



Knowledge Natter – Sam Fontaine

Lou Northway:

Hello everybody. And welcome to this RCVS Knowledge recording. My name is Lou Northway and I'm Clinical Nurse Lead at RCVS Knowledge. I'm absolutely delighted today to be speaking with Sam Fontaine, certificate in advanced veterinary nursing lecturer at the University of Glasgow, who is one of our amazing 2021 RCVS Knowledge Champions. You'll also see with me, we have some of her wonderful students from her cohort, which is Sarah, Molly, and Megan, they're all registered veterinary nurses which are undertaking the certificate in advanced veterinary nursing.

Lou Northway:

Sam was awarded as an RCVS Knowledge Champion for the implementation of a new course that teaches quality improvement to veterinary nurses, including those in practice and in education. For the first time, there was a QI route to achieving the RCVS certificate in advanced veterinary nursing. The course covers quality improvement in veterinary nursing, research and evidence-based veterinary nursing and developing evidence-based practice through reflection. The curriculum has equipped national and international students with confidence and ability to apply quality improvement initiatives in their work. So it's all extremely impressive and I can't wait to hear all about it. So Sam, we're going to start with you this evening. I would like to know where did your inspiration and drive come from to launch this in the syllabus?

Sam Fontaine:

Well, the program came about as a bit of a two pronged thing from my own personal experience of doing qualifications. I've completed the Royal College's advanced diploma in medicine, I'd done my top-up VN degree and then I was looking for the next kind of obvious academic step. And really back then, that was probably 2009, 2010, there wasn't really anything that I could do that wouldn't have meant I would have had to have left work. That kind of thought sat with me for a while, years later, I had a meeting with my late manager where she was telling me that the university we're launching online master's programs. And we thought what a great opportunity to create something for vet nurses to fill that kind of post-graduate void. So because the program is going to be online and looking at what was already out there, I felt that there was already a good clinical set of offerings out there.

Sam:

And I really wanted to do something that kind of filled a niche that wasn't yet filled. And I think, for me, the underpinning kind of linchpin of it all was the concept of evidence-based veterinary nursing and really the content evolved from that thinking, "Okay, well, what do I think veterinary nurses need to know more about? What did they get, maybe, touched on briefly in their pre-registration training, but we could take that to a much deeper level?" And I think thinking about the things that the Royal College of Veterinary Surgeons were trying to push within the professions or evidence-based vet medicine,

reflective practice, I think the next obvious course that would have aligned nicely to all of that to really give it a practical and real practice context was quality improvement or clinical governance as it was when it first started.

Sam:

So, yeah, I think I wanted to teach nurses things that, regardless of what background they were coming from, what type of practice, what professional role they're held, how long they'd been qualified, that they could take things from this and apply it to their own practice context and really make it fit their own practice context, whatever those were.

Lou Northway :

Yeah. And within the syllabus itself, when you were deciding what to include, what resources did you use and what sort of themes did you implement?

Sam:

Resources in what way? Sorry.

Lou Northway :

So did you sort of teach about the checklist and guidelines?

Sam:

Yeah, so throughout the whole year, we introduce students to RCVS Knowledge's work around the evidence-based veterinary medicine, and then the clinical quality improvement course really covers the whole gambit of quality improvement from audits, checklists, team culture, significant event audits, all the different aspects. And I think the three courses, all of these elements, reflection, evidence-based veterinary nursing, quality improvement, all fit under a similar sort of heading and they all feed each other and you need all elements to be able to do quality improvement well, I think, so they all build on each other and all the skills kind of all come together in the quality improvement course.

Lou Northway :

Yeah. I completely agree with you. I think it's like a massive jigsaw isn't it, but it's so, so important. And when I was thinking back to my primary nurse training back in 2009, we didn't actually have evidence-based nursing really included at all. And you just really can see now why it's so important that it should be in there. So to all of you now, thinking back on your career because you've all worked in practice already and you've now undertaken the course, how do you view that your career may be sort of different going forward? How do you think QI will positively influence you in the future?

Megan:

I think, I mean, before starting the course, I didn't really know a lot about quality improvement. It's not something I'd really done as part of my diploma and having the resources and having to do it as part of your assignments just given me the confidence to go on the RCVS Knowledge website, download the materials and go into practice and start doing it myself, which is not something I ever thought I would do before and say, "Okay, let's do a clinical audit of this because this interests me." As a nurse, I wasn't sure that something that I would be able to do, but if something doesn't go well during a significant event audit, I mean I do those on a regular basis now, so -

Lou Northway :

Brilliant.

Megan:

Yeah. I mean, I find that really, really fun

Lou Northway :

Yeah, it's said once you start, you've done one, you feel like, "Ooh, what's next?"

Megan:

Yeah, definitely.

Lou Northway :

And I think what you mentioned just then about having an interest and then doing an audit in your area of interest, it's so positive all round, isn't it?

Megan:

Mm-hmm (affirmative). Definitely. And you can see that you are making improvements for future patients and you just feel like you're doing the best you can and the team's doing the best they can to improve the quality of care that we give to them. So that feels really good as well.

Lou Northway :

Brilliant. Sarah, what do you think?

Sarah:

Yeah, I didn't realize before I started the course that we were already doing some things that come under clinical governance or quality improvement anyway, but then I've sort of added to that with things we've learned in the course as well. And I've implemented a couple of clinical audits in practice, it's just outcome audits looking at their IV Catheter complications and a couple of other things. So that's been really interesting and we've already collected loads of data because of the number of patients we see, which is great.

Lou Northway :

Brilliant. And how did your team respond to sort of like your first cycle of audit when it was finished? Were they very sort of interested in your findings?

Sarah:

Yeah, really enthusiastic. I wasn't expecting such a positive response, to be honest. I thought everyone would kind of roll their eyes at me and, "Oh, here she goes with another one [crosstalk 00:07:33]." The team's been really on board with the whole thing, which has made it easier because obviously I've asked them to record when they place IV Catheters and other information like that so I can keep a spreadsheet. Obviously I'm not there 24 hours a day and we admit patients 24 hours a day, so it relies on the whole team recording all the information that we're gathering and everyone's been great at doing that.

Lou Northway :

Wonderful. That's so good to hear. How about you Molly?

Molly:

I find at my practice before there was never really anybody that had a real passion for quality improvement and it was always something that, at the back of my mind, I kind of wished I knew a bit more about and would be able to take on and do more in practice myself. And I can even remember finding the RCVS Knowledge website and going on and spending hours looking through everything, but it just didn't really make sense to me in my mind at the time. And then after I did the course, everything seemed to just make sense to me. And I just kind of thought, "Gosh, I could have been doing so much like years ago, but I just didn't have the confidence to go ahead and do it." So I'm sitting here actually, I've got my big blue folder and it's full of all my [inaudible 00:08:50] I want to do in practice. [crosstalk 00:08:54]. It's exciting.

Sam:

Can I just touch on that point Molly made about confidence?

Lou Northway :

Yes.

Sam:

And I think that's one of the things that I love to see when these courses run, that actually, what Sarah was saying, she was already doing things, but it doesn't have a name or an official title.

Lou Northway :

Yes.

Sam:

And I think when you see these light bulb moments where student school go, "Oh, I'm doing that. Great. I'm already steps ahead of this." And then just getting that confidence to know how to then approach the team to say, "Look, we have to get on board with this. This is what we should be doing and this is how we should approach it." And I think that's what I love to see and hear.

Lou Northway :

Yeah. It's brilliant. It's very inspiring. I'm sure you're sat there, Sam, just feeling so proud and it thinking of what impact you've had in all of the nurses with the new cohort and how much of an impact all of you will have in your own practices. It's brilliant and you've just all given such good advice to those listening as well, like believe in yourself, embrace QI, go and do it and see how positive your team's responses will be. And then everyone else will probably want to get involved and start doing projects of their own. So, yeah, brilliant. Absolutely excellent. So we have already spoken a bit about how QI benefits patients, how do you think QI benefits teams from like a cultural perspective?

Molly:

I think for a team perspective, although you're auditing what you're doing in practice and looking for improvements, you're also looking at things that you're doing well, and it's a bit reassuring to the team

to look back on things and think, "Actually, we are doing a good job here." And I think it's quite motivating for everybody, too, when everything has been going on at the moment with COVID and we're just trying to get through and to look back on projects and simple tasks that we're doing every day and I'd say, "Actually, we're doing a good job here, guys. Well done." But also it's good to see little things that we can do to improve as well. And it's good to get the whole team chatting, I feel.

Lou Northway :

And with your team, Sarah, have you found that sort of when things are going wrong, now, people want to talk about it more openly?

Sarah:

Yeah. I think it's brought the whole team together a lot more and made us communicate better. I've noticed with things like M&M rounds, it's one of the few times that both the medicine and surgery departments all sit down together and discuss cases, even though we have cases that overlap between departments. So I think that's really positive because there can be a bit of a divide between surgery and internal medicine in such a big clinic. So I like that kind of element to it.

Lou Northway :

And how about you, Meg?

Megan:

I think when we started doing it, there's a worry about blame culture that turns into a finger pointing match, but I think the more you do it and say, "Yeah, okay, things didn't go as we planned. Well, here's what we can do to improve things next time." People realize that you're not there to judge them, that we are just doing this purely to help patients in the future, build on our skills, look at CPD we need to do. You try and turn it into more of a positive experience then I think after a while, people start to realize, "Okay, she's not doing it just to shout at me if they're not doing it correctly." And like Molly said, eventually you'll get it where people are doing things we can say more positive than what you're not doing, but I just think anything you doing wrong, you can use as an opportunity to make things better.

Lou Northway :

Absolutely. Yeah. And every mistake is an opportunity to grow. That's how I try and view things in practice. And it's so stressful, isn't it? You're so busy, often you're multitasking and things do inevitably go wrong, but QI is here to support us and bring us all together. So it's just great. I love it. I'm sat here nodding like a dog [crosstalk 00:13:01] anybody that's listening via the podcast route. Okay. So when you were in your cohort at uni, what was the vibe like to start with? Was everyone a bit sort of like, "Oh, I'm not sure what to expect." Or did some of you sort of already have an idea of what was what lied ahead?

Megan:

I think there was a real mix of us. I mean, I was completely like, "I have no idea what I'm doing. I definitely shouldn't be on the course." At the start like it's quite overwhelming. Well, I think because we did chat to each other a lot, messaged each other, you feel weirdly like you are still part of a class, even though you don't physically see each other. And just knowing everyone feels the same or you can get advice from all the students definitely makes you feel better.

Sam:

I think that's something we try hard to promote because we know online learning can be isolating and we really strongly encourage students to set up their own social network groups and things like that so they can communicate in a space away from prying eyes of the lectures and things like that. And I think I'd like to hope you all realize we have lots of discussion forums and things like that and it really gives people the opportunity to learn about each other's practice. We can all learn so much from each other because we've got people from different countries, different species disciplines, different rules, some in education, some in clinical. And I think hearing everybody's stories, I think the one comforting thing that I always get from it is that actually what all vet nurses and we've all walked a similar walk.

Sam:

We've all had similar experiences, but what we can learn from each other or what my students can learn from each other is how you've had that experience, but that's how you dealt with it and how you were able to move on from it. So we have a lot of reflective discussions to help people help each other, essentially.

Lou Northway :

Yeah. I love case studies and like hearing about what other people have done because you often can think back, as you say, to like a time when all that happened to me or a very similar circumstance and then move forwards. But yeah, no, I think communication between different types of practices as well, so fast opinion primary care to referral, we're all doing similar things but in different ways. What are all of your personal aspirations for the future with QI? Firstly, let's talk about the projects that you've got underway. So Sarah, you said you're already doing Intravenous Catheter audits, but Meg and Molly, what are you up to in practice and what do you hope to do in the future?

Molly:

Just a few weeks ago, I registered myself and one of our veterinary surgeons on to the RCVS Knowledge Cruciate Registry so we've just started that and we've got a few patients already that we've signed up and they're taking part. And it was quite exciting as well, just to be able to chat to the vet who's doing it with me and we could actually look back at cruciate ops that we've done in the past and just have a chat about those. So it's quite nice to just opening up new conversations with people that you might not chat to normally at work apart from about your day-to-day tasks that you're doing.

Molly:

I've also been looking at how we use our oxygen in practice as well. So on the RCVS knowledge I saw there's a really good protocol about minimize and sort of your waste of oxygen that you're using. So I've been doing a little audit on that at the moment and also just I've got lots of ideas about going forward and we're starting doing lab space as well. So I would love to monitor sort of the post-op pain in lab space, because they are so different to your routines and just looking at the comparison and what pain relief the vets are going to be using for that as well.

Lou Northway :

That all sounds brilliant. You are going to be very busy Molly. But it's like a catalyst, isn't it? It's like one idea into another into another into another.

Molly:

It is.

Lou Northway :

And I think clients, as well, especially with the canine cruciate registry, it's brilliant for them to know that we're monitoring outcomes and wanting to improve how we're doing things. So making sure we're promoting to our clients that we are trying to improve what we're doing. So, yeah, that's brilliant. And how about you Meg, what are you up to in practice?

Megan:

So recently started a journal club with all of the RVNs and also the students as well. It was just to try and get everyone a bit more excited about updating our protocols and looking at what we do now and thinking, "Is this good enough? Can you find a paper to support that? Is there anything we need to look into?" So at the moment, as a team, we're all looking at nebulizing BOAS patients, whether there's benefits of before as well as after, it's just nice to see them enjoying it and doing that research themselves as well. So taking baby steps at the moment and just trying to see what we can update in practice what we're doing at the moment.

Lou Northway :

We were all in practice for many years, aren't we? And we're very used to using protocols and you get sort of comfortable with them. And most of the time things go well so you don't often perceive that there's a need to change things, but as we mentioned, going back to the evidence-based looking at up-to-date guidelines, changing things and then monitoring for improvements. So yeah, journal clubs are fantastic for that. We, in my practice, used a similar exercise when we updated our anesthesia guidelines a few years ago, which actually are due a review. So that reminds me, so thanks for that. And how about you, Sarah? So you do the Intravenous Catheter audits ongoing at the moment, but do you have any plans for the future for anything else?

Sarah:

Yeah. So the other thing I've started looking at is we introduced a protocol for testing all of our Colic patients for salmonella on admission, because we noticed that a lot of them post surgery developed enteritis and were testing positive for salmonella. So we wanted to know if they had it on admission and were nonclinical and then the stress of surgery triggered the diarrhea, or if it was something they were picking up in the hospital. So I started auditing the process of collecting the samples and how many positive and negative results we've got and kind of looking at those numbers. So we've got 70 patients so far.

Lou Northway :

That's really good. Really interesting.

Sarah:

Yeah.

Lou Northway :

Yeah. Amazing. And Sam, back over to you. So with the curriculum, as it stands at the moment, what's the plan for the future? What do you hope? Do you hope that all the other universities get on board as well? What would you like to see?

Sam:

No, I want to be the only one [crosstalk 00:20:21].

Lou Northway :

You would like another Knowledge award next year.

Sam:

No, I think this will become more embedded within pre-registration training, I think. But I think being able to invest a lot of time and energy and our specific subject, you can never cover what we cover when you're just training to become a vet nurse. So I think it will definitely rule out that more places are offering QI courses and things like that without a doubt, because it's becoming such a kind of integral part of our professional practice. And we only trained in it because I think these guys have said it quite nicely, it's a scary thing. And you can go on the websites and have a look, but until somebody's, I suppose, holding your hand every bit through the first audit and things like that, that's when it becomes something that you can then just crack on and get on with.

Lou Northway :

Yeah. It is the backbone of what we do, isn't it, without even realizing. And it's so important. So yeah, my message to everyone listening is please take some time and get involved with that. So to finish, Sam, you've already really nicely sort of set what your aspirations for the profession is moving forward, but to the rest of you, what are your pearls of wisdom and words of motivation for those listening?

Molly:

I think don't be scared to get stuck in. I was so nervous to begin with, I didn't really know what I was doing, but from the help from Sam and everyone at the University of Glasgow, I feel so much more confident. And you know that at the end of the day, what you're doing is going to improve patient care, it's going to improve your work and how you get on with your colleagues and how you're working day to day. So I think just go for it and don't be afraid, just have the confidence, you are good enough. You can do it. It's not something that somebody with more knowledge than you can only do. You do have the knowledge and you can learn and you can do it as well.

Lou Northway :

How about you, Sarah?

Sarah:

Yeah, I would echo that really. I think it's important that we step forward and you might feel like you're not knowledgeable enough or you don't have enough information about quality improvement, but I would say just go for it. I think a huge part of our role as nurses is advocating for our patients and that's what these things are doing. And it's easy to kind of sit back, especially if you're in a huge team and there are interns and clinicians and so many different sort of clogs in the machine, it's easy to sit back

and let somebody else take over, but we need to step up as well and make things better for our patients.

Lou Northway :

Oh, if I had pom-poms right now, I would be shaking them. How about you, Meg?

Megan:

Again, I agree with both what Sarah and Molly have said, but definitely something that we can all get stuck into. Even if someone's already doing it, we can all do it in practice. It's something that we should all be doing really. And just having, like Molly said, the confidence in yourself to think, "Okay, I can do this. As a vet nurse, I can improve the standard of care for my patients and this isn't something I need permission to do." This is something we can just do, the tools are all there available in the RCVS Knowledge website. And once you've done it a few times, it is easy and it is enjoyable and you can see a real difference in practice quite quickly from doing that.

Lou Northway :

That's brilliant. And yeah, thanks so much everybody. Sam, I hope you can really feel the impact you've had on your students and the profession as a whole. I hope everyone listening feels absolutely inspired. So to those of you listening, please ensure you apply to be a Knowledge Champion by submitting your QI projects and initiatives to us here at RCVS Knowledge. Award winners are named as RCVS Knowledge Champions and will receive a plaque, badge for you, and your team if applicable, and a £250 prize money, which you can spend however you wish. Applications close on the 4th of December, and to get involved, visit www.knowledge.rcvs.org.uk. Please get involved and thank you all very much for your time this evening.

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