

# Collaboration | Should We Dismantle the Hierarchy?

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

**Speakers:**

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

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# SUMMARY

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



# BACKGROUND

- Hierarchy has the potential to negatively impact the quality and safety of healthcare<sup>1,2</sup>.
- NHS likes to think that it has an evolving culture and approach to hierarchies<sup>3</sup>.
- Volunteering has an estimated value to the NHS of £13-24,000 per volunteer<sup>4</sup>.
- 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                              |
|--------------|---|----------------------|-------------------------------------|
| <b>Pre</b>   | 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                          |
| <b>Intra</b> | 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                   |
| <b>Post</b>  | 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.

# REFERENCES

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4. Zamora, B., Gurupira, M., Rodes Sanchez, M., Feng, Y., Hernandez-Villafuerte, K., Brown, J., & Shah, K., (2019) The value of international volunteers experience to the NHS. *Globalisation and Health*. [Online] [Accessed 18<sup>th</sup> May, 2019]  
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# NURSE-LED QUALITY IMPROVEMENT IN YANGON GENERAL HOSPITAL ICU

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# 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

1<sup>st</sup> PDSA Cycle

2<sup>nd</sup> 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

