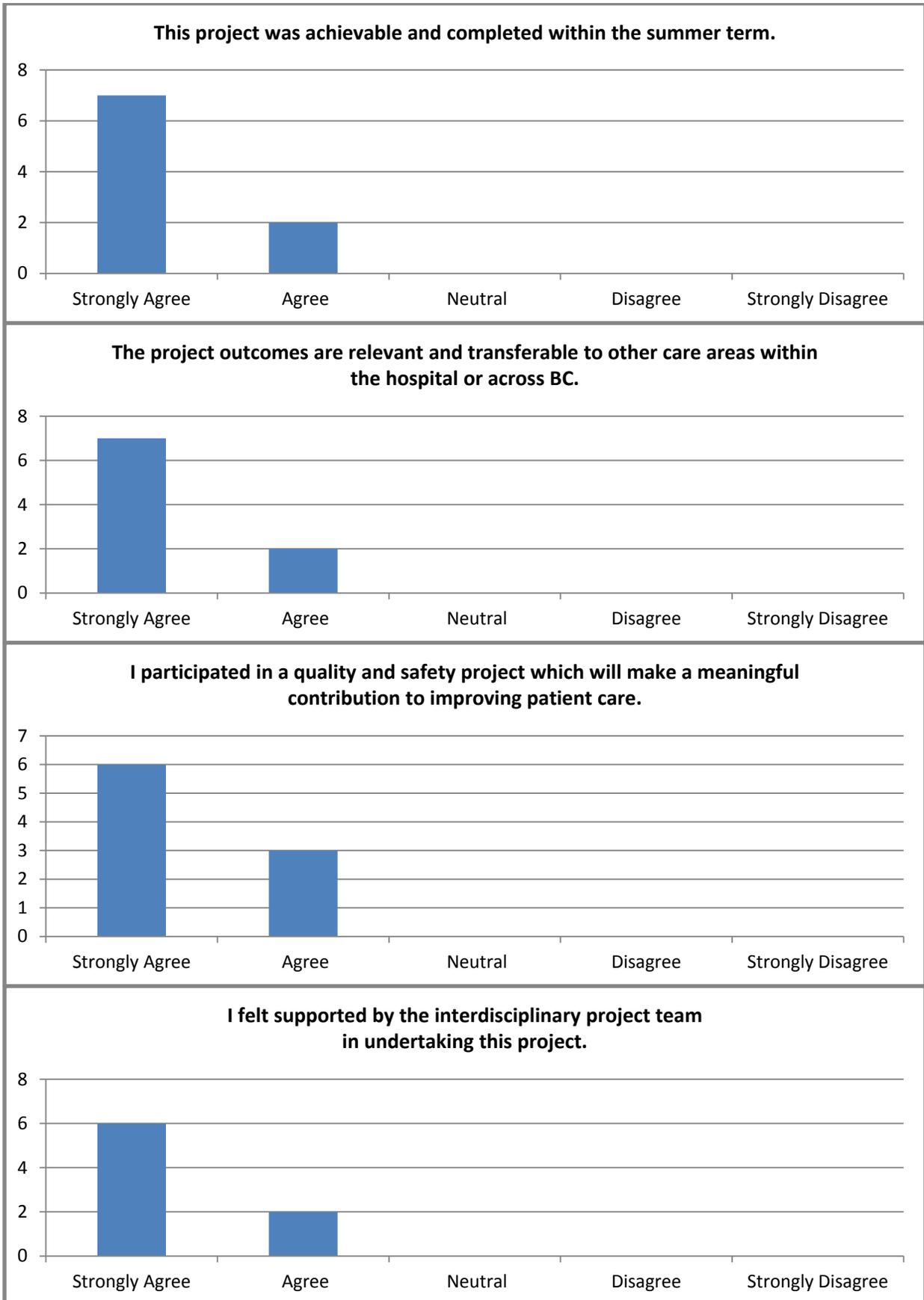
“How to effectively use media to disseminate research” - Nathan O’Hara, OPSEI

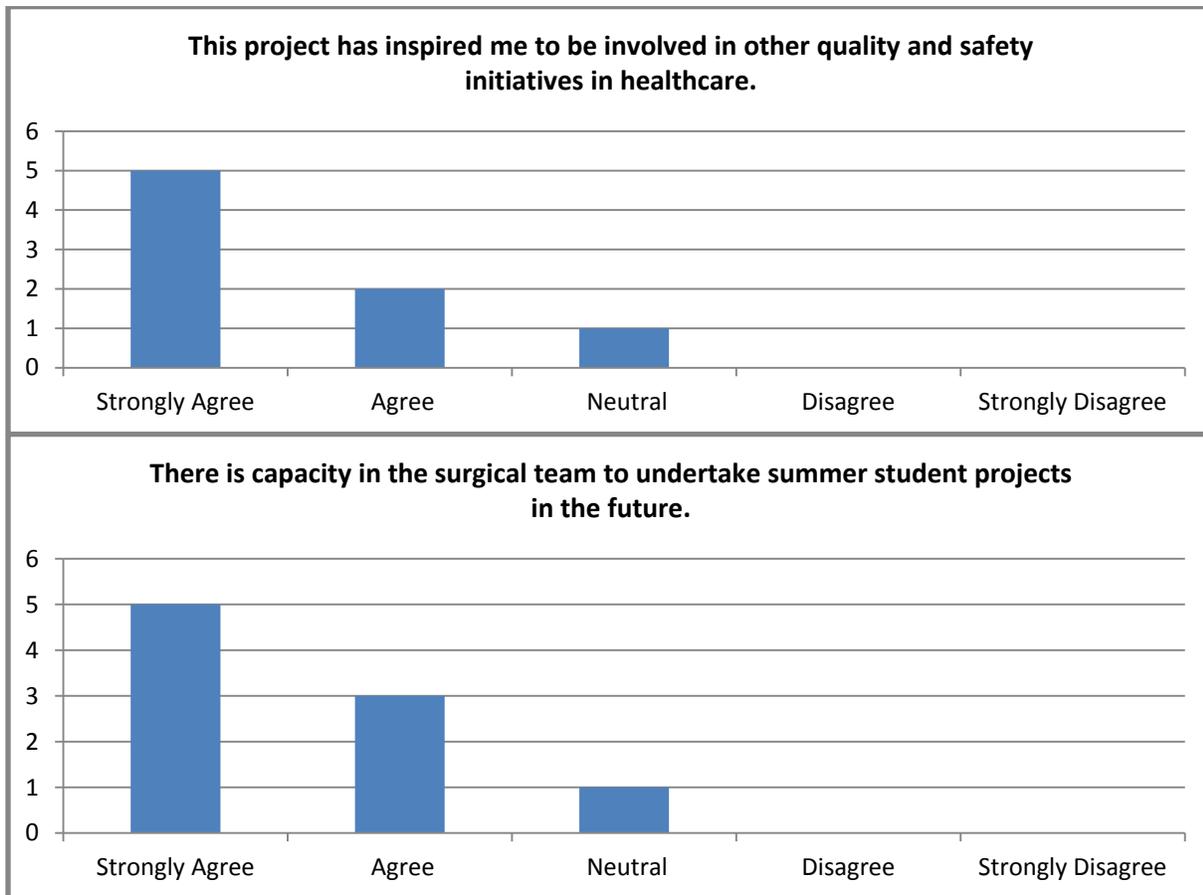
“The art of presenting” - Ajay Puri, BC Patient Safety & Quality Council

This was well attended by the local HA’s studentships – mostly by the students and they valued the opportunity to learn and meet each other.

The team leads and students were asked to respond to a quick survey. Please find survey findings below. Open ended comments are summarized in Appendix A.







In addition to the above, feedback was requested from each of the facilities regarding the projects and the process of the studentships. All feedback was positive and all facilities who responded have requested another studentship for future initiatives.

Overall each of the students and the sites their project took place felt the studentships were a success and welcome these in the future.



Appendix A
Open ended comments

Please offer any comments or suggestions which may assist the SQAN Summer Studentship team in refining the program for next year?

- As a supervisor I felt that this was a very worthwhile resource to have a medical student to assist in data entry. I would be happy to have the opportunity to have another student next summer. I don't think it is fair for me to answer re; overall experience as this questions are targeted at the students
- I think the SQAN program is an amazing opportunity for students to be involved in clinical research and promoting safety measures in health care fields. One suggestion would be more seminars or group activities. The few web conferences that we participated this summer with the SQAN group was really helpful in finding out about other projects and their agendas. More of these conferences or poster presentation opportunities would help in engaging the students in the SQAN team.
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- Keep up the good work!
- More prep webinars up front or in person re: basic skills - perhaps even online resources that students can access on the SQAN website at will. An intro webinar directing students to resources on the BCPSQC and/or MOH websites (e.g.: measurement PDF's, archived presentations, etc.)
- The student needs to understand the importance of working towards timelines, and deadlines, working within a team setting and understand that others are relying on them and their work to be completed within a set time frame
- As a site outside of the lower mainland we had challenges attracting applications for the position (we only got one). Also, the compensation for the position was not enough to cover relocation or basic living expenses so I covered housing for our student out of pocket. For a site like ours with a junior student it took a lot of extra work to run the studentship. I think it was a positive experience for the student and we would potentially do it again as a site but would need more support to attract appropriate candidates and make it a good experience for us and them.

- The half day session was excellent in providing a venue for students & this may prove to be an important component. Simple outlines of quality improvement processes & tools provided at the time of registration may be helpful, although the links to the on-line sites provide this information.
- On challenge is in relation to physician engagement. I understood that it was necessary to have physician involvement, and do believe this is important within an interdisciplinary patient care environment, such as acute care. The challenge is in relation to the time physicians have available. Perhaps if the wording included physicians as optional team members, based upon the improvement initiative, then the type and nature of initiatives will be expanded.

E-mail correspondence from a supervisor:

1) It was tremendous to have the student's assistance for the following reasons:

- She was very well organized, punctual, a self-started, had great interpersonal skills and was a pleasure to work with. It's wonderful to interact with someone who is relatively new to a field because you see their joy and it helps you reconnect with why you went into a particular field.
- She was also very independent. For example, I arranged for her to meet with a research librarian for a 90 minute training session on how to do literature searches. She went on her own and then was able to apply what she learned. Similarly, I asked the FH epidemiologist to meet with her. They met and Kathleen was able to follow up to develop a codebook for the database for the research project.
- She helped us get a lot done.
- From her perspective, she says she learned a lot about research and practice and has a strong interest in both, possibly even more in research.
- As a final comment, my assessment is that Kathleen will be a future nursing leader and this was a good learning opportunity for her.