

Summer Vacation Studentship 2016

The King’s Health Partners faculty of healthcare improvement is pleased to launch the 2016 summer studentships. They will support students up to £250 per week for up to four weeks.

This opportunity provides invaluable experience of working with patient safety quality improvement projects and should be of interest to any student who wishes to develop their health profession career in areas related to patient safety and quality improvement within the university and NHS sectors.

Interested students are encouraged to regularly visit the King’s Health Partners website to view available projects.

Please fill in the fields below and send the form to educationacademy@kcl.ac.uk Students will be able to see the project entry on the King’s Health Partners website (www.kingshealthpartners.org).

Students will be allocated to projects on a first come first served basis.

Thank you for supporting the King’s Health Partners faculty of healthcare improvement summer vacation studentships.

Title	“My child has George Syndrome and sees 10 specialists ...” Can we coordinate comprehensive outpatient care provision for patients with complex multi-specialty conditions – surely, we can.
Background	When a family has a child with a complex, multisystem health condition it can mean seeing a great number of specialist, both at the local and the tertiary centre. For the family, keeping track of who the child sees for what problem, when and where can be quite a challenge, and almost never are outpatient (or elective inpatient) appointments coordinated. Di George Syndrome is an important and interesting condition which may well illustrate this. Alongside genetics, cardiology, cleft and immunology input, a child may require input or review by 10 or more other groups of health care professionals. It is very easy for a child to be lost to follow up in one or more of these areas and thence to lose essential opportunities of early intervention around those problems. This impacts greatly on patient safety as well as on the quality of service provision. Quantifying the magnitude of this problem and proposing workable, low cost solutions would greatly benefit this patient group and the work would be readily transferable to other patient groups who are under multiple-specialist care..
Aims of the project	To work with children and families to improve and streamline the care for children with Di George syndrome under the care of Evelina London Children’s Hospital
Objectives (e.g. Assess prevalence of smoking in medical school)	1. To map the patient referral pathway of ~24 (20% of cohort) randomly selected patients with Di George

and submit for publication based on success of project)	<p>Syndrome from diagnosis to current care</p> <ol style="list-style-type: none"> 2. To determine how comprehensively care provision is provided in accord with to the 2012 consensus document for management of patients with Di George syndrome – review of clinical records and parent interview by telephone 3. Electronic survey of parent understanding of healthcare provision needs and satisfaction – write and send survey monkey questionnaire to cohort of about 120 children. 4. Produce a service evaluation report with proposals for short term safety and quality improvements centring on coordination of outpatient care that would be achievable within 1 year if accepted. 			
Skills to be acquired (e.g. Data analysis, ELISA, PCR, Literature review, etc.)	Quality improvement skills including Patient journeys Qualitative and quantitative data analysis Business case writing skills			
Project Type (Please mark with “X”)	Audit (x)	Lab based ()	Review ()	Other (x service evaluation)
Start Date and expected duration of the project	July/August 2016 for 4 weeks			
Project Description and Supervisor Contact Details	Di George Syndrome - patient survey, service evaluation and outpatient care provision audit. Dr Esse Menson & Dr Alice Roueche Consultant paediatrician			