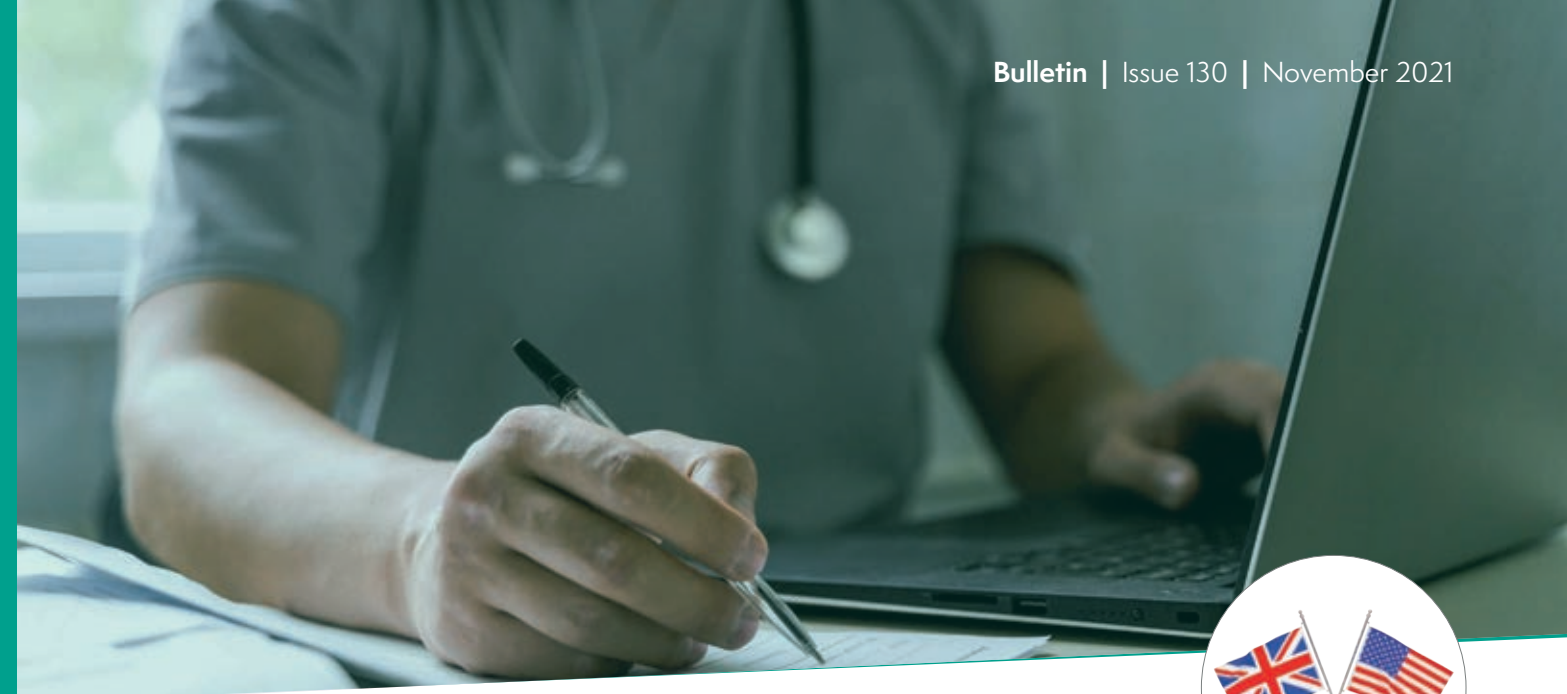




Consultant-level opportunity for Harvard Masters in Quality and Safety



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The SALG–BIDMC Safety Scholarship is a collaboration between the RCoA and the Association of Anaesthetists. It offers a fully funded Master of Healthcare Quality and Safety (MHQS) from Harvard Medical School and paid employment at the Beth Israel Deaconess Medical Centre (BIDMC), and was originally designed for senior trainees.

In this article Liana Zucco (LZ), ST6, London; Matthew Needham (MN), ST7, Yorkshire; and Catriona Stewart (CS), now a consultant in Salford, provide an update on their experiences. Changes in US visa and licensing regulations mean that the scholarship is now primarily focused on applications from consultants (especially recently appointed or post-CCT applicants). Full details can be found on the SALG website at: salg.ac.uk/get-involved/salg-bidmc-fellowship

LZ: The scholarship was outstanding, allowing me to appreciate how anaesthesia and perioperative care can be organised differently. I learnt about process mapping, models for improvement, failure-modes-effect

analysis, human factors engineering, change management, patient engagement, finance, leadership, technology in healthcare, and more. I gained practical experience in implementing organisational change, measuring and promoting a culture of safety, using live data and dashboards for quality assurance, safety and feedback, and large scale data repositories for quantitative research studies. My time in Boston was impacted on by the pandemic, but as SALG scholar I was valued as a key member in leading and implementing COVID-19 preparedness measures. Additional responsibilities included co-direction of the resident root-cause analysis and intern quality improvement programme,

faculty on the departmental safety committee facilitating morbidity and mortality reviews, and supporting multidisciplinary safety grand rounds. Collaborative work with my fellow quality and safety colleagues included the development of a multidisciplinary debriefing after major adverse events in theatre, the use of team-based in-situ simulation training to assess latent safety hazards in remote procedural sites, the removal of desflurane vaporisers from theatres, and the implementation of a novel low-cost, high-flow nasal oxygen system. The programme requires me to sit on SALG for (at least) two years, and, under the direction of Professor Pandit, I am developing ideas that will we hope help transform safety initiatives in the UK, using ideas and experience gained from my time in the US.

MN: Having worked through the clinical culture shock of US practice, I'm now fully immersed in the SALG scholarship. Inspiring instruction from MHQS faculty included the application of quality improvement from the level of the microsystem to the hospital network, and developing a focus on patient-centred care. As well as changing my daily practice, I see huge potential

for the NHS to improve in this often forgotten quality domain. Operational work at BIDMC has been rewarding and rolling out a low-cost, high-flow nasal oxygen device gave me a crash course on the challenges of implementation. Acting as a morbidity and mortality reviewer and being part of the root-cause analysis team, has allowed me to consolidate my safety-science learning and focus on instituting adverse-event debriefing, and to improve the quality of hazard detection and foster a culture of safety. A rewarding research experience has culminated in a retrospective investigation for an association between low-flow anaesthesia and low end-tidal agent concentrations, and continued our prospective study in the use of in-situ simulation to detect latent hazards in procedural anaesthesia locations. Skills learnt from this, and from the rest of the scholarship, should be invaluable as I begin to consider ideas for future projects when I return to Yorkshire.

CS: Eight months away from the end of my training, I was looking for a new challenge. Always interested in patient safety, the scholarship offered me training in a structured manner to help make lasting changes in the systems within which we work to deliver safe,

quality care. MHQS provides the opportunity to interact with a diverse cohort from across the globe. The first module, the 'Safety Intensive', has given me great insight into the structure and process of root-cause analysis and ways to achieve a safety culture in an institution. I have just started my orientation at BIDMC as an attending anaesthesiologist. A lot is new: being in charge of 2–3 operating theatres or sedation rooms at a time is a skill in itself, but I have been very well supported by the team at BIDMC, and I am enjoying the steep learning curve both at university and at work. As the first post-CCT scholar appointed, I would strongly advise those with similar interests to apply.

Jaideep J Pandit writes: potential applicants could view this opportunity as a 'post-CCT fellowship', offering as it does a free higher degree from one of the world's leading universities, along with paid consultant-level clinical duties. It is undoubtedly a serious commitment, but one which is structured to place the scholars in a strong position to make ongoing contributions to safety and quality.