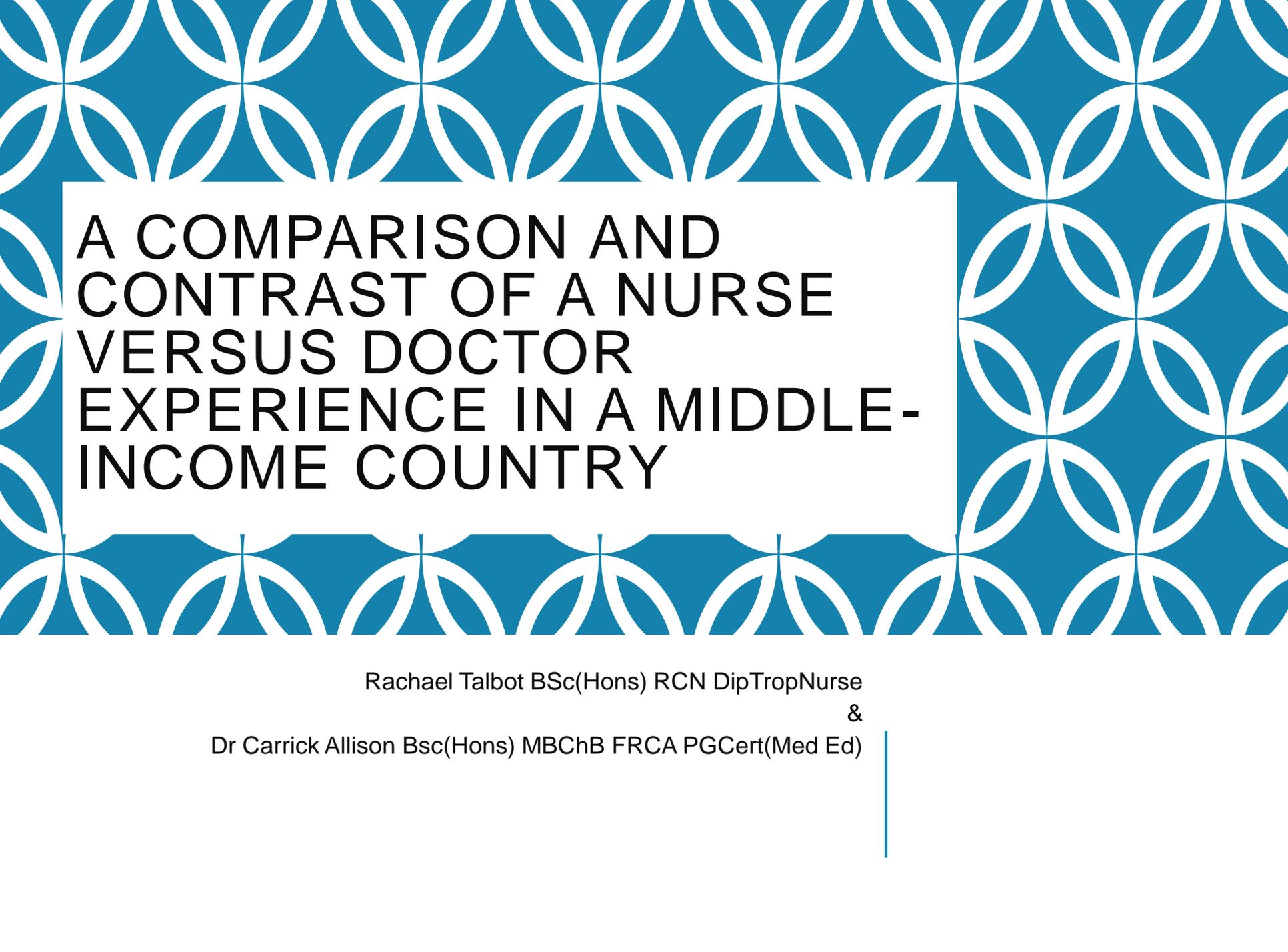


Collaboration | Should We Dismantle the Hierarchy?

Chair: Mr Bob Lane, President, International Federation of Surgical Colleges

Speakers:

- Rachael Talbot, Staff Nurse, Alder Hey Children's Hospital, Liverpool
- Carrick Allison, Anaesthetic Registrar, Royal Preston Hospital, Preston
- Livi Rees, Registered Nurse, Addenbrookes Hospital, Cambridge
- Stuart Tuckwood, Registered Nurse, Addenbrookes Hospital, Cambridge



A COMPARISON AND CONTRAST OF A NURSE VERSUS DOCTOR EXPERIENCE IN A MIDDLE- INCOME COUNTRY

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&

Dr Carrick Allison Bsc(Hons) MBChB FRCA PGCert(Med Ed)



SUMMARY

- Background and context
- Our experiences
- Discussion
- Conclusions and recommendations



BACKGROUND

- Hierarchy has the potential to negatively impact the quality and safety of healthcare^{1,2}.
- NHS likes to think that it has an evolving culture and approach to hierarchies³.
- Volunteering has an estimated value to the NHS of £13-24,000 per volunteer⁴.
- We both supported and developed quality improvement projects in our respective clinical areas of experience.

EXPERIENCE

		Nurse	Doctor
Pre	Finance		✓
	Curriculum		✓
	Specific web resources		✓
	Peer encouragement and support		✓
Intra	Well established role		✓
	Others assumed you were a doctor	✓	✓
	Comparable role/ similar hierarchy to UK		✓
	Clinical supervisor (UK based)		✓
	Clinical supervisor (in country)		✓
	Assistance with professional registration		✓
	Assistance with visa	✓	✓
Post	Back to work support		✓
	Formal recognition		✓
	Well trodden path		✓

DISCUSSION

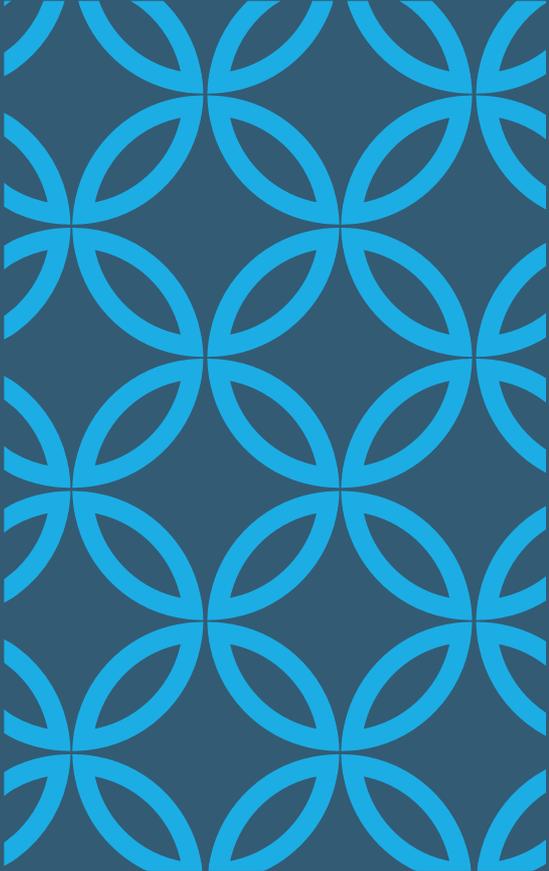
		Nurse	Doctor
Pre	Finance	Discouraged	Not disadvantaged
	Curriculum	None	Key objectives
	Specific web resources	Not known of	Limited use, lacked generic content
	Peer encouragement and support	Surprise	Encouraged
Intra	Well established role	Freedom/ vague	Doors open
	Comparable role/ similar hierarchy to UK	New leadership role	Supportive role
	Clinical supervisor (UK based)	Unguided	Supported
	Clinical supervisor (in country)	Unguided	Supported
	Assistance with professional registration	No clinical activity	Clinically active
Post	Back to work support	Night shifts	Regain skills
	Formal recognition	CV	Contribute to CCT

CONCLUSIONS & RECOMMENDATIONS

- Pre- Create centralised preparatory resources for all.
- Intra- Access to appropriate support networks.
- Post- NHS should require recognition and provide support in all contracts.

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NURSE-LED QUALITY IMPROVEMENT IN YANGON GENERAL HOSPITAL ICU

Livi Rees

Stuart Tuckwood



CONTEXT

Republic of the Union of Myanmar

- Also referred to as Burma
- Borders Thailand, India and Bangladesh
- Population of 53.5 million at 2017 census
- Capital City Naypyidaw

Yangon General Hospital

- 2000 bed public hospital
- Tertiary centre with over 23 different specialties

Yangon

- Largest city in Myanmar
- Also referred to as Rangoon

Yangon General Hospital ICU

- 20 bed general ICU
- Roughly one-third of patients admitted following a traumatic cause
- Common nurse-patient staffing ratio of 1:4



AIM

To introduce the concept of nurse-led quality improvement to the team at Yangon General Hospital ICU, benefitting patients while empowering the nursing team to instigate changes in their workplace



METHODOLOG

Y

Idea for implementing quality improvement care bundle discussed with senior staff from ICU

November 2018

27 nurses, Drs and students trained 1:1 in how to perform the bundle and use the documentation

December 2018

ICU nurse volunteers continue to assist the nurses to use the care bundle and documentation

January 2019

Audit results fed back to nurses, students and Drs during teaching and development sessions

February 2019

Video shot demonstrating use of care bundle

Training of Infection Control Champions to continue promoting good practice

March 2019

1st PDSA Cycle

2nd PDSA Cycle

Care bundle developed by ICU nurses during teaching session

Options for documentation presented to nurses and students and vote held

Educational posters displayed on ICU

First 3 day audit performed by nurse volunteers

Session held with nurses and students to plan stage two of the quality improvement project

Dedicated nursing documentation folders arrive on ICU

Second 3 day audit performed by nurse volunteers and Infection Control Champions

Final audit results presented to ICU staff and plans for continued development made

RESULTS



1

Hand hygiene prior to line access



2

Use of clean gloves for line access



3

Decontamination of line with alcohol swab



4

Hand hygiene post line access



5

Daily line assessment and documentation





REFLECTIONS

While the focus of the project was on improving infection control practices around the management of invasive lines in the ICU, the underlying theme is one of nurse leadership in the context of a country where nurses have little autonomy in their practice

