Reflections on Care
Conflicts of Interest........

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Care: the patient as a person

“A patient is the most important person in our hospital. He is not an interruption to our work: he is the purpose of it. He is not an outsider in our hospital: he is part of it. We are not doing a favour by caring for him: he is doing us a favour by giving us the opportunity to do so.”

Mumbai hospital motto after Mhatma Gandhi
Denmark 1950s
Intensive Care now...
But have we lost something?
Objectives

• Why Care?
• Handover and care
• Effects of policy on professionalism and practice
• Searching for the Grail
• Some pointers?
Intensive Care or Critical Care

- Palliative (care) medicine
- Medicine (care) of the elderly
- Intensive/Critical care
- Intensive care was a beacon of good practice highlighted in Francis report
Handover in ICU: EdD 1

- Research situated in a busy tertiary intensive care unit in a tertiary hospital.
- Focus on enactment of handover in intensive care, across the professions involved.
- Original contribution to the practical and pedagogical aspects of ICU handover.
- Socio-material methodology.
- Mixed methods approach with fieldwork done in the ethnographic mode.
- Data audio recorded and transcribed and analysed.
Handover in ICU: EdD 2

• Exploration of the entanglements and ontologies of handover and the multiple *things* of healthcare:
• patients, information, equipment, activities, texts, ideas, diseases, staff, diagnoses, illnesses, floating texts, responsibility, a plan, a family, care.

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Nursing and bodily care

• “Everybody’s in a rush—I guess they can’t help it, but if they’d just smile or say ‘how are you?’ and really care”.

• Lesser and Keane 1955. American J Nursing 55 (7); 804-807
Bed space nurse to nurse handover

- Mike” I’ll just start from the top. Respiratory wise I put him on external CPAP at quarter past 2 PEEP of eh 7.5 (means adjusting ventilatory support) and he’s lasted on that quite well. He’s just on 30% FiO₂ (oxygen) and his saturations have been fine em and his respiratory rate has been ok. They haven’t said about putting him back onto the ventilator overnight, I haven’t switched him back as he seemed, seemed reasonably settled…”
- Callum “yes settled”
- Mike “Yeah I suppose they’ve gone up a little bit so whether they’ll want to go back on again overnight I don’t know”
- Callum “His resp rate was sitting around 28 last night”
• Jane “Em have you looked at the off duty?”
• Heather “No not yet”
• Jane “You’ve got thirteen plus one”
• Heather “OK”
• Jane “Em and you’ve got six Level threes and five level twos. Em moved a couple of folk about last night but they should have been updated on Wardwatcher”
• Heather “OK, yeah”
• Jane “I'll do all the housekeepery stuff later on”
• Heather “Yep”
• Jane “Ok bed 2 Ron Charles 19 hit by a taxi, parietal skull fracture, em extradural, subdurals, subarachnoid”
• Heather “Yeah”
• Jane “He’s not perfect after that if you know what I mean…. BMs are on the increase but he is not on insulin yet being a Level 2”
Touch and Technology: Two Paradigms of Patient Care

• “technology is an extension of the scientific paradigm, in which the body is reduced to an object void of subjectivity”
• “Empathic touch... affirms in patients the dignity and worth that morally distinguish persons from objects”
Discharge Lounge
Main Reception
Spiritual Care
Toilets (male, female, wheelchair accessible)
Transport Waiting Area
Way Out
Bed space nurse handover:
hybridity of the social and material

• Mike “His legs generally eh is is is …”
• Callum “I think his skin is generally improving”
• Mike “it does, it’s not leaking so much em em I changed the tapes and round the two lines and they were pretty clean actually with no more bleeding actually. Around his buttocks there it’s still quite red but I did put some cream on and some down his legs as well”
• Callum “What cream did you put on?”
• Mike “50:50 cause it seems quite red but it’s not breaking down at all around the sacrum and around there”
• Callum” Interesting that…inaudible”
• Mike “Yes rustles chart it’s been right and left, all sides actually. That’s about it. His dad phoned this morning, he’s coming in tomorrow and his sister phoned, no his sister came in this afternoon for a couple of hours to sit with him”
Trainee doctor to doctor handover

- Alison “Jerry McMann”
- Ruth “He fell down the stairs”
- Alison “Yeah. He was at a Herring Festival in the Borders” (laughter)
- Ruth “Herring?”
- Alison” Herring as in the fish”
- Ruth “Festival of fish?”
- Alison “Yeah – I don't know what it was, it involved drinking”
- Ruth “Was it by the sea?”
- Alison “Yeah it involved drinking a fair whack and he fell down 15 stairs”
- Whispering going on
- Alison “Yeah he was pissed when he arrived yeah. Quite a sobering scene”
Relationships of handovers

- Many separated handovers are enacted across the different physical and professional spaces of intensive care.
- Multiple ontologies of handover are revealed. These are assembled by a number of bodies: the patient and their diseases, the unit and the staff themselves and encourage a focus *in between* the social and the material.
Technology and humane nursing care

• (ir)reconcilable or invented difference?
• Re-examination of the relationship(s) between technology, humane care and nursing practice

Visible Humans, Vanishing Bodies, and Virtual Nursing

• “Nursing on screens not behind them”
• “Nurses must see body and information work as constituting each other, and the body as a source of knowledge and power for nursing”
Political backdrop

- Calman EWTR 1993
- Project 2000
- Unfinished business 2002: not just SHOs
- MMC: response 2003
- MTAS

- MMC: next steps 2005
- MNC 2006
- Trust, assurance and safety 2007
- Foundation: EWTD
Professional consequences of political changes across healthcare

Reduced patient (human) contact

- Loss of apprenticeship: medics, SENs
- Venepuncture: the ‘blood round’
- 48 hrs in shifts: reduced continuity
Caring

• Reduced clinical human contact in training: skills labs/wards; simulation eg 300 hours
• What can we do about it?
Human consequences of the political changes

• Robert Francis QC:

  "We need a patient centred culture, no tolerance of non compliance with fundamental standards, openness and transparency, candour to patients, strong cultural leadership and caring, compassionate nursing, and useful and accurate information about services."

• Mid Staffordshire NHS Foundation Trust Public Inquiry, 6th February 2013

Person (human) centred
Human: but that’s us too

• Many occupations and lifestyles can be described as stressful but those working in the *caring* professions, continually exposed to human suffering, are arguably at greater risk of stress-related problems” (Sinclair & Fawcett 1991 p347).
Human
But that’s all healthcare workers

• “This is a story of appalling and unnecessary suffering of hundreds of people. They were failed by a system which ignored the warning signs and put corporate self-interest and cost control ahead of patients and their safety”

Robert Francis QC

• But the system comprises individual human beings who also need cared for
Highlight
Non-Technical Skills

• Team working
• Situation awareness
• Clinical decision making
• Preparation and planning
• Communication
I hope I’m not the Leader

I think I’m the Leader

Psst. I’m the Leader

I’m sure I’m not the Leader

I’m just praying one of you gets it right!!!!!!!

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Patient safety and human factors

• “We define human factors as: *the study of all the factors that make it easier to do the work in the right way.*”

• “Note that human factors is not as *directly* about “humans” as the name might suggest.”
WHO PATIENT SAFETY CURRICULUM GUIDE FOR MEDICAL SCHOOLS

- Decision making?
- Diagnosis?
- Person?
- Care?
Highlight
Non-Technical Skills

• Team working
• Situation awareness
• Clinical decision making
• Preparation and planning
• Communication
• Caring and compassion
• Presence
• Empathy
Empathy
Do we need *practice* in empathy?
Hope
Royal College of Physicians, Edinburgh

• Time to refocus the NHS on quality and dignity of patient care: RCPE response to Mid Staffordshire. Dewhurst et al.

• “Doctors cure and nurses care”

• J R Coll Physicians Edinb 2013; 43:3-6.
Caring for patients and families

- Cognitive
- Emotional
- Social
- Practical

- Verhaeghe et al 2005
  J Clinical Nursing 14:501-509.
Presence: Four ways of being there

• Presence
• Partial presence
• Full presence
• Transcendent presence

Compassion in Practice

• Care
• Compassion
• Competence
• Communication
• Courage
• Commitment

DofH December 2012
And do the research to show that education in these improves care

The Holy Grail of education

I told him “We already got one”
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