



## **Quality Improvement whilst being a locum**

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RCVS Knowledge:

Welcome to the quality improvement box set by RCVS Knowledge. A series of webinars, podcasts, and video interviews for practices and practitioners.

Pam:

Hi everyone. Today, I'm talking to Sian Tranter. Sian is in the working group of the BVLA, that's the British Veterinary Locum Association. And I'm going to talk to Sian about how locums can fulfill the requirements that the college has to do some clinical governance. Hi Sian.

Sian:

Hi Pam. Thanks for asking me. So this is quite a new thing I feel to many of us. Clinical governance is described in the code as a continuing process of reflection, analysis and improvement in professional practice for the benefit of the animal, patient and the client owner. Now, most of us do this every day throughout our working day, on our drive home in the night. The challenge really is to turn that rumination into a coherent plan, to benefit animal safety effectiveness, and patient outcomes. So when I say it's a new thing, it's only a new concept, in terms of the words, perhaps to many of us. So as a locum, we may not be involved in the practice wide clinical governance movements. So one thing that you and I discussed a little while ago, which you suggested, very helpful is keeping a locum diary, recording interesting or difficult cases, new or useful practice protocols, significant events, both positive and negative and recording challenging situations, because this can all help later with reflection. And our diary then, can help us to identify learning needs. When we reflect on those things that went in a difficult way and that can stimulate us to research perhaps, converse with colleagues or book a CPD course, just to block that learning gap. And I think planning professional development around real situations can help keep learning fresh, because we see our practice improve.

Pam:

Absolutely. I think that's a great idea having the diary, because you think something happens and you have a challenging case and you look up some papers about it and you consult some referral places. And then something happens again at another practice a year later, but you can't look back on the notes, because you're somewhere completely different. And you remember that you did these things, but you can't. If you're like me, you forget exactly what was said. So I think keeping the diary, just a few little notes about all these things is a good idea. It could be an online diary obviously, but I think that's a great idea, Sian. And the other thing is following up cases is difficult, isn't it? When you're a locum.

Sian:

So following up cases is really hard. And I think most of us would really want to know if there's something that's unexpected, particularly if we're getting repeated sequelae that we wouldn't expect. So I think being allowed on a practice WhatsApp group can be absolutely brilliant. And you can go back and check with people within a reasonable time scale. But also maybe having a clinical buddy for all locums when they go into practices, someone they can discuss cases with, then and after. And you can agree, it doesn't have to be onerous it could just be a messaging relationship or an email or a phone on call, because we would like to be updated. And I think it's important for clinical governance that we know what's happened to cases as much as possible. So having that relationship within the practice is extremely helpful.

Pam:

Yeah, I agree. And the ones that you worry about, I mean, I tended when I was doing locum work to ring up and ask about.

Sian:

Yeah.

Pam:

But the thing is, we never find out about those ones that we didn't worry about, but maybe something did happen with them. Hopefully it didn't. Ignorance is bliss, but it's good to know, isn't it? What's happening. So you can, as you say, reflect on what you did with that particular case and think about it. And what about joining in practice meetings? I think that was useful for locums if they can.

Sian:

Yeah. So this is difficult, as a locum we miss out on quite a lot, don't we? Appraisal, M and M rounds off and significant events, audits and these things. But actually, if practices are happy to, then it's great to have a locum there because it's a fresh pair of eyes. When we all do things the same in a practice, sometimes it's great with a challenging event to talk about it with someone from outside. So as far as possible, it's great for practices to involve locums and for locums to be willing to go. That's really helpful in those sorts of practice meetings and the rounds and debriefs and significant event audits.

Pam:

And it's really important that everybody in a practice, all of the team can input into meetings, isn't it? And one thing I found when I was locuming, is one of my practices started using their practice management system to collect everything they wanted to know about for their next meeting. And so for me, I did a lot of Saturday mornings and I'd write on a piece of paper something I wanted to discuss with the rest of the team. By lunchtime Saturday, the paper's in the bin, and I've completely forgotten about it. Whereas, if I'd quickly gone onto the practice management system and just put a note, "Discuss Buster Collars post whatever surgery." Or something. Then even if I wasn't there, they were really good at then, including that in the next practice meeting saying, "Pam put this in." And then letting me know what the result was. And I think that putting the little notes from the meeting back onto the practice management system, so next time I was there, I could have a look.

Sian:

That's brilliant. I think when I did some focus groups, to talk about standards with locums, one of them actually said to me, "Sometimes I feel like an automaton. I'm put in a room and I'm just given a job." And I completely understand how that happens, because practices are busy and that's why they've got a

locum. But perhaps if we could see our locums a little bit more as resources, involve them in discussions that are happening in practice, get some feedback. So some brave locums ask practices, they send feedback forms with their invoices to find out how they're doing, really.

And it's almost like a 360, you get your communication mentioned, maybe your adherence to protocols. And for some locums that works incredibly well. And it's evidence of clinical governance, isn't it? Of trying to improve our practice, getting that information about cases that may be issues. And the other way around as well, some practices ask for feedback from locums, because in that way they can make a locum induction pack, that means that locums find it easy to be compliant with their policies and protocols and discuss things. And many practices have said to me, that's the way that they've really managed to use locums most effectively.

Pam:

And it's so much better for the locums too. I mean, again, I've been to places where you're very lucky if they explain to you how to use the computer system and after that, you're on your own. But if you do know what the protocols are, and also what clinical guidelines maybe that they're using too, which have been drawn up by the team. If you know all those things, then you hit the ground running as a locum, don't you? You can actually fit in better and therefore the practice gets better value from you.

Sian:

Absolutely.

Pam:

So that was really interesting what you said about evidence, because obviously you're absolutely right I think, but clinical governance, we've all been doing it. I mean, I've been qualified more than 40 years and we've always discussed cases, haven't we? Over coffee or whatever, there's always been those discussions. But it's about having a framework and it's about showing some results, but it's also about showing some evidence. So I think having evidence in the locum diaries and having evidence, as you say, from feedback from the practices is a really good idea.

Sian:

I must say I found that RCVS Knowledge, QI boxset really helpful-

Pam:

Oh, thank you.

Sian:

Looking at this, because it just gives you as well, the Knowledge Awards, give you an idea of exactly what you can do because as a personal vet working alone, auditing is a little more complicated as well. And in practice. I used to audit by pulling all the records off the computer and having a big list and going through and seeing how I was doing. But I think as an individual, you have to have a specific question set up, because you have to ask for that data while you're there, in order to audit your procedures, your investigations, whatever it is you want to check is working.

Pam:

Absolutely. And I think quantitative audit is a lot harder, but you can at least do some qualitative audit, in as much as follow things up etcetera. But yeah, hopefully, I mean quality improvement for those of you who are don't really know the difference between clinical governance and quality improvement, which obviously we all get a bit confused. Quality improvement is the way to do audit. Clinical

governance tells us what we need to do and quality improvement tells us how to do it. It gives us those tools, as you say, to do the things, like significant event audits and M and M meetings and things like that. Thinking about that, I mean, this is another area, isn't it? For locums when errors occur in practice.

Sian:

Yeah. So that's very difficult, isn't it? Because we do really miss out on those peer relationships that can make this not go away, but make it a lot easier. And in clinical supervision, I've spoken to people who've been in sole charge at a branch, something's happened, no one else was present, no one else witnessed it. They feel very alone perhaps, if it then yields a complaint and that could happen to locums. So I do think it's important to cultivate professional relationships in your life, where you can debrief and talk about these things for support and for accountability, none of us are infallible and we will all make mistakes, so perhaps being prepared is a good idea.

If you can, then opportunities and help offered by the practice involved, is incredibly helpful, because sometimes there is a systems error within the practice itself, it's not just your personal error. Sometimes I've had people giving themselves a hard time, because of Monocryl breaking down, when there was actually a systemic failure in that batch. And it's things like that, because if you are working alone, you never find those things out. So talking to the practice as well, debriefing where possible. Where it's difficult, then talking to other veterinary professionals, talking to a supervisor or VetLife are fantastic, they offer a wonderful resource.

Sian:

And also we should talk, most of us are indemnified by the VDS and they of course, have VetSafe, which is a reporting system to record near misses, mistakes and significant events. And VetSafe not only records them, but can help you understand why mistakes have happened. There's a root cause analysis and you get a report in a no blame culture, which is really helpful. And also shares learning with other practitioners, so I would advocate the use of VetSafe for locums, it does support second victims, the clinicians, it by mistakes really well.

Pam:

Absolutely. And we have got great resources around significant event audit too on the Knowledge website, we've got lots of root cause analysis tools.

Sian:

Yeah.

Pam:

And I think it's so important. I mean, if practices don't debrief with locums about things that have happened, then practices aren't going to learn, locums aren't going to learn, but practices aren't going to learn where it may be, as you say, rightly so, their practice system, that's actually been a large part of the issue. Because significant event audits, it's all about looking at systems, isn't it? Rather than blaming individuals. The other thing I was wondering about is when it comes to like drawing up guidelines and things and looking at evidence, are there any online journal clubs that locums could join in?

Sian:

So we are hoping, so far, there have been some, like Small Animal Medicine Society did some during COVID, which were absolutely wonderful. And there are some that referral practices do, but at the BVLA, we are hoping to introduce voluntary accountability and support groups, which could be journal clubs, case reflection. We all know when we go to CPD that we learn quite a lot at lunchtime, don't we?

We learn from the lectures, but we also learn from talking to other practitioners and it's really giving people that opportunity, because locums do face slightly different questions, in terms of clinical governance, because they may work in different practices. So often their audit questions are about their own management of cases, more than systems. So we're hoping that people will join those groups to support one another, learn from one another, share knowledge.

Sian:

Now online and actual virtual journal clubs can sound frightening. I remember when I was doing my certificate, that was the most scary bit, but they're not really, if you just look at, there may be one thing in this paper that might change my practice subtly and for the better. It doesn't have to be high brow, does it? It can actually just be something that will change your practice. And I think that will be really helpful. It is good for locums to seek out those relationships either with other locums or veterinary professions.

Sian:

For debrief, I talk to a lot of emergency critical care workers who may need to ring someone literally, after a shift when they've had a bad time. And clinical supervision is offered now to veterinary surgeons through VetReflect. But you can also arrange that yourselves, support each other, talk about clinical cases, challenge each other. In other professions where people work as sole practitioners, it's untenable not to work with a mentor, supervisor or colleague in a supervisory capacity. So I do think it would be great if we could put something in place that just gave us a level of accountability and support.

Pam:

Yeah. That's really interesting about online journal clubs and for anybody who's a bit, as I was, a bit worried about how you critically appraise a paper. And the other part of RCVS Knowledge is all about evidence-based medicine. And inFOCUS, we've got some great stuff about appraising papers done by Sally Everitt. And there's some papers that Sally has started doing the appraising. There's a checklist of how to do it and then there's some that have been partly done, so they could be a really good start for a journal club. And they're on practical things, like on one it's on adopting surgical safety checklists. And that's another QI tool, isn't it?

Sian:

It is. And it may be really useful for locums. I must say, when I go into different practices and they use different protocols, it can be quite difficult to get used to their drugs and protocols quickly. So taking your own surgical safety checklist or an anesthetic check listing can offer you some consistency. So some locums find checklists exceptionally helpful, because there's so many different distractions in practice and so many different things that you need to know that you have done the things that you are happy and comfortable to have done. And most people find checklists make things quicker rather than slower, because your thinking is done on paper.

Pam:

And we are not just talking about small animal outcomes here, are we?

Sian:

No.

Pam:

Because I've been to a farm practice, where you're always by yourself when you're doing a cow caesar

or whatever. But they had laminated checklists that you could take out with you and fill in to remind you as you're going through and then take a laminator so they could be cleaned, take a photo when they're filled in and just ping it back, so there's a record. But locums could do that for their own benefit too. And I've talked an equine practitioner too, who is single handed, who uses their own checklist for all the procedures, so we not just working in small animal practice. But checklists at the end of the day, they're really a communication tool, aren't they?

Sian:

They are. And it does help to have all of that clearly put out, doesn't it? And I'm sorry to neglect the large animal, equine locums. You're absolutely right, they're the ones that find it even harder to talk to people about cases, because there are fewer of them and we are hoping in the BVLA that we can put them together in order for them to support each other in their practice. Yeah, we are quite small animal led sometimes, aren't we?

Pam:

One of the beauties of QI tools, quality improvement tools is that most of them apply in any setting and even in a non-veterinary setting. I mean, I have to my own checklist for everything, quite honestly. The other thing is that checklists, they're also a thing around situational awareness, aren't they? They're making you think about what might happen.

Sian:

Yes.

Pam:

So there's all these non-technical skills, the things we don't learn at vet school, which is so important.

Sian:

I do think that's helpful. For example, I was somewhere today and the pulse oximeter was nowhere and we were having a bit of an issue. And the pulse oximeter did exist and it was on my checklist and I hadn't looked at that part of my checklist. And actually if I tick pulse oximeter, we wouldn't have been running around the practice with me and a locum nurse looking for the pulse oximeter, which was there and readily available, I just haven't got it ready.

Pam:

And I think this is an issue, isn't it? Especially when you get a locum vet and a locum nurse in a practice. And I think at the moment that with the pressure practices are under that's even more likely to happen.

Sian:

Absolutely.

Pam:

So I mean, I think there are ways, aren't there? For locums to be engaging with quality improvement. And if there's anything more helpful that we can do at Knowledge, any more resources that will be useful, we're very happy to look at those. But generally, I think it is, as you said at the beginning, all about just thinking about what you're doing and thinking about, could you have done anything different? Could you do anything better? Could you communicate better? All those kinds of things.

Sian:

It's an attitude of curiosity, isn't it? And just being open to actually every day being a school day. And I know that's really difficult in the present climate, because often we're going into quite stressed practices, very stressed people that we haven't necessarily got time to ask questions of. And so staying open about your own practice is difficult, but it is an exceptionally useful habit.

Pam:

And I think it'll be so useful to have an association of locums, somewhere that locums can talk to other locums. Because I was lucky after I left my practice and I was locuming, I had some colleagues who were also doing it and we used to have unofficial meeting up for coffee or just having a bit of a bit of a moan sometimes on the phone, to be honest. But at least it was somebody to debrief with, but not everybody's got that luxury, have they?

Sian:

No. And I do think it's really important to cultivate. David Bartram did a study in 2009 on the Psychosocial Working Conditions and Work Related Stresses in UK vets. And the sources of greater satisfaction were good clinical outcomes, which we all want. And also relationships with colleagues and sometimes we miss out on that completely. And it's a huge factor in job satisfaction to have those people to debrief and joke with as well, but also to support you in your case management.

Pam:

No definitely. And that's the whole point of quality improvement, it's to try and improve outcomes, try and improve care, which is what we go to work for, isn't it?

Sian:

Yeah.

Pam:

But also to improve learning for the team, or in this case the individual, to improve job satisfaction. And I think these things in a practice can help with practice culture. And I think as locums, we very quickly get an idea of practice culture when we work in a practice.

Sian:

Yeah. For good or for bad sometimes. But I think we can be helpful if we go in with that curious attitude, it's amazing how then that can reflect in other relationships and we learn loads going to different practices, don't we? So it's a real give and take relationship, a real pleasure actually.

Pam:

Absolutely. And I was Practice Standards Assessor too. And the same with that, it was so lovely going into practices and you always learn something new. And same as a locum, you always learn something new from a practice and think, "That's a really good way." But practices should also use that in locums and in practice standards assessors, in that they can use that knowledge that we have about how other people do things. Because when you're in one practice for a long time, you tend to get in a very set way of doing things. So it's quite nice to look over the fence and say, "Oh well in other practices I've seen it done this way." You might not agree with it, but it's just good to have that information.

Sian:

You do forget, don't you? There are many ways to do veterinary medicine and you can become.. I was in a practice for 22 years and that was the only way to do it in my head. So having fresh pairs of eyes is

really helpful and just different skill sets, maybe that you don't have in your practice.

Pam:

Absolutely. So I think, it's great, really positive what you're doing at the BVLA, I think that's great. And I think there are plenty of ways that people who are working either in single-handed practice or as locums can fulfill the clinical governance requirements. But it's been really great to talk to you and hopefully, give people some ideas of what they can do.

Sian:

Yes. It's been fab to talk about it. I really hope that people feel they can take some of them on board and that enriches their practice.

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