Re-visitation SER 2023

Faculty of Veterinary Medicine
Ghent University

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Introduction

The Faculty of Veterinary Medicine of Ghent University (FVMG) and the Bachelor of Science in Veterinary Medicine of the University of Antwerp were assessed by the EAEVE (European System of Evaluation of Veterinary Training) visitation team on March 27th to 31st, 2023. The EAEVE visitation team identified a high number of areas worthy of praise both at Ghent and Antwerp University. The team praised amongst others the strong commitment of the teaching staff, the integration of the research activities in the teaching program, the exposure of the students to a high case-load for all species, the well-equipped and organised skills lab and the QA (Quality Assurance) culture that both institutions have developed.
Nevertheless, one major deficiency was identified (Standard 4.6):

1. The maintenance and operation of the isolation facilities at the Ghent University VTH (Veterinary Teaching Hospital) were found to be non-compliant to the modern standards to provide for animal care and for the prevention of spread of infectious agents.

In addition, the visitation team identified 2 areas of concern (minor deficiencies):

2. A partial compliance of the VEE (Veterinary Education Establishment) at Ghent with Standard 4.9 because of sub-optimal posting of biosecurity signs, and other procedures not being adhered to, in a number of areas where students are trained.
3. A partial compliance of the VEE at Ghent with Standard 8.5 because of a sub-optimal use of a logbook system for the recording of clinical skills.

The ECOVE (European Committee on Veterinary Education) issued a final report to the VEE on June 7th, 2023, and confirmed the deficiencies as stated above.
Both establishments at Ghent and Antwerp University thank the evaluators for their comments and suggestions, that have been helpful in further raising the standard of care for our patients and in the assurance of the quality of education for our students. The time following the visitation has been used for intense consultation with several stakeholders and other VEE's in order to find solutions for the deficiencies identified. In this regard a special role was given to the FVMG Clinical Biosecurity Committee to address the shortages in the isolation facilities and the biosecurity culture, and to the faculty IT coordinator to continue working on the implementation of an integrated logbook for clinical skills.

The RSER (Revisitation Self Evaluation Report), approved by the Faculty Council on the 23rd of August, presents the relevant information on the actions carried out to correct the major deficiency on isolation facilities and the minor deficiency on biosecurity, and to make good progress for the implementation of an integrated logbook by 2024. We are confident that those actions will allow to be fully compliant with the EAEVE accreditation standards.

1 Correction of the Major Deficiency

1.1 Non-compliance with Standard 4.6 as although isolation facilities were provided, they were not maintained and operated to provide for animal care and for prevention of spread of infectious agents to modern standards.

1.1.1 Factual information

During the visit of the visitation team to the VTH the following comments were made on the maintenance and operation of the isolation facilities:

- Horses and cattle could share isolation facilities. One unit has a number of separate boxes all within the same air space. The entrance to this area has limited signage or visible protocols were seen and no separate changing area for PPE (Personal Protective Equipment).
- The access to the isolation facilities for both large and small animals did not meet present day standards. There is little to impede entry by non-authorized staff or students. No cordoned off access for lorries going to large animal isolation was seen.
- The area to go from the VTH corridor into the isolation unit in the small animal hospital did not allow sufficient biosecurity provisions to be followed and adequate instructions for students on PPE to be worn was not clear and/or visible.
- There was no separate change area in one of the isolation barns delineating dirty from clean areas.
- All biosafety signage was not apparent and/or installed in a permanent manner, some were attached to the wall using Sellotape.
- To assist foreign students, all safety signage should have been in English as well as Dutch. Instructions to students on protocols was also often only given in Dutch
- The manure from the isolation units should be decontaminated or collected and disposed of in a separate and secure manner in order not to spread potentially diseased material.

The visitation team made the following suggestions for improvement:

- A separate entry area for changing with appropriate PPE should be formed within the cat and dog isolation unit or delineated with disinfection mat for shoes on entry. This is expected and may happen under the new plans for that area of the VTH by 2024.
- The entry to the large animal unit should be made more secure to prevent people and wild birds having access to the unit with the possible consequential disease implications.
- Appropriate signage should be visible with full instructions on biosecurity. These should be in Dutch and English to ensure Erasmus and other foreign students can understand the instructions. The signs were not consistent in this or any part of the VTHs, large or small animal.
- Access to isolation units should be secured for lorries and for other non-authorized persons
- All student's instruction on first day of rotations must be given in English as well as Dutch to ensure all students can understand what is expected of them in these areas
- The VEE must decontaminate manure from its isolation units as they do for experimental animals

All these points of attention were carefully studied by the Faculty Clinical Biosecurity Committee under the chairmanship of Prof. Jeroen Dewulf. This committee held several meetings with all relevant stakeholders and initiated a consistent report with a series of actions that were then implemented to solve the deficiencies identified. These were not only relevant to the isolation facilities but also to all the biosecurity measures taken throughout the VTH in order to increase the 'biosecurity culture' (minor deficiency 1, see below). The full report is available in appendix 1 whereas the most relevant actions are stated below.
In addition to the actions implemented, the VEE also took the decision to appoint a biosecurity coordinator for the VTH, in parallel to the already existing position of 'laboratory animal biosecurity coordinator'. This position is taken by Mrs. Cindy De Baere.

A. ADJUSTMENTS TO THE LARGE ANIMAL ISOLATION FACILITIES

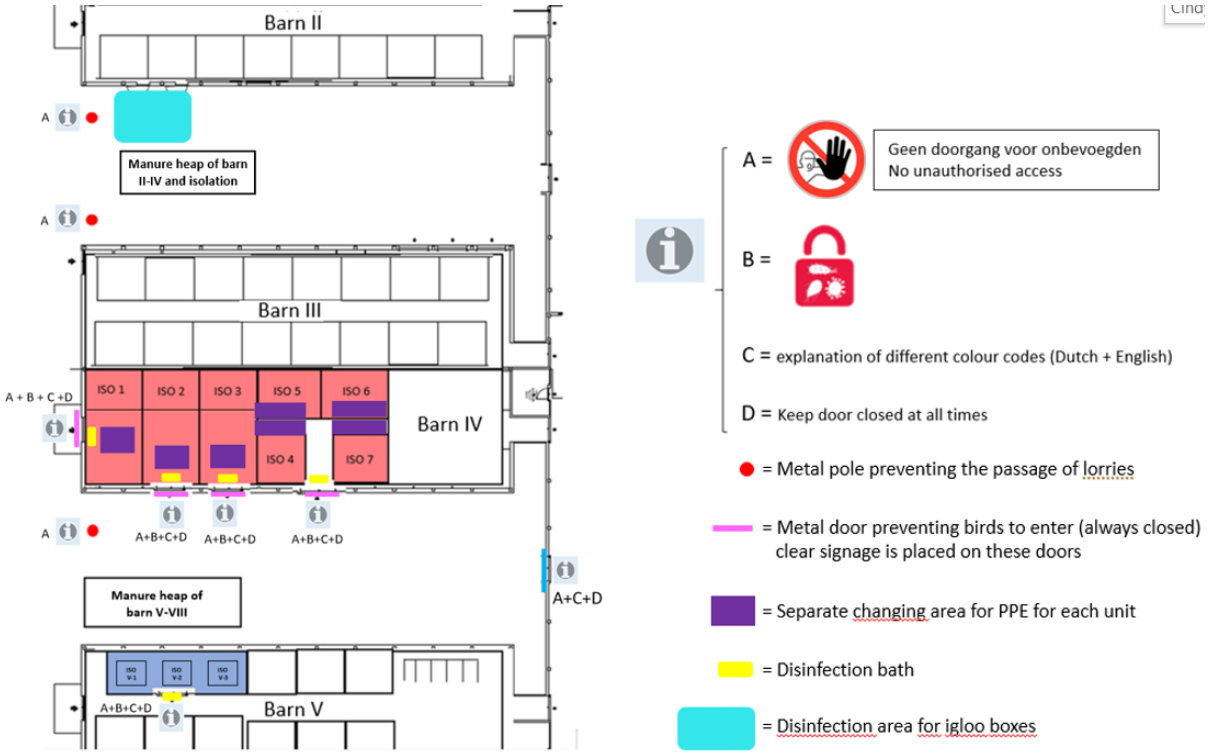

Figure 1

1. Reduction of the number of isolation units
   At the time of the visitation in March 2023, the Large Animal Clinic, operated by the departments of Surgery, Internal Medicine and Reproduction, had isolation units in 3 different locations: barns IV, V and IX. To optimize operations of the large animal isolation facilities, the isolation units in barn IX are presently no longer used for patients with highly infectious diseases (biosecurity code red). The large animal isolation units are now concentrated in barns IV and V (see Figure 1).
   - Barn IV holds isolation units 1 to 7. Isolation units 1, 2 and 3 are used for animals with airborne diseases. Isolation units 4 and 7 have shared air space but are only used in case of non-aerogenic pathogens (for example diarrhea). Isolation units 5 and 6 have separate ventilation units for each stable.
   - Barn V holds units V1 to V3. The maximum number of animals in the isolation facility of barn V (used for ruminants) has been reduced to 3 to allow sufficient room between animals. These 3 areas are clearly separated by red marks on the floor. Only animals with non-airborne diseases, such as diarrhea, are allowed in this isolation area.

2. Secure access to the isolation units
   - Extra metal doors were placed at the entrance of all isolation units in barn IV (pink highlights in Figure 1). These doors prevent wild birds from entering. The signage on the door prevents non-authorized people to enter the isolation units.
   - Metal poles are installed in the middle of the openings between barns II and III (location of the manure heap of the isolation units) and in the middle of the openings between barns IV and V. These poles prevent lorries from entering these zones (see red dots in Figure 1). These poles are also provided with extra signage to prevent non-authorized staff entering these zones.

3. <u>Appropriate signage at the isolation units</u>
    - All signage and protocols are now provided in either English or Dutch and English. Old signage has been removed.
    - For barn IV, barn V and at different locations surrounding the isolation units, signage has been adapted (see A, B, C and D on Figure 1) and always includes the English language.

        - A: There are 'No entrance'-signs in visuals and written text.
        - B: The signs of a red isolation zone have been added.
        - C: the explanation of the different colour codes has been added.
        - D: The text 'Keep door closed at all times' has been added.
    - The gate between the big corridor and the outside space in front of the isolation units is kept closed at all times (blue line in Figure 1). Extra signage (English or Dutch and English) was added to clarify that there is no free entrance by non-authorized staff.

4. <u>Appropriate structure and operations for each isolation unit</u>
    - Barn IV (see Figure 2):
        - Each isolation unit in barn IV has a separate changing area for PPE.
        - Isolation units 1, 2 and 3 each have a disinfection bath at the entrance (yellow box). The transition between the clean and dirty areas is demarcated by a low bench as a physical barrier between the two areas. In addition, there are red lines on the ground marking both areas and indicating where the bench should be placed back after complete cleaning and disinfection of the areas.
        - Isolation units 4 to 7 have a disinfection bath at the entrance of the common area. They have a changing area and an area next to the box which are both delineated by a low bench and red lines on the floor.
        - Isolation units 5 and 6 have a small corridor in which the clean changing area is delineated from the dirty area by a low bench and red lines on the floor.
        - The gates marked with a star on the figure below are only used to place horses in the isolation unit. Otherwise, they stay closed as staff and students only enter via a separate entrance. Extra signage on every gate is added to clarify this protocol.

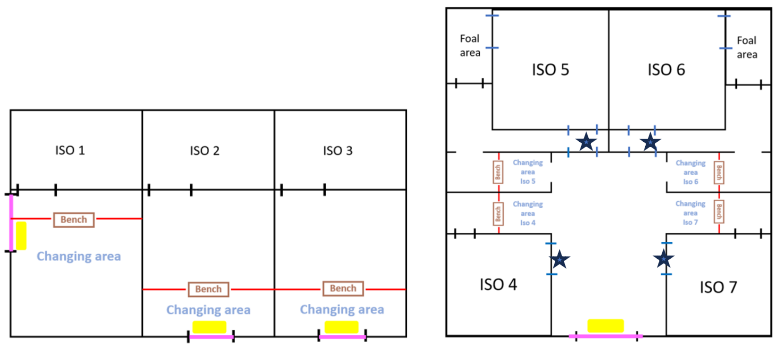

Figure 2

    - Barn V (see Figure 3):
        - A disinfecting footbath is placed at the entrance of the isolation unit in barn V (yellow box).
        - Each isolation box in barn V has a separate changing area for PPE with a bench and a coat hanger. The bench forms a physical barrier between the clean and dirty areas. Extra red lines are added on the floor to delineate clean and dirty areas and to indicate where the bench should be placed back after complete cleaning and disinfection of both areas.
        - The medical records of the housed animals are displayed on the wall in the clean areas so they can be consulted without having to enter the dirty areas.

- Igloo boxes are replaced every 2 to 3 days (or when dirty) in order to be able to disinfect the boxes at the disinfection areas (see point 5).

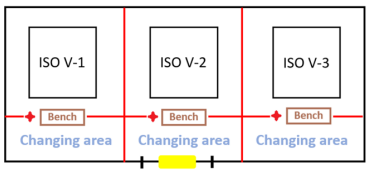

Figure 3

5. <u>Separate collection and decontamination of manure</u>
    - All manure of the isolation facilities in barns IV and V is collected in one 'contaminated manure heap' located between barn II and III (see Figure 1).
        - Barn IV: the manure is removed through the underground manure chain and is directly transported to the 'contaminated manure heap'.
        - Barn V: animals are placed in igloo boxes with manure contained in a catch basin under the igloo so it never ends up on the floor of the isolation stable. When the igloo box is dirty or empty, the box is brought to the disinfection area at the manure heap between stable II and III where the faeces are removed from the catch basin into the 'contaminated manure heap'. The igloo box is disinfected immediately at the disinfection area before being brought back to the isolation unit.
    - This separate 'contaminated manure heap' is closed off with metal poles for lorries and 'no entry'-signs.
    - All manure from this heap is collected in a separate container or lorry and is heat treated by the collecting external company for decontamination before it is further used.
    - The manure heap in front of the isolation boxes (see Figure 1) is only for faeces that are collected in barn V, VI, VII and VIII. Therefore no manure from the isolation units is put in this manure heap.

B. ADJUSTMENTS TO THE SMALL ANIMAL ISOLATION FACILITIES

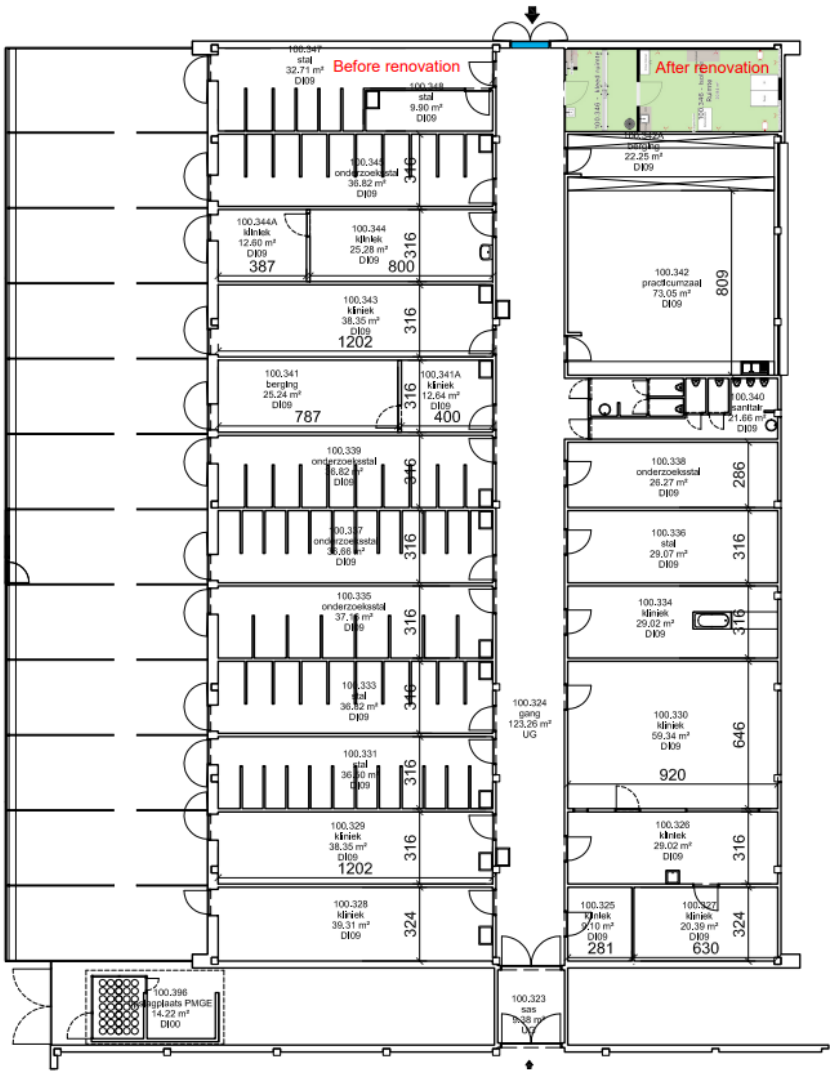

Figure 4

1. Adjustments made until the planned renovations (from now on till the end of 2023) (see Images in appendix 1)
    - A bench has been placed at the door opening between the corridor and the isolation unit, to delineate the border between the regular hospitalization and infectious diseases unit.
    - White clinic coats and regular clinic shoes are placed in the corridor. Staff and students put on disposable gloves, sit down on the bench, take a yellow clog from the rack and swing their legs across the bench and place their feet inside these clogs on the other side of the bench without touching the floor with their socks. The clogs remain in the isolation unit at all times. They then put on a protective disposable blue gown (labelled per patient, in case there is more than one animal present in the isolation unit at the same time) and step through a disinfection foot bath.
    - There are now clear instructions (in Dutch and English) attached to the walls, to explain the operation procedures and to warn that access to the isolation units is only allowed when given permission by the hospitalization staff.
    - The material used in the isolation unit is always cleaned and disinfected there. It never leaves the isolation unit.

2. Plan during the renovations (first half of 2024)
    - There will, temporarily, not be an isolation unit during the months of renovations.
    - Owners or referring veterinarians always have to call before sending a cat or dog to the Small Animal Clinic. Animals with a potential Parvovirus infection (both species), upper respiratory tract disease (cats) or Kennel cough (dogs) will not be accepted but will be referred to another clinic in the area.

3. Adjustments after renovations (from mid-2024 onwards)
    - A full hygiene lock will be installed in the new isolation unit (see Figure 4 and 5).
    - The following procedure will be used in the new hygiene lock:
        - From the corridor; staff and students first enter the changing area which is divided into two parts. A first front part will function as a dirty zone and a second back part will function as a clean zone. A bench will be put crossing the entire room.
        - In the first part, closest to the corridor, white clinic coats will hang on the walls and regular clinic shoes will be placed on a rack. Disposable gloves will be put on.
        - In the second part, after sitting down on the bench and swinging the legs across the bench, students and staff step directly into yellow clogs that never leave the isolation unit. They then put on a blue disposable coat, designated to a specific patient and labelled as such.
        - Before crossing the next door, that gives entry to the actual isolation hospitalization unit, staff and students step true a disinfecting foot bath (see yellow box Figure 5).
    - Signage with information about the protocol will be provided in Dutch and English as is already done for the current isolation unit.
    - Animals with potential Parvovirus (both species), infectious upper respiratory tract disease (cats) or Kennel cough (dogs) will not enter the clinic through the waiting room but through the back door directly next to the isolation unit (blue line in Figure 4). They will then be examined on the examination table in the isolation unit and will not leave this unit until they are discharged through the same back door.

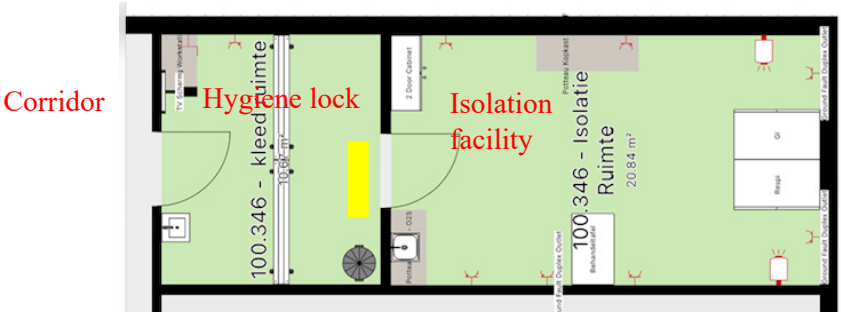

Figure 5

1.1.2 Comments

- In the time following the visitation, several EAEVE approved faculties were consulted on the structure and policies and procedures of their isolation facilities, in order to improve our facilities and operations. Specific attention was paid to the procedures for separate collection and decontamination of the manure from the isolation facilities. It was clear that the comparison with the experimental animal units cannot be made. As the manure from the experimental animals is liquid but equine and cattle manure is not, it is impossible to process their manure through the thermal decontamination installation used for the experimental animal facilities. In analogy with the procedure used in other VTH's, it was decided to outsource an external company to collect and decontaminate the manure.
- The correct operation of the isolation units is closely linked to an overall increased attention to biosafety across the entire clinic (see actions for minor deficiency 1).

2 Correction of the Minor Deficiencies

2.1 Minor Deficiency 1: Partial compliance of the VEE at Ghent with Standard 4.9 because of sub-optimal posting of biosecurity signs, and other procedures not being adhered to, in a number of areas where students are trained.

2.1.1 Factual information

During the visit of the visitation team to the VTH at Ghent University the following comments were made on the operational policies and procedures regarding biosecurity:

- In the companion animal surgery area, students are required to provide their own clogs and are responsible for cleaning them. They take these home each day.
- Students and staff have appropriate training courses in biosecurity.
- There is no system for accident reporting across departments that might identify trends in accidents or a problem with a specific individual; however, location and types of accidents are compiled and used to reduce hazards.
- Boots were found with mud on them in the entrance to the equine VTH as well as a mixture of dirty trainers alongside clean boots.
- The signage is inconsistent across the various departments, some in Dutch and some in English and some both. Biosecurity instructions at the beginning of rotations are not always given in English as well as Dutch which can be a problem for foreign students
- Although protocols exist for the clinical areas, these are not consistently implemented in all cases.
- Some areas appeared to have a relaxed culture relating to biosecurity in general.
- Appropriate radiation notices, protective clothing and lighting must be placed in the Dispensary.

The visitation team made the following suggestions for improvement:

- Use of shoes dedicated for areas such as theatres should be kept on site to guarantee a higher level of biosafety.
- Boots must be cleaned and be free of mud when hung up in clinical areas.
- Signage on biosecurity, use of PPE and other protocols must be used consistently throughout the VEE.
- This signage should follow the protocols and be in two languages.
- All staff and students must follow the policies and protocols.
- The Dispensary must put in the appropriate radiation signage/red light and policies for everyone to see and use.
- Reinforcement of these each rotation for all to understand and follow is encouraged.

All these points of attention were carefully studied by the faculty's Biosecurity committee that proposed and implemented a number of actions to remedy these deficiencies. The full report of the biosecurity committee is available in appendix 1, whereas the most relevant actions are stated below.

1. Clogs in companion animal surgical facilities

- Extra clogs, dedicated for the surgical theatre, have been bought and remain on site at all times.

2. Boots and clothes at the entrance of the large animal VTH

- The garage of the ambulatory clinic was reorganized (see Figure 6). We have provided:
    - A separate rack to place trainers.
    - A large rack to hang boots. It is now possible for every student to leave his or her boots in this rack.
    - A sink to clean boots and wash hands.
    - A place to hang overalls.

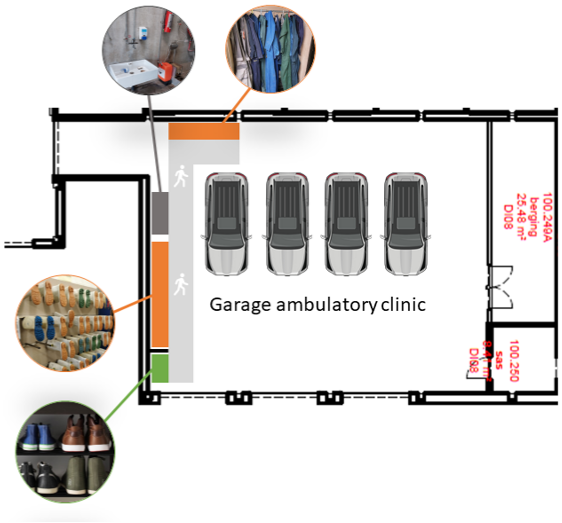

Figure 6

3. Accident reporting

- All accidents or injuries to staff, clients or students requiring any form of (para)medical care are inventoried on a central Teams site. Every six months these figures are discussed in the Faculty Clinical Biosecurity Committee to identify trends in accidents or problems with a specific individual. Potential problems are discussed and adjustments to existing protocols are made if necessary.

4. Consistent signalization

- All signage and protocols have been adapted and are now available in either English or Dutch and English. Moreover, the signage for visitors and clients at the entrance of the clinics are now in 3 languages (English, French and Dutch). It also contains a QR code directing towards the dedicated biosecurity page on the website of the faculty: https://www.ugent.be/di/en/clinics-labs/informationforvisitors.htm

5. Consistent education

- All students must successfully complete the mandatory Biosecurity learning path before entering the clinic. This learning path is taken by first year Master students in the Clinical I course. Students are required to successfully complete the Biosecurity learning path first, only then will the clinic learning paths become visible. For 2nd and 3rd Master students, the Biosecurity learning path is available in the Clinical II, III and IV courses. For these students, it is highly recommended to retake this learning path.
- All biosecurity training (4 e-learning modules) are developed in English to assure that all students (local and visitors) can follow and understand the training.
- An annual Biosecurity information session is organized for new staff members.
- Responsible staff will continue to inform students and staff and hold them accountable for non-compliance.

6. Radioprotection at the Dispensary

- Extra signage is now provided in Dutch and English on all three doorways to the room containing the radiography equipment (see Images in appendix 1).
- When the radiation is in progress, it will be indicated with the signage ‘No Entry’.

2.1.2 Comments

The VEE is grateful to the visitation committee for signalling the lack of a well embedded 'biosecurity culture' at the VTH at the time of the visitation. We agree that there was room for improvement and believe that this minor deficiency was a very good incentive for tightening up the biosecurity measures and have all students and staff understand and respect the protocols.

2.1.3 Suggestions for improvement

None

2.2 Minor Deficiency 2: Partial compliance of the VEE at Ghent with Standard 8.5 because of (at the current time) a sub-optimal use of a logbook system for the recording of clinical skills.

2.2.1 Factual information

During the visit of the visitation team to the VTH the following comments were made on the recording of the competences acquired by the students:

- A detailed coding of hands-on training and clinical procedures has been elaborated. Each clinical rotation is associated with a list of codes which relate to specific competences.
- The SATYR programme (under development) allows the tracking of each student through the different clinical rotations.
- However, there is currently no logbook to centrally record all student's clinical activities and ensure that he/she has achieved the Day One Competences.

The visitation team made the following suggestions for improvement:

- The VEE needs to complete its reflection on the setting-up of a user-friendly student-centred system to collect the hands-on and clinical procedures performed by each student and to link them with the acquisition of the Day One Competences as is already done for the activities carried out during the externships.

In order to speed up the ongoing process of implementation of an integrated electronic logbook for the clinical competences; a dedicated 'Logbook working group' has been established following the visitation. Members:

- Prof. Ann Martens (Dean)
- Prof. Jimmy Saunders (Director of Studies)
- Prof. Dominiek Maes (Chairman of the Study Program Committee)
- Mr. Kenny Vandenbroucke (Chairman of the IT-committee)
- Mr. Joris De Vuyst (Programmer SATYR & VESTA)

The working group took the following steps:

1. Consultation of the students on their experience with the use of the electronic logbook of clinical competences used for the externships through the VESTA platform. Though globally positive, the students struggle to work with the codes for the clinical competences to be acquired. Having a short description of these codes in the program would be very useful. It is also essential for an electronic logbook to be very user-friendly on a regular smartphone.
2. Teams meeting with the logbook team of the University of Liège (May 2023) and University of Liverpool (June 2023) on the operation of their logbook program. This revealed interesting information on good practices and pitfalls, and was an aid in determining the design and operation of our program.
3. Finetuning of the lists of clinical competences (skillslab, general clinical and per species) and adaptation of the phrasing as to allow the replacement of the codes presently used in the VESTA program.

In the months June and July 2023 it became clear that with the new strategic plan of the new IT director at Ghent University, that all IT programs should be, as much as possible, standardised. New developments in programs which are only used in one single faculty of the university are discouraged and are no longer financially supported by the university.
For that reason, we explored a different option rather than continuing with the integration of the electronic logbook into SATYR, as was presented during the EAEVE visitation in March. The new option is to use the electronic logbook from the external company Paragin (https://www.paragin.nl/mijnportfolio/) which is presently a pilot project at the faculty of Medicine and Dentistry and is fully financially supported by Ghent University. The current status (mid-august), is that the collaboration with the FVMG and Paragin has been approved and financially supported by the university. The platform for the electronic logbook is under construction and will partially be implemented in October 2023 (skillslab competences starting from the second year of study) and will be fully implemented by July 2024 (competences acquired in clinics). Between October 2023 and July 2024 several test runs will be done to allow optimalization of the system.

2.2.2 Comments

As mentioned during the EAEVE visitation in March 2023, we expect that the full implementation of an integrated electronic logbook will take one more year and will thus be operational in July 2024. While waiting for this full integration, student competences are still being evaluated and recorded on the existing programs (skillslab, UFORA, practical lists,…).

2.2.3 Suggestions for improvement

- The first goal is to implement the new electronic logbook for all the clinical competences acquired in the skillslab and the VTH. A next step is to integrate the present electronic logbook for clinical competences acquired during externships in the new system, in order to achieve uniformity for the students
- As the acquisition of clinical competences will be recorded from the second year onwards the University of Antwerp will also be involved in the development of the new system so that the competences acquired in Antwerp can be integrated in the FVMG electronic logbook from the fourth year onwards.

3 ESEVT Indicators

3.1 Factual information

There are no modifications to the ESEVT Indicators.

4 List of appendices

Number	Title
1	Report by the Faculty Clinical Biosecurity Committee