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

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

Rachael Talbot BSc(Hons) RCN DipTropNurse &
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\textsuperscript{1,2}.

• NHS likes to think that it has an evolving culture and approach to hierarchies\textsuperscript{3}.

• Volunteering has an estimated value to the NHS of £13-24,000 per volunteer\textsuperscript{4}.

• We both supported and developed quality improvement projects in our respective clinical areas of experience.
## EXPERIENCE

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

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


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
- 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

Yangon General Hospital
- 2000 bed public hospital
- Tertiary centre with over 23 different specialties
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.
Idea for implementing quality improvement care bundle discussed with senior staff from ICU.

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

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

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

Video shot demonstrating use of care bundle.

Training of Infection Control Champions to continue promoting good practice.

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.

Dedicated nursing documentation folders arrive on ICU.

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

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.

November 2018

December 2018

January 2019

February 2019

March 2019

1st PDSA Cycle

Educational posters displayed on ICU

First 3 day audit performed by nurse volunteers

Dedicated nursing documentation folders arrive on ICU

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

2nd PDSA Cycle

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

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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
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.