

Dear Editor,

Vital Signs Education - by Marie Walters, Birmingham Link Nurse - Winning Entry for the 2007 Links competition run by the Tropical Health and Education Trust

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Background

The Birmingham -Malawi partnership was established in 2004 to meet the educational needs of the children's nurses and other health professionals working at QECH. 7 nurses from Malawi visited Birmingham for 3 weeks and 4 nurses from Birmingham have worked as volunteers in Malawi for 6 months. In August 2007, I became part of the second pair of Birmingham nurses.

Core skills that I aimed to acquire included:

- Team work, leadership and innovation
- Multidisciplinary work
- Organizational skills and personal resourcefulness
- The ability to work cultural divides
- Tropical paediatric training

I spent four weeks in orientation in the paediatric department at QECH as an introduction to the hospital and staff. I achieved an overview of the care given and began to identify problems/areas for improvements. I also met with the nurses and Matron Nyirenda (head of Paediatrics) this helped me to discover their feelings and needs rather than just using my own ideas or perceptions.

Whilst at QECH, I conducted teaching sessions on drug calculations, wound care, pulse oximetry, basic life support and the introduction of a resuscitation emergency box. One important area I focused on is detailed below.

Patient Attendants and Vital Signs Teaching

From the work of last year's Link programme, we had noted that temperatures were recorded only for the very sick children so I commenced teaching the patient attendants (who act as nursing support) in taking all vital signs. I started in the paediatric special care ward (PSCW), which has a large, busy high dependency area. I worked for 3 months alongside staff, building up relationships and trust.

Vital signs are important skills to focus on as they are simple but confer great benefits to doctors in assessment and diagnosis. It would improve the care of all children on the unit as measurements were to be taken before both morning and evening rounds.

I conducted three, one hour teaching sessions with the four patient attendants on the unit and spent a week in a supervisory supportive role, taking observations with them checking accuracy and discussing problems and case studies.

The patient attendants themselves were extremely keen to learn and we had many discussions about how different readings would improve care: for example a high heart rate may be indicative of pain or infection, combinations of vital signs could help the doctors diagnose and treat children

quickly and effectively. I made them aware that children can deteriorate rapidly and need urgent treatment life saving.

Monitoring of vital signs in the special care ward now takes place daily at 10am and 2pm. Patient attendants work without prompting and report to me, the nurses or doctors when a patient is sick, in need of oxygen, or has deteriorated. This is of great help in such a busy environment with so few nurses (sometimes only 2 for 200 patients).

I worked with the Matron to obtain stethoscopes for each attendant and an oxygen saturation monitor to speed the process. A meeting with the nurses and Matron Nyirenda about the work was very supportive. The importance and benefits were reiterated and authority added to the need for nurse supervision and encouragement of vital signs recording.

The very positive comments the patient attendants have received have been motivational for them and improved their self esteem, confidence in their role and the care they deliver.

The medical team found their clinical assessment benefited from the changes.

In order that the changes are sustained Matron Nyirenda has made the following recommendations:

- Sister in Charge PSCW will monitor and observe the taking of vital signs.
- A one week audit will be conducted of taking of vital signs – this will include the PSCW staff so they see it as their own project and the responsibility is shared. Results will be analyzed, why weren't observations done and how can improvements be made.
- The training for patient attendants will be maintained to increase their knowledge and skills further.

The motivation and keenness of the patient attendants is inspiring. In particular one borrowed a very old library book which he brought in to help with our teaching programme! It was extremely touching and motivating for me, that he was so keen to promote and develop his own learning and skills, despite his own family responsibilities and busy professional and personal life.

The nurse exchange/partnership has helped to develop and identify Malawian patient attendants' potential, enthusiasm and self belief. The Malawian nurses that have visited Birmingham have returned with many forward thinking ideas for the future of QECH and improvements for the care they can give.

I have learnt a great deal during my time in Malawi and I hope I have left sustainable systems in place to improve the quality of care the children of Malawi receive, in some small way.

“As a paediatric registrar on the high dependency ward in QECH I have noticed a big difference since Marie is around. Patient attendants take their tasks more seriously now. They do not only measure vital parameters but also come up to you to tell you if values are out of normal range.” (Dr Merel Van Loon, Paed Registrar PSCW)

“There is nothing better than doing a ward round in PSCW with all vital signs clearly documented. Thank you for the hard work and determination to make it happen!”
(Dr Rachel Mlotha-Mitole, Paed Registrar PSCW)

“In the teaching Marie has done well at updating the patient attendants knowledge and refreshed them. It is a reminder to them of the importance of vital signs, it has given them courage and power and made them responsible. Proper taking of vital signs is helping us to stop misdiagnosis of our children, giving us the full picture for the doctors as well as a baseline. Marie is our advocate and is working on our behalf.” (Mrs Elestina Kayange, Sister in Charge of PSCW)



Mr Kaselema, PSCW patient attendant, measuring heart rate.

Notice of Retraction

Plagiarism in “What is the role of a Grandmother in a Malawian society and how can we as health care workers support her?” (MMJ 2007;19[3]:126-127)

To the Editor.—I regret that paragraphs in my article, “What is the role of a Grandmother in a Malawian society and how can we as health care workers support her?”¹ published in the September, 2007, issue of the Malawi Medical Journal, were taken from another source without proper attribution. I should have cited the following article as the original source of the information:

Judi Aubel. Grandmothers Promote Maternal and Child Health: the Role of Indigenous Knowledge Systems’ Managers, published in Feb. 2006. World Bank newsletter, IK Notes.

I regret any problems my article¹ may have caused and I retract it from the literature.

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1. Jonasi S. What is the role of a Grandmother in a Malawian society and how can we as health care workers support her?” (MMJ 2007;19[3]:126-127)