

Our evidence: The benefits that global health volunteering brings to the UK Healthcare sector

An analysis of volunteer experiences from the financial Year 2016/7

What do volunteers, their employers and the wider NHS stand to gain?

Introduction: Cambridge Global Health Partnerships

The work of CGHP is inspired by the Sustainable Development Goals and specifically contributes towards the achievement of Goal 3, to “Ensure healthy lives and promote wellbeing for all at all ages”. However, it is estimated that ‘today, one billion people will never see a qualified health worker in their lives.’

We believe an effective pathway for progress is that of health partnerships, defined as: “.. a model for improving health and health services based on ideas of co-development between actors and institutions from different countries. The partnerships are long-term but not permanent and are based on ideas of reciprocal learning and mutual benefits.”

We work to inspire and enable staff and students from CUH and the surrounding area to undertake safe, effective and ethical global health volunteering in low-middle income countries (LMICs), whilst also welcoming our overseas partners to the UK.

Our working model: how do health partnerships work?

CGHP’s projects are mainly centred around delivering training and in-country capacity building, which enables long term, sustainable change in global health.

The project visits typically last between one and two weeks, and involve a multidisciplinary team travelling to a hospital, clinic or healthcare centre in the partner country to deliver an intensive training course. The content will have been developed in collaboration with local faculty and is always in line with governmental national healthcare priorities of the partner country.

It is clear how our Health Partnerships benefit the host countries. LMICs with lower levels of healthcare infrastructure, technology and expertise, and facing significant health challenges gain from CGHP teams delivering training and building clinical and management capacity.

An equally important outcome of the partnerships are the skills, learning and experiences which staff bring back to the UK, which have a traceable and definite impact, and are of enormous value for individuals’ careers and for strengthening our healthcare system and improving outcomes for patients.

“Makes you realise why you did medicine in the first place – gives you perspective on your own life and practice”

Myanmar Volunteer

Global health volunteering as a unique learning experience

The opportunity to work in LMICs is unique in terms of exposing volunteers to different healthcare systems, a huge variety of clinical and professional situations, global issues in healthcare and different cultural settings.

We know from our conversations, interviews and questionnaires how highly staff value the experience of working in resource constrained environments. Returned volunteers emphasise how much learning and development simply could not have taken place in the UK, and in comparing technique, practices and ethos across these settings, all our volunteers comment on how much the UK could learn from the partner countries, and how much they as individuals have gained. Engaging in global health contributes hugely to building a resilient and adaptable health system, which delivers the best service cost-

effectively. Our evidence suggests that the NHS should encourage and support staff to volunteer overseas. Doing so will ultimately help the NHS achieve their objectives of delivering excellent patient experience and outcomes to people in the UK, as well as improving the working environment in the sector, increasing job satisfaction, increased staff development, recruitment and retention.

This document presents gives a brief overview of the areas of benefit which flow from international volunteering, based on the feedback from volunteers from the financial year of 2016/17.

Five volunteers were supported through our advice and financial supporting service to volunteer with other organisations, the rest participated in our established global health partnership projects, which are as follows:

Botswana: Maxillofacial surgery visit

Myanmar: Yangon Trauma Intervention project

Uganda: Maternal and neonatal health

El Salvador: Conference on improving outcomes for mothers and babies

The findings are based on evaluation of:

- **41 Personal and Professional Development Questionnaires (PPDQ)** Every volunteer (those who volunteer on one of our health partnerships and those that receive grants) is required to complete this questionnaire on return to CUH reflecting on their experiences and learning. (77% return rate)
- **18 Trip Reports** which detail in-country activities and reflections on the trip:
 - 9 Co-authored team reports from health partnership visits** (82% return rate)
 - 5 Individually authored reports from health partnership visits:** (100% return rate)
 - 4 Individually authored Volunteer Grant Scheme reports:** (80% return rate)

‘International volunteering .. is an incredible experience that allows us to bring back what we have shared to our own practice. More life experience allows a more rounded view of healthcare, and opens our eyes to issues outside of nursing within the UK. (Nursing ADAPT team, Myanmar April 2016

effectively.

“it truly is an enriching experience, both professionally and personally and one I feel very fortunate to have experienced.”

“we can learn much from international work as well as sharing our experiences and learning.”

“It is completely eye opening”

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What our volunteers say: Reflections on the volunteering experience

When we asked our volunteers 'Would you recommend international volunteering to your friends and colleagues? If so, detail why.' Without exception, 100% of participants individual ppdq responded 'yes'.

Here is a good place to start to understand the enormous range of ways staff feel volunteering has positively impacted them and their practice, and been an enriching experience.

"I would definitely recommend international volunteering, it gives you a great experience sense of responsibility and humbling to be able to help." Mel Yeneralaki, Myanmar

"It provides an insight into different ways of working and delivering a quality service with limited resource" Allan Morrison, Myanmar

"we can learn much from international work as well as sharing our experiences and learning."

"Makes you realise why you did medicine in the first place – gives you perspective on your own life and practice"

Myanmar Volunteer

"There is no substitute for first hand experiences."

Collaboration and dialogue with medical professionals overseas enables a broader perspective of the needs of less well off populations, fosters understanding, particularly when treating migrants here in the UK and leads to a greater appreciation of the NHS." (Peter Gough, El Salvador)

100% of volunteers would recommend international volunteering to their friends and colleagues

"it truly is an enriching experience, both professionally and personally and one I feel very fortunate to have experienced."

"It is completely eye opening"

allows a more rounded view of healthcare, and opens our eyes to issues outside of nursing within the UK. (Nursing ADAPT team, Myanmar April 2016)

"Exposure to a different culture and health care with different challenges to those we face. greater understanding of global health. Hugely refreshing to see different ways of working. [Without leaving the UK I wouldn't have experienced a] different culture and ways of working which after working for 11 years in the same department is hugely refreshing and motivating. (Angela D'Amore)

"It is so rewarding and a key opportunity to learn about global realities in health, more comparing issues of issues faced in the by Brinkler, Uganda

"Makes you realise why you did medicine in the first place – gives you perspective on your own life and practice"

Myanmar Volunteer

"we can learn much from international work as well as sharing our experiences and learning."

TEAMWORK & COMMUNICATION

Improved team working abilities is one of the most important 'meta-skills' which volunteers develop through their experiences with CGHP.

This was an area frequently spoken about when staff were asked which areas they feel they 'have developed personally and professionally', and how these areas of development might 'impact [their] practice and/or management at home'.

The 'teamwork' element of the trips is often spoken about by volunteers in conjunction with talking about enhanced communication skills, increased focus on human factors in training, friendships formed, improved working relationships and job satisfaction.

Taken together they provide a strong argument that global health volunteering is good for the UK health sector as it helps to foster and maintain a good working environment, which ultimately is essential for the delivery of effective and efficient healthcare.

Global health volunteering and teamwork

CGHP's projects are mainly centred around delivering training and in-country capacity building, which enables long term, sustainable change in global health.

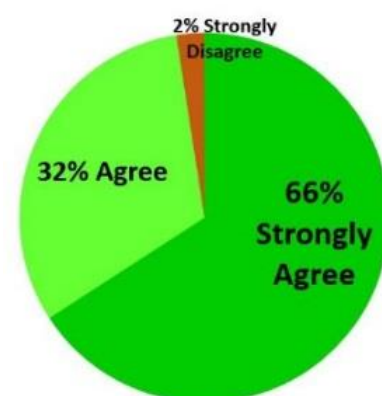
The project visits typically last between one and two weeks, and involve a multidisciplinary team travelling to a hospital, clinic or healthcare centre in the partner country to deliver an intensive training course. The content will have been developed in collaboration with local faculty and is always in line with national healthcare priorities of the partner country.

Much of the work for the trip takes place well in advance of actually boarding the plane. Volunteers will spend months working in teams, with CGHP and with staff from the partner countries to organise their trip, put together their programme, produce teaching materials and arrange logistics.

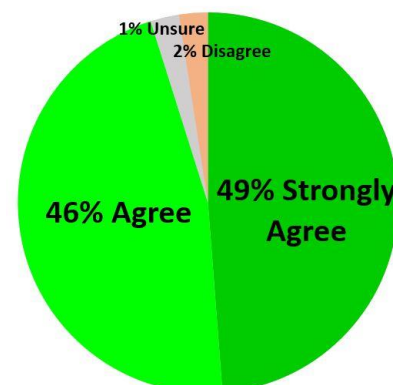
In the demanding and unfamiliar environment of delivering healthcare in a low or middle income country, certain best practices become extremely important: working well together as an interdisciplinary team is one of them.

Self-consciously modelling best practice improves volunteers' ability to work well with people from different specialities or departments, fosters respect between colleagues and encourages staff to focus on the human factors in training. Across all projects staff feed back that as a direct result of volunteering abroad they have changed or introduced new practices to improve team working and to focus on the human factors in training.

I HAVE DEVELOPED MY TEAMWORKING SKILLS



I HAVE DEVELOPED MY COMMUNICATION SKILLS

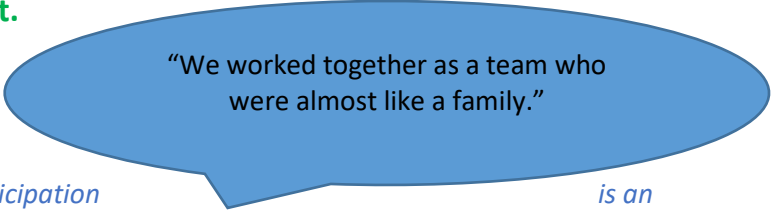


3 case studies on the value of volunteering as part of a team

- 1) Long term volunteering, friendships and allegiance to CUH NHS foundation trust. El Salvador example.*
- 2) Respecting colleagues and the contributions of different medical specialities. Myanmar example*
- 3) Improving interdisciplinary teamworking: Uganda*

Teamwork Case study 1: The El Salvador partnership: Long term volunteering, friendships and allegiance to CUH NHS foundation trust.

Although the trips are mostly short term placements of up to two weeks, health partnerships are 'long-term but not permanent' (THET's definition). For UK team members their participation is an ongoing commitment and investment of time and expertise, which in turn provides proportionally great gains to the individuals.



"We worked together as a team who were almost like a family."

Being a global health volunteer is a serious and significant responsibility, however it is by no means one which is shouldered at the cost of commitment to full time demanding jobs in the UK health sector. All volunteer testimonies state that they in fact feel better able to perform well at work as a consequence of participating in projects overseas.

The human and social elements goes a long way to explaining this, though is area of benefit which is inherently hard to quantify and measure. What we do have are multiple quotations, anecdotes and testimonies demonstrating that one of the most valuable outcomes of volunteering is the cohesion, friendships and improved working relationships between team members.

The partnership with El Salvador, established in 2011 provides the best example of how the experiences of planning, travelling and working together abroad on one of our partnerships is often completely unique, during which colleagues forge close friendships and really enjoy and value being part of the team. Especially on projects such as this one, where staff from a ward or unit volunteer together, the sense of cohesion, shared achievement and commitment to their departments is profound.

The visit: Obstetrics and Neonatology, El Salvador, 9-17 May 2016

The team of 9 travelled to El Salvador in May 2016 to deliver the 5th international congress aimed at improving outcomes for mothers and neonates.

From the CUH team trip report:

"The aim of the congress was to continue the discussion of the urgent issues of maternal and child health in El Salvador with the goal to reduce maternal and neonatal morbidity and mortality further in a multidisciplinary team approach.

At all congresses held, the Cambridge team pairs up with the local Salvadorian faculty to address the different themes from both side and initiate a lively discussion about the topics. This enabled both sides to understand and learn from each other in discussions and critical assessments. It is therefore considered that the previously run congresses are one of the most important factors for the improvement of women's and children's health in El Salvador.

On Monday, 9th May 2016 the congress started at the National Children's Hospital' Benjamin Bloom' in San Salvador. This is the only tertiary level Children's Hospital in El Salvador and it's neonatal and paediatric surgical staff has a close working relationship with the Addenbrooke's Team. On the first day the themes focused on neonatal care. We discussed the newest insights in developmental care, management of sepsis and community care and multidisciplinary management once fetal abnormalities are diagnosed leading to arrangements for delivery and postnatal care of the newborn.

As in previous years the CUH team gave presentations, taught live simulation training ('Skills Drills') in obstetric emergencies, difficult airway management and neonatal resuscitation. During the congress the team visited the hospitals of the congress venues to learn about changes and improvements to developmental care of the new-born which had been realised since their last visit.

The Cambridge team felt proud and delighted to be involved in such important developments and changes in El Salvador. All team members felt privileged to have the opportunity to be exposed to a less well-resourced environment with patients being often more ill than in the UK which enables the team members to think carefully, differently and globally about their way of working within the NHS.

From this trip we continue to facilitate and support the work and changes made by the local team. Whist old friendship are renewed, new friendships are fostered.

CUH volunteers' feedback:

"I developed my team-working skills to an entirely different level. We were extremely fortunate to have a multidisciplinary team out in El Salvador. In the UK we normally work well together on the labour ward. In El Salvador we spent everyday, every meal and every waking hour together- this not only strengthened the team's spirit as a whole; we all worked hard towards common goals and supported each other through any difficulties. The conference was a success because we worked together as a team who were almost like a family" (Li Mei Koh, El Salvador)

'I learnt from the other members of the team and the work they do.' (Nick Fletcher)

"I have been lucky enough to be invited to continue to contribute to the El Salvador project since 2012. [...] Strong relationships have been fostered though repeated visits and sharing of knowledge and skills both from the UK and vice versa. By encouraging the UK team members to maintain a long term commitment to the project enhances the working relationship within the team. This has been more evident than ever before after this recent visit.

"I have fostered a stronger relationship with the other team members and our El Salvadoran counterparts." (Chin Swain)

The experience has 'highlighted..the importance of team working to improve the morale of the team as this has been affected with current restraints and challenges facing the NHS' [...] We "need to develop our team work on the NICU here in the UK". "Working as a team' is an area I have developed personally. In terms of 'new personal or professional experiences during the trip': 'making new friends both from here and in El Salvador. A huge privilege for me to be part of the team and to be welcomed and be invited and to spend time with the Salvadorians. [...] without doubt feel better motivated in my work here.' (Angela D'Amore)

There is 'poor support for personal development at work', none of the development in in the following areas could have been achieved to the same extend in the UK: 'teaching, presentation skills, team building and communication, planning and preparation'. (Shazia Bhatti)


Cambridge University Hospitals NHS foundation trust: Staff retention

Participating in international volunteering offers colleagues an exciting, challenging and different setting in which they share new experiences and achievements.

On returning to the UK volunteers report feeling a greater sense of belonging in their workplace as well as feeling confident and grateful to be working alongside their colleagues. No doubt these factors go some way to explaining why 100% of volunteers responded 'Yes' to the question "Cambridge University Hospitals is one of the few NHS Foundation Trusts to programme supporting global health. Does this make CUH a more eyes?"

Supporting international volunteering therefore will help CUH achieve its goals surrounding staff recruitment and retention.

Cambridge University Hospitals state that "As a Trust we have a proactive recruitment and retention strategy overseen by the Chief Nurse and the Director of Workforce to aim to achieve a long term target of a registered nurse (RN) vacancy rate of 5%, and a HCSW vacancy rate of 8%. However in the next financial year 17/18 our target is to achieve an 11% RN vacancy rate and a HCSW vacancy rate of 15% and to sustain this throughout the year."¹



"I would definitely recommend international volunteering. Personally it has been an invaluable experience- I feel lucky to work at Addenbrooke's and have the opportunity to be able to take part.."
Lynsey Brown

have a dedicated attractive employer in your

Teamwork case study 2: The Myanmar Partnership: Respecting colleagues and the contributions of different medical specialities.

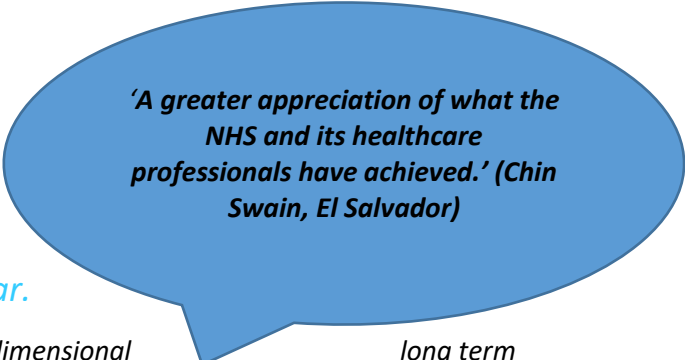
Experiencing how other countries organise healthcare leads to improved understanding of the contributions of different specialities, the benefits interdisciplinary working and communication across teams.

Ultimately this encourages a culture of respect for colleagues and closer working relationships.

Experiencing differences in healthcare in Myanmar.

The Cambridge Yangon Trauma Intervention project is a multidimensional long term partnership between Addenbrooke's and YGH which has the overall aim of improving trauma services in Myanmar.

A common theme across feedback from all projects and teams was how different they found the norms of team working in the Myanmar healthcare context, which were influenced by the broader culture of the country. While respecting cultural differences, these experiences often encouraged volunteers to appreciate UK norms of best practice, such as the value of having less hierarchical structures, greater equality within teams and more dialogical teaching styles. Particularly with regards to the role and status of nurses,



'A greater appreciation of what the NHS and its healthcare professionals have achieved.' (Chin Swain, El Salvador)

¹ <https://www.cuh.nhs.uk/sites/default/files/Quality%20report%202016-17.pdf> page 35

volunteers returned with a fresh understanding of the value of having a professionally trained and responsible body of nurses, as well as the utility of the interdisciplinary team.

Volunteers' impressions of difference in Myanmar

“The role and status of the nurse is very different in Myanmar to the UK. There are very few nurses and many doctors. Once training is complete nurses are obliged to work in government service and they cannot further their knowledge and skills by applying for a new or different post. They may be moved from a hospital or specialty without consultation and at short notice, making continuing education difficult and constant dilution of skill mix. Multi-disciplinary and interdisciplinary working is not in evidence and specialities work in isolated vertical hierarchies rather than across care. [...] The working culture is also severely constrained by hierarchy. Healthcare professionals are taught didactically and are not encouraged to be questioning or self-thinking. It is considered impolite to admit to not understanding or wanting to know more, and nods of ‘yes, I understand’ very often meant the opposite” (Maggs Hamilton)

“Small group case discussions were led by our local faculty. This is a new method of working together and learning for the Myanmar nurses. Usually teaching is didactic, relying heavily on books and does not include sharing experiences and knowledge. The nurse group attending ADAPT were all post-graduate qualified nurses, thus a wealth of experience was available for us to draw on to include sharing best practice. We introduced an increased number of practical sessions as these proved most popular on previous course evaluation, a suturing session was run by the UK Doctor faculty, which was new to all of the nurses. The ADAPT course also interacted with the Secondary Orthopaedic Trauma Care (SORT) course, with UK surgeons participating in practical sessions and also leading some short lectures and associated discussion. The nurses became more confident at sharing opinions and asking questions, this method of multi-disciplinary teaching is not commonly used, with a particularly hierarchical structure in place within the hospital and university setting.” (ADAPT Nurse Training Nov Report)

“The nursing numbers and ratios (nurse:patient) at YGH ICU (Intensive Care Unit) are dramatically lower than at CUH, and this has a huge impact on the way in which care is delivered. Most routine care is provided by family members, who have no medical training. This highlighted how many of the systems we use to improve care at CUH are entirely dependent on nursing staff completing observations and providing care as a result of this data.

Our team delivered the DELTICA course over four days, with three half-day workshops and a final full-day programme involving practical and clinical stations. Our project interacted with healthcare workers through both formal teaching sessions and informal clinical interactions. A key aspect of both our taught and clinical sessions was the inter-disciplinary nature of our team and our trainees; clinical work engaged both physicians and nurses, and our DELTICA course was delivered simultaneously to both nurses and physicians. This is very unusual in Myanmar and had a big impact on those we were engaging with. Our team brought a wealth of experience from physician and nursing backgrounds; clinical, managerial, academic and operational. Addenbrooke’s has undergone extensive reconfiguration of its trauma services in recent years and this has led to the development of a deep understanding of how this can be driven to improve the quality of care.” (Critical Care, Myanmar April 2016 Team report)

What staff say on their return: reflections and changes in light of their experience

“Experiences like these ..allow reflection on our practices in the UK. It has developed organisational, teaching, and team-working skills, inspired new learning and development of orthopaedic knowledge.” (SORT April team report)

“I am aware of nurturing the social aspect in my team, and already organised teambuilding activities and looked at our in-service training delivery.” Team meetings and day to day management of my team is now

less formal, I encourage all to speak up. The meetings are more governed by the ethos of me sitting back and asking 'what can I do for you?'. Team members are encouraged to be in charge of their own templates and diaries, in contrast to general practice in Myanmar, where teaching is very hierarchical and junior staff do not have the chance to take any initiative themselves. Teaching by CGHP volunteers is geared to focus on empowerment and collaborative working rather than mere instruction. (Lotte Skjodt Myanmar)

"In terms of personal and professional development.. I am "starting to comprehend how healthcare functions in Myanmar, and the sociopolitical complexities. [I have gained an] appreciation of how useful the multidisciplinary team is in the UK - not something yet functional in Yangon Ear, Nose and Throat Hospital in Myanmar. The wider appreciation has impacted upon many areas of my practice. For instance, I involve other specialists more often, [and am] more patient and appreciative of the services that we do have. *There is no substitute for first hand experiences.*" (Chloe Swords Myanmar)

The trip "allowed me to work with Physio and nurses in a different setting was very useful. Our interactions were very different on return and for patient care. Communication is better and I have improved my "teaching skills: public speaking, group teaching" in a way which 'would not have been possible in the UK'. (Shamini Saravanabavan, Myanmar volunteer Doctor O&T)

"Within Myanmar the hierarchical structure within both medicine and nursing is very evident, with much emphasis placed on official meetings and visits to allow projects and interventions to proceed. After presenting at several of these meetings my ability to discuss difficult issues in a formal setting has greatly improved." "I enjoy that I am always learning and always to expect the unexpected! We are a cohesive and forward thinking department, allowing us to all grow together to provide the best possible care our patients deserve and expect. I have also increased awareness of global health and resource issues. Increased understanding of different climates on healthcare provision. (Lynsey Brown, Myanmar, Trauma & Orthopaedics, Clinical Nurse Specialist)

"Working as part of a large and respected team has required me to develop my communication skills with my colleagues and my ability to work both as part of a team but also across teams as I was involved in 2 projects (DeltICA and physiotherapy). I do not feel I would have the opportunity to develop any of the skills working in the UK in my current role. [I have gained] greater confidence in my own ability and respect gained from the colleagues I was working with." (Caroline Stoneham Myanmar)

A particular success of the trip was the 'integration of the team, working together and developing a successful course despite obstacles and logistical difficulties in the extreme heat!' (SORT Myanmar April)

The trip has improved..

"Team building and how to deliver teaching" (Chris Gooding, Myanmar)

"Improved working relationships" (Matthew Seah Myanmar)

"Improved approach to training sessions - their development and execution" (Julia Neely)

"To understand calmness and taking time talk over issues arising as a team and not as an individual." (Mel Yenerski, Medical Photographer, Myanmar)

Teamwork case study 3: Multi-disciplinary team working in Mulago Maternity Hospital, Uganda

Partnership background and activities:

The CUH and Mulago Hospital Maternal Care project is a five-year project with the long-term aim of reducing the Mulago hospital's high maternal mortality rate.

In 2014, following requests from staff at Mulago and Makerere University, Cambridge University and CGHP sought to extend a pre-existing research partnership to include a clinical focus. It was agreed that the project would combine supporting clinical capacity alongside research capacity to reduce maternal mortality.

In October 2016 the first multidisciplinary team of consultant obstetricians, anaesthetists and midwives from CUH visited Kampala to work with healthcare workers at Mulago National Referral Hospital.

The focus at this stage in the partnership was on developing and implementing clinical guidelines for the management of the three main causes of maternal mortality - sepsis, post-partum haemorrhage (PPH) and preeclampsia / eclampsia (PET).

On this visit the team worked with local partners to promote multidisciplinary involvement in the development of protocols for the management of these conditions, as well as planning the five year partnership.

Team activities and outcomes:

Over four days the team ran lectures, workshops and skills drills related to guideline development, delivering the training to 40-50 participants each day.

Groups focussed on different clinical areas to 'write and modify existing guidelines', 'each group was made up of doctors, midwives and students to ensure multidisciplinary collaboration'.

They also ran 'skills drill scenarios'

With a key goal and achievement of the activities being the "empowerment of the midwives to be involved in team working and to take ownership of service development."

'We tried to role model multidisciplinary team working and helped to empower the midwives to become more involved in guideline development and training.' (CUH team report)

The feedback from individuals from both CUH and Mulago Hospital demonstrate the successful focus on multidisciplinary team working, introducing and reinforcing this as best practice.

"The collaboration of midwives and doctors has to be the key aspect of our visit to Uganda, the feedback from both professions highlighted midwives and doctors feel much more able to work together as a team and feel equally important as contributors to hospital policies.

The sharing of skills and knowledge has been phenomenal, with a key highlight being the empowerment of midwives to take the lead in skills drills and policy development. What an amazing experience, we have met some amazing healthcare professionals and hope the collaborative multi professional partnership continues."

Enjoyment of the team working in skills drills – everyone getting involved and appreciating each other's efforts'

This has been an invaluable experience for us as individuals but also as a team. We have had to be flexible in adapting the programme and developing it as the needs became apparent. We have developed our own skills in training and guideline development – learning from each other and the Mulago team, and also gained confidence.

Developing a partnership with the Mulago team feels really worthwhile and beneficial to us as well as, we hope, those working in Mulago. Understanding the challenges on both sides has opened our eyes to the opportunities for change and learning both in Cambridge and Uganda.

(From the CUH team report)

When CUH staff were asked which areas they felt they had developed personally and professionally, the responses often highlighted the importance of team working:

‘Multi-disciplinary working locally as well as globally’ Libby Brinkler

“I value the team working that we have in the UK and how we constantly strive to flatten hierarchical structures and improve communications at all levels within the organisation.” Anita Patil Uganda

“Came home with more questions than answers about the contribution outside teams can bring. Not really a skill - but definitely a prompt for continued reflection about future projects.” Alison Wilson

‘I have improved my knowledge of guideline development by working with others. It was also a great experience of team building and planning. [...]it is very different when you have to teach and role model for others who have not worked in this way before.’ Charlotte Patient

Appreciation of the ‘importance of involving the whole group in group work’, and of ‘ensuring a team working together has a very clear sense of purpose and goals to work together towards.’ Alison Wilson Uganda

‘Team management skills, developing programmes flexibly.’ We ‘developed closer links with midwives and we demonstrated how all individuals could contribute in an equal way to the team.’ (Jane MacDougall, CUH Consultant Obstetric Gynaecologist)

Some feedback from healthcare workers in Uganda:

‘Collaboration is critical, a positive step. We hope the collaborative working continues’ - Senior obstetrician

‘Happy and excited midwives are now part of the team for policy development.’ – Senior midwife

‘Midwives are very happy that Addenbrooke’s abroad have assisted in protocol development. We shall do what it takes. ‘ Midwife

‘We needed this (to work as a team) and now we can’ – Sister on Delivery unit

Comments on impact:

We are hopeful that with on-going dialogue and further face-to-face training that there is enormous potential to make a real impact on maternal mortality over time.

Improving cross-cultural understanding and linguistic skills

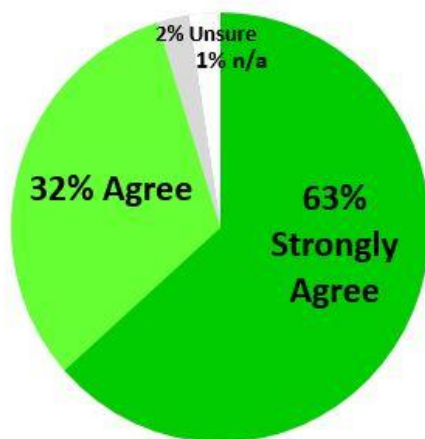
The UK health sector is a very multinational employment field, and CUH is no exception here. Globalisation and multiculturalism are parts of the fabric of the NHS workforce and the citizens they serve.

Throughout the whole of the NHS: '12.5% of all staff for whom a nationality is known report a non-British nationality. Between them, these staff report around 200 non-British nationalities'.² As of October 2017 there were 84 nationalities working at Addenbrooke's and the Rosie³⁴

From this angle, one clear area of benefit for volunteers is an improved ability to work in a culturally and linguistically diverse environment.

All project activities always involve collaborating with, working alongside, often training and sometimes treating people of different nationalities.

I HAVE DEVELOPED CULTURAL SENSITIVITY AND UNDERSTANDING



As a direct result of their experiences in a foreign setting, staff cite a range of benefits and ways in which their practice has been improved, whether interacting with colleagues of different nationalities, understanding patient expectations, or feeling more confident when treating migrants.

The broader "eye opening" experiences of travelling, understanding healthcare systems in LMICs and being exposed to global health issues produces individuals who empathetic and culturally aware.

Here are some testimonies, mainly offered in response to the question:

"How might your practice and/or management at home be impacted?"

"The cultural impact of [being in Uganda] and observing maternal care in real-time, being with the midwives directly and understanding the environment they work in.. This cultural awareness has enabled me to understand the differences in expectations of women in maternity, as well as expectations of staff. It has also highlighted the vast differences in maternal and neonatal mortality and how strategies, training, teaching and development can reduce this." (Libby Brinkler, Uganda)

"I hope that this experience has improved my negotiation skills at all levels and opened my eyes to working with people of different culture. I will have more patience with people who struggle to understand the language." (Jane MacDougall Uganda)

"I was asked by the team in El Salvador to talk about end of life care as there is no framework / end of life care there. this was hugely challenging for me and the local team and is a very sensitive area for all. We hope that we can in some small part help them with this. [I have gained a] greater awareness of importance of different cultures. [It was] hugely refreshing to see different ways of working. professionally - enhanced communication skills. Learning speaking a new language – Spanish – was a new personal experience for me. [...] I would not have been able to gain any of the above experiences by being in the UK. I would not have seen for myself how health care was run in a low income country and would not have realised the impact of the daily challenges they faced and where we could help. I observed the interactions between the El Salvadorian teams and gained a deeper understanding of why they functioned differently to us." (Angela D'Amore El Salvador)

² BRIEFING PAPER Number 7783, 7 February 2018 NHS staff from overseas: statistics

³ <https://www.cuh.nhs.uk/news/communications/trust-flags-value-overseas-staff>

“Cultural awareness is important in terms of treating patients. As a physiotherapist for example – that cultural differences need respecting – you can’t just undress patients. Patients trust you, look up to you, defer to your judgement and consent to you treating them in whatever way you like. So with a great honour comes responsibility, it is hierarchical there. But you have very close contact with patients, interaction is intimate and very moving it’s a different patient contact.” Lotte Interview

“I have learnt about the importance of recognising and respecting how different health systems function compared to the UK. This experience has emphasised to me, both professionally and personally, how mutual respect plays a valuable role in gaining trust and building relationships. For example: the El Salvadorians manage their patients differently and do not perform operative deliveries but it was important not to criticise their way of treatment just because it is not the same in the UK. Rather than trying to force them to model their services on ours, we engaged with them through shared learning. We showed them how we managed our patients and encouraged them to share their views and questions.” Li Mei Koh

“I had only been outside Europe once before and not to a central American country. [I am now] more open to other ideas and cultures” Nick Fletcher El Salvador

“Collaboration and dialogue with medical professionals overseas enables a broader perspective of the needs of less well-off populations, fosters understanding, particularly when treating migrants here in the UK and leads to a greater appreciation of the NHS.” Peter Gough, El Salvador

“The opportunity to work abroad and work together with local clinicians in The Gambia to try to help the local people.” Ruth Seager

“Experience of a new culture. I have worked in Asia before – this was my first experience of Africa.” (Val sharma Botswana)

Professional development and increased understanding of global health

The opportunity to work abroad provides a very useful and rare chance to understand global health issues through first hand exposure.

On the back of these encounters, volunteers return feeling encouraged to further their medical knowledge in a particular field, wanting to expand and deepen their specialities.

In this way, volunteering acts as a catalyst for career progression, signposting new directions and stimulating new interests. In addition to medical skills, the trips often highlight other skills areas which volunteers wish to improve, for example linguistic or teaching skills, as well as finding areas for academic work.

Here are some examples of expressed ambition:

- ‘I enjoy working abroad and also volunteer with a disaster response charity, so I wanted to obtain a diverse basic medical/surgical training before specialising further.’ (Ruth Seager, Volunteer in The Gambia)
- “I have always had a keen interest in global health since I was in medical school and intend to develop this by undertaking a course on global health with Médecins Sans Frontières (MSF).” (Li Mei Koh El Salvador)
- I am taking a year out of training next year to do work abroad. I am thinking of doing THET (Tropical Health and Education Trust) fellowship in 2017. (shamini saravanabavan Myanmar)

- “Definitely planned to be involved with international voluntary work in the future, particularly when I am approaching the end of my training (in about 6 years).” (Chloe Swords, Myanmar)
- “I gave two Congress presentations in an environment where the strength and scope of family Medicine is not fully appreciated. I am now more able to describe and teach Family Medicine with a more Global perspective.” Dr Peter Gough El Salvador
- “Overall the trip was enormously valuable as it allowed me to explore with local colleagues the appetite for a more structured approach to global health within the surgical and anaesthetic community. The intention on return is to establish a peri-operative research group for this interested in global health, and I was able to explore and develop this with senior colleagues while away.” (Tom Bashford)
- “I intend to attend courses to further explore skills in presentation/teaching having had the opportunity to consider alternative delivery techniques on this project.” Caroline Stoneham

CASE STUDY: Volunteering with Hoveraid in Madagascar

I went to take part in one of the MMS (Mad Medical Safari) in Beroroha, on the Mangoky river, where over 130,000 people live along the main river and the many tributaries, with practically no access to health care.

HoverAid regularly takes teams of doctors to villages along the rivers and via hovercraft to remote locations as part of the Mad Medical Safari programme, where they do a mixture of consultations, dentistry, surgery and ultrasounds amongst other health care checks and treatments.

This charity works with Malagasy doctors and local people, and I really enjoyed living with Malagasy people and sharing with them the daily life.

I would like to continue to be involved in this project, I am learning French and I am starting a Professional Diploma in Tropical Nursing course, to be able to help more if I have the opportunity to go to Madagascar again. I also would like to participate in the fundraising events that the charity organises and also collecting old medical equipment that the hospital does not need, to give it to HoverAid, if there is any.

I would definitely recommend international volunteering...it is a really good experience that opens your mind a lot

Although I was able to help the Malagasy doctors, I felt a bit frustrated sometimes for not being able to help more. First of all because of the language barrier (people speak French and Malagasy, but not English) and although they had an interpreter, she used to go with the other volunteers to other villages to do consultations while I used to stay in Beroroha helping the Malagasy doctors.

Secondly because I do not have experience in Surgery, therefore my help was limited in that area.

And lastly, as Acute Care is my Speciality, I was expecting to be able to provide more help in the post-op care, but they provide very limited post-op care and it is the family who stay over night with the patients. I discussed this with the Country Director in Madagascar, as I thought this was sometimes unsafe for the patients, but they explained they do not have enough money to provide better post-op care.

I was mainly able to help them in the consultations, checking BP and weighing people. I also helped them in the surgeries, scrubbing and working with the runner nurse.

TEACHING: DEVELOPING SKILLS AND DEEPENING KNOWLEDGE

Delivering medical training in LMICs offers unparalleled benefits in terms of developing leadership and teaching skills, at a rate which could not be gained in the UK and yet are directly transferable to their roles here. The teaching element of the trips is significant, as they are primarily based on the model of ‘training the trainers’. Staff say they have increased confidence in teaching and presenting, enhanced mentoring skills and ability to create new learning resources and develop and try new teaching techniques.

Teaching in unfamiliar environments is also a valuable opportunity to progress volunteers’ medical knowledge and skills, as it forces volunteers to adapt their material and learning styles to communicate the content effectively across linguistic, cultural or logistical obstacles. Volunteers report that doing so compels

them to engage more closely with their content, refresh and update their knowledge and reflect on the importance of ensuring all participants fully understand.

In addition, volunteers learn from observing their colleagues in these scenarios, and all of those asked described ways they had or would share their learning with colleagues on their return, whether through informal discussions, posters, presentations or integrating their courses and case studies in to their formal training of junior staff in the UK.

Volunteers return with improved teaching skills, but also with sounder and more advanced knowledge.

93% either 'Strongly Agreed' or 'Agreed' with the statement 'I have developed my teaching skills'

The experience of being a global health volunteer offers the valuable opportunity to:

- Teach in a different setting
- Adapt teaching material and create new learning resources
- Develop and try new teaching techniques
- Learn from colleagues and in-country staff
- Grow confidence in teaching and presenting
- Refresh medical knowledge and embed core learning



CASE STUDY: Developing best teaching practice and methods in Myanmar

The partnership with Myanmar is a good example of how a different cultural setting influences the style of teaching by placing NHS staff in a different environment in which to consider their material and delivery techniques. The teams made sure to closely consider and gather feedback on what kinds of teaching methods were preferred and most effective, and what content to focus on. The following feedback highlights how valuable they found this experience in progressing their teaching abilities and confidence.

“We spread good practice and developed successful teaching methods, notably multidisciplinary teaching to create the best learning environment. These methods which are not commonly used in Myanmar where there is a hierarchical structure in place in the hospital and university setting’. From ADAPT Nursing Report, April and November 2016

“It was really amazing being able to see registrars we had taught on the first course using the skills we gave them to teach their younger colleagues. They were skilled in small group discussion and interactive lectures- things they previously had no experience in. I have certainly learnt a number of skills in problems solving, people management and developed my teaching skills though the process of the last 18 months.”(Rachel Fisher, Myanmar)

“leading small group sessions in a different cultural setting was a new personal and professional experience for me, leading to an appreciation of different clinical training systems and approaches to medical practice.” (Julia Neely Myanmar)



“Working with the local faculty has required me to analyse the way I deliver material- both in lecture format and at the bedside and has allowed me to develop my skills and flexibility in this area.” Caroline Stoneham Myanmar

“We conducted workshops for the staff in Myanmar, which was a great experience to share the knowledge and skills you have gained over the years with people in developing countries like Myanmar. I always believe in the fact that knowledge grows by sharing it. I have personally learned how to conduct a successful workshop and what aspects are important for people in the developing countries. I have also seen how they utilise their limited resources better. [Volunteering] has given me confidence to present and conduct workshops in future. As a group we have also learned and exchanged ideas on how to teach a large group of people effectively, which may also help us to appreciate the facilities we have here in the UK.” (Anuj Punnoose Myanmar)

“While teaching in Myanmar we were aware that although they were taught in English, the Myanmar physiotherapists’ command of the language was perhaps not advanced enough. However the norms of didactic teaching and learning very directly from textbooks or lectures in a one-way process meant that there wasn’t scope for assessing their understanding of the material they were covering, which was potentially hindered by not fully grasping the language, especially the technically advanced medical lingo. We had to ensure we put a particular emphasis on ensuring the content is communicated clearly, adapting the pace, style and manner of speaking so that it is properly understood.” (Lotte Interview, Myanmar physiotherapist volunteer)

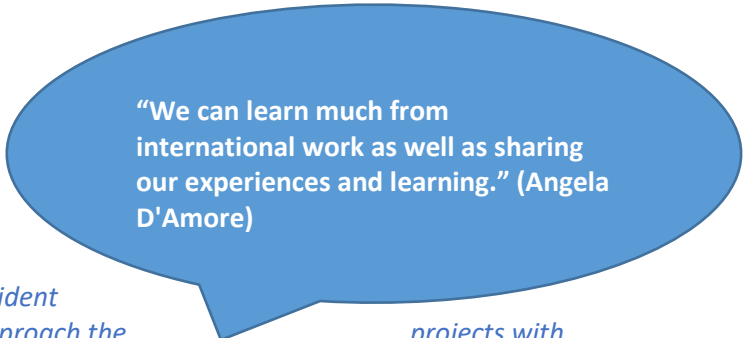
“I have definitely improved in confidence in my teaching skills, this has really helped when I am required to teach in my role here. The work required in writing and putting together my presentations and case studies and in putting together the course means I not only refreshed my current knowledge but also learnt more and a lot more in depth.

Also in watching some of my colleagues presentations and taking part in assisting in practicals in some of the doctors and ITU courses I really learnt a lot of new skills and a lot more in depth knowledge that I would not of got in my role here in the UK. I am much more confident in teaching others now and in showing my colleagues new skills and sharing knowledge. I am now using some of my presentations to teach and present at a trauma study day we have put together for our band 5 nurses here” (Joanna Kay, Junior sister, Myanmar volunteer)

Teaching and the commitment to shared learning

Delivering training and teaching in LMICs is for volunteers a self-consciously mutually beneficial experience. NHS staff recognise the opportunities for learning and enhancing their skills and knowledge. It is evident from the team and individual feedback that volunteers approach the projects with great cultural awareness and receptiveness to different healthcare and cultural environments.

This commitment to shared learning as the guiding ethos is particularly evident amongst the team who travelled to El Salvador. As a result of this approach, the gains for the team were enormous and varied. The team found much to admire about El Salvadorian practices, many which could be productively introduced into the UK, as well as finding that the trip highlighted areas which could be improved in UK healthcare.



“We can learn much from international work as well as sharing our experiences and learning.” (Angela D'Amore)

CASE STUDY: Learning from El Salvador

From Team Report

This conference 'Saving Mothers and Babies in Critical Situations' saw presentations in management of sepsis and critical care management from all disciplines of the Cambridge team and the local teams. We shared knowledge how we as health care professionals can lead training and development of the staff involved in these emergencies to improve outcomes for women and babies and reduce risks. The focus on multidisciplinary training and human factors training ran as a strong theme through all the presentations. The Cambridge team advocated the improvements in their own service delivery and training in order to support the local teams in theirs to help reduce the mortality rates from obstetric emergencies and challenging situation in the operating theatre such as difficult airway scenarios.

At lunchtimes of the congress days in Santa Ana and San Rafael the multidisciplinary Addenbrooke's team run a live simulation training scene about postpartum haemorrhage, sepsis or difficult airway scenarios as regularly practiced at clinical sites in Cambridge. Practical simulation scenarios ('Skills Drills') are an important element of staff training recognised by both sides.

The team's commitment to shared learning:

"I have learnt about the importance of recognising and respecting how different health systems function compared to the UK. This experience has emphasised to me, both professionally and personally, how mutual respect plays a valuable role in gaining trust and building relationships. For example: the El Salvadorians manage their patients differently and do not perform operative deliveries but it was important not to criticise their way of treatment just because it is not the same in the UK. Rather than trying to force them to model their services on ours, we engaged with them through shared learning. We showed them how we managed our patients and encouraged them to share their views and questions." Li Mei Koh

'Being in the UK I would not have seen for myself how health care was run in a low income country and would not have realised the impact of the daily challenges they faced and where we could help. I observed the interactions between the El Salvadorian teams and gained a deeper understanding of why they functioned differently to us.' Angela D'Amore

'Spending time with the maternity/neonatal team gave me great insight into their perspective and methods of disseminating knowledge and encouraging innovation. Second hand descriptions are no substitute for being there.' (Dr Peter Gough El Salvador)

I recommend international volunteering 'because you gain experiences first-hand you would not gain by working in the UK. These include the interactions with the local people and being in the actual environment which gives one more insight into the culture and system.' (Li Mei Koh)

What we can learn: ideas and insight into healthcare systems and effective care from El Salvador:

We asked the team: 'Did you learn any new techniques or approaches to medicine which you will bring back to the UK?'. Here are some individuals' responses:

- ➔ "Yes. The organisation of Primary Care in El Salvador is interesting and multi-professional and will stimulate debate here in the UK." (Dr Peter Gough, El Salvador)
- ➔ I learnt how the El Salvadorians ran a busy maternity service (equivalent or busier to the Rosie) with limited resources and difficult circumstances. They also have specialised obstetric intensive care units in their major hospitals which we do not have in the UK. They are able to manage very unwell patients with multiple problems in their own units. An obstetric intensive care doctor is a job role that does not exist in the UK but is an interesting concept to take on board and whether trainees in the UK should have an option to learn additional procedural skills. (Li Mei Koh, El Salvador)

- ➔ [I have developed my]...‘teaching, presentation skills, team building and communication, planning and preparation.’ There is ‘poor support for personal development at work. [I have] increased knowledge and confidence in teaching patient safety and human factors which will have an impact on my patient safety role at home as feel that I can really use this to improve safety culture at work. Skills drills training gets better every time we do it and we tried new scenarios which worked well and can use back in UK’ Shazia Bhatti El Salvador
- ➔ “Music therapy for staff: the introduction of the music therapy and reflexology in ICU in El Salvadorans was pioneering. In my practice and management at home I will now focus on the Human factors element in training. The next stage for education and training for staff on the maternity unit is the introduction of Human Factors training.’ (Chin Swain El Salvador)
- ➔ “Less focus on technology and medicalisation of babies not needing intensive care. Not forgetting how a small change can have a huge impact on care - reminding all that simple things such as hand washing saves lives.” (Angela D’Amore, El Salvador)

How might the areas of your personal and professional development you described impact on your practice and/ or management at home?

- ➔ We ‘need to develop our team work on the NICU here in the UK’. The experience has ‘highlighted..the importance of team working to improve the morale of the team as this has been affected with current restraints and challenges facing the NHS’ (Angela D’Amore)
 - ➔ ‘To focus on the Human factors element in training. [...]The next stage for education and training for staff on the maternity unit is the introduction of Human Factors training.’ CHIN SWAIN El Salvador
 - ➔ ‘Changes into the way we look after our less sick babies on NICU , such as reducing noise and stimulation for the babies’. (Angela D’Amore)
- “Professionally - enhanced communication skills: learning how to present to a non-English speaking audience - important to pare down talks and really think about the message of the talk” (Angela D’Amore)
- ➔ “ I hope to share with my colleagues about my experience in El Salvador and give them some insight as to how the health service is run there. I hope to show them how shared learning, mutual respect and team working has resulted in an improvement in the maternal mortality rates in El Salvador’ Li Mei Koh
 - ➔ “I enjoyed delivering my presentations. I learnt from the other members of the team and the work they do. I am happy to give and write presentations as I have not done this to large groups before.” Nick Fletcher El Salvador

DEVELOPMENT OF MANAGERIAL AND LEADERSHIP SKILLS

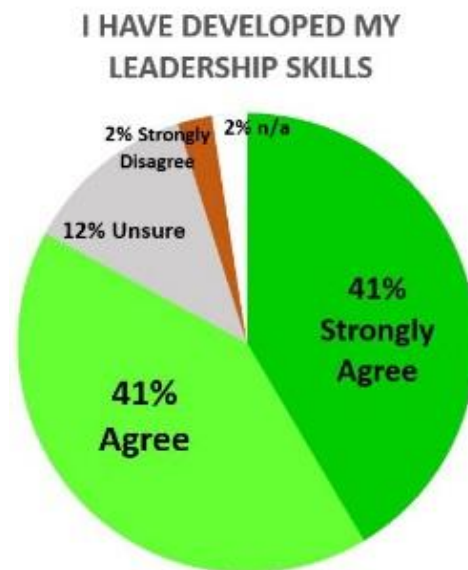
Often on project visits volunteers will find themselves fast tracked to a higher level of responsibility and seniority. For example, several of our partnerships give volunteers a chance to engage in shaping the health policy and context at a higher level than would be possible in the UK.

CASE STUDY: Setting up a physiotherapy focused partnership with Myanmar (June Brennan)

In April 2016 a Trauma and Orthopaedic specialist Physiotherapist from Addenbrooke's Hospital visited Yangon general hospital, Myanmar on a scoping visit. The visit sought to find out how the physiotherapy system works in Yangon: assessing the situation on the ground and meeting key partners and stakeholders to plan appropriate and relevant physiotherapy training within the Cambridge Yangon Trauma Intervention Project.

The trip also had the additional aim of training 5-6 physiotherapists to work efficiently and effectively with acute trauma patients using evidence based treatment plans to improve the outcomes for the patients.

"I returned six months later with a team of three other physiotherapists from Addenbrooke's Hospital, and we were able to deliver the first ever postgraduate training for physiotherapists in Myanmar.



The trip involved:

- Examining and understanding out patient service
- Guided tour of to the out of town rehabilitation hospital, the only rehabilitation centre in Myanmar.
- Discussions with patients.
- Attending the once a month in-service training for physiotherapists and physiatrists from around Yangon. Giving a talk here on the #NOF care pathway, as well as explain my role in their department. Seeing several case presentations given by physiatrists. These were comprehensive and included details about the conditions of the patient.
- Visited to the Yangon general hospital orthopaedic wards and hand injury ward.
- Assess where other medical international charities have worked to improve physiotherapy services
- Assess health and safety in the workplace, equipment, training

Feedback from the project lead from Addenbrooke's:

Which areas do you feel you have developed personally and professionally?

"I have developed confidence in negotiating with management in other countries. I have gained experience in different ways of working. I have learnt patience, as all arrangements took time and went through various layers of management prior to coming to fruition. I have learnt how to adapt without layers of restrictions."

"I had to develop significant organisational and negotiation skills, working in a country with a very different culture, and working with people who had influence at a high level of government."

Which of these areas of development would not have been possible in the UK?

“Neither of the above could have been achieved in the same way at my current level of training in the UK. Negotiation at that level would never be part of my remit in Britain.”

Did you have any new personal or professional experiences during your trip?

“Learning to work in heat with very limited resources was a challenge that I enjoyed. I learnt a lot about lateral thinking and planning. I always assume that things are not possible. It comes as a very pleasant surprise when they are possible.”

“I hope that this experience has improved my negotiation skills at all levels and opened my eyes to working with people of different culture.”

Would you recommend international volunteering?

Yes! It is a way to broaden horizons, think and work laterally, make do with limited resources.

I think it develops you as a whole person, makes you appreciate the things we are surrounded by here and hopefully will make us all less materialistic.

Other testimonies from volunteers:

“As I needed to cover the photography and filming solely, I needed to be able to quickly set up equipment, think about the environment and decide the best possible route to avoid being insensitive so for example I used photographs where it was not suitable for a large film camera. I felt as though I was able to take control of situations by explaining exactly the type of images I needed to reassure the subjects and areas we visited. I found the heat very intense but felt that the busy filming and photography schedule kept me focused, I wanted to get the best possible images whenever possible and therefore repeating footage at the time if necessary. I stayed calm at all times which I felt and hoped would put people at ease and respected areas that staff felt we could not go to. I was also asked to show staff in Endocrinology along side a glodbel health doctor how to use the retinal camera that had been donated by Norfolk and Norwich, I felt very happy that I was able to be useful to the advice and set up of this process.” “Showing staff how to use the retinal screening camera [is something I wouldn’t have the opportunity to do in the UK’. I am a band 5 role and therefore not in a senior role, this position at work would have proceeded by our senior clinical photographer, so this was a huge privilege and a humbling experience.” Mel Yenerski, Medical Photographer, Myanmar

Management of an Educational Programme. (Julia Neely Myanmar)

P:Yes - leading small group sessions in a different cultural setting, leading to an appreciation of different clinical training systems and approaches to medical practice. R: Improved approach to training sessions - their development and execution (Julia Neely, Myanmar)

Sort April REPORT:

We were able to educate in different practices used in the UK compared to Myanmar- importance of medical optimisation and early surgery for hip fracture patients, cemented hemiarthroplasty rather than uncemented, and the use of backslabs rather than complete casts in acute fractures.

21, Tom Bashford, Myanmar, q, Happier operating at a more senior and independent level. N: Planning, presenting, teaching. Needs assessment, systems analysis and relationship building. Leadership and management. O: All possible, but not to the same extent at my current stage of training. P: Yes, chance to interact with several different NGO partners and to link existing development projects within country eg. AA / VSO / Improving Global Health / Brighter Futures Foundation.

REVERSE AND FRUGAL INNOVATION, IMPROVED MEDICAL PROFICIENCY AND CLINICAL PRACTICE

Global health volunteering is a fantastic and unique chance for healthcare workers to experience alternative ways of working and approaches to medical care.

CGHP have been keen to capture improvements to the quality of healthcare delivered in the UK which can be linked to learning from volunteering abroad. The individuals' clinical practice and medical proficiency are improved by the general breadth of experience and increased knowledge, but volunteering also furnishes individuals with ideas as to how a healthcare system can operate more efficiently and effectively.

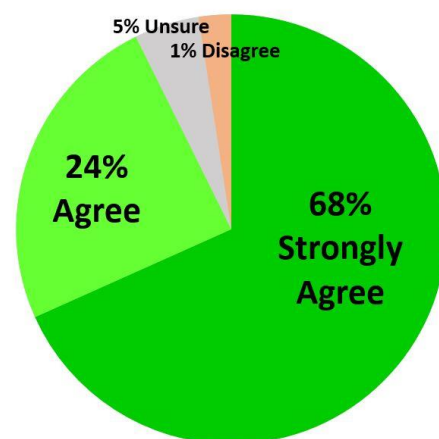
The idea of 'Sharing Innovation' describes the process of 'gaining new knowledge and ideas from work in low and middle income countries.' (Improving Health at Home and Abroad)

The above case study of El Salvador provides some examples of insight and ideas which are transferable back to the UK.

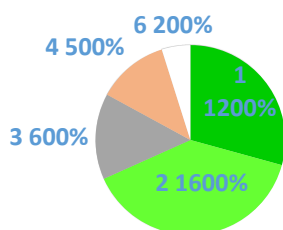
The feedback from volunteers to Uganda, Botswana and Myanmar below show that learning from partner countries covers many aspects of medical care, notably:

- *Experience of medical cases and diseases which are uncommon in the UK*
- *Exposure to ways of managing patients and working in low-resource environments*
- *Beyond medical techniques and practices, volunteers also often find that they learn a lot about how to improve aspects of healthcare which are not strictly medical, such as ethos and attitude.*

I HAVE DEVELOPED UNDERSTANDING OF AREAS AND SYSTEMS OUTSIDE OF MY USUAL SCOPE OF ACTIVITY



I HAVE DEVELOPED NEW TECHNIQUES/ APPROACHES TO MY OWN PRACTICE



Learning from Myanmar

In the fields of..

Physiotherapy

With regard to back pain. You saw many cases of TB of the spine which is rare in the UK. However you occasionally do see this condition, especially with people who have come to live in the UK. In muscular-skeletal physiotherapy about half the case load concerns lower back and thoracic pain. The way that patients are treated for this condition in the UK has been informed by exposure

to the prevalence of TB of the spine in Myanmar. Now, when I'm dealing with a case of lower back or thoracic pain a red flag immediately goes up and we now know to investigate whether they could potentially have TB of the spine, so ask whether they have returned from any foreign places where it is prevalent or whether they have any symptoms associated with TB. Although this is not common it is good to be aware. Especially as it is a disease which could resurface, as for example in Peterborough.

We also saw cases which are not common in the UK. For example, you don't see a lot of knee replacements, rather acceptance that they will get some sort of knee handicap, because they are squatters, there is a culture of squatting down." (Lotte Interview)

Orthopaedics

"I have been exposed to medical conditions that I have never seen previously in my practice back in the UK and has increased my knowledge and understanding of how to manage them. I have been amazed by the knowledge of the staff I met in Myanmar and it has encouraged me to further my own understanding of various topics. I have learnt how orthopaedic surgery is performed in a country with limited resources."

Tom Hughes Myanmar

'Understanding of the potential impact of better anaesthetic and ICU care in LMICs' Better appreciation of a systematic approach to care at the national, regional, local and individual level. (Tom Bashford)

Nursing

We were able to share nursing knowledge and experience, particularly relating to specifics of nursing care and associated complications within the Trauma & Orthopaedic specialty.

Particular successes were meeting the nurses attending the course and sharing practice and experiences with them. They were receptive, willing to learn and keen for new information. They wanted to know about our practice, and were keen to share how it differed from theirs.

Comments on our post-course questionnaires thanked us for visiting and allowing us all to share knowledge and experiences. One nurse commented she felt safer immediately for her patients – the ethos of all of our nursing practice.

We would all recommend international volunteering without hesitation! Personally and professionally it is an incredible experience that allows us to bring back what we have shared to our own practice. More life experience allows a more rounded view of healthcare, and opens our eyes to issues outside of nursing within the UK.

(April team report)

New concept to negative pressure wound therapy!. [I have] Increased awareness of issues within healthcare - those that we share with our Myanmar colleagues and those that are unique to each setting. I have come back with 'fresh eyes' and excited to share my experiences." Meeting the nursing staff at various Yangon Hospitals during our nursing course was a personal and professional highlight. We were all keen to share knowledge and practice, work together and build on the friendships formed to allow us to keep in touch, sharing best practice, research and ideas on improving patient care. (Lynsey Brown, Myanmar)

LEARNING FROM UGANDA

'Transferable skills, experiences and case studies' brought back to improving maternal healthcare at The Rosie Hospital.

‘Teaching and understanding in maternal and neonatal morbidity primarily in sepsis were particularly important areas of development for me. I aim to use case studies to teach management of sepsis and eclampsia to midwives in CUHFT. Furthermore this experience will be used to critical analyse and review the implementation of the trusts own sepsis policy for my MSc Midwifery & Women’s health. (Libby Brinkler Uganda)

‘Volunteering was a fascinating insight into the challenges of dealing with very severe preeclampsia on a scale that is not seen in UK practice. It gave us an opportunity to go to the heart of what is required to keep mothers safe in the context of severe preeclampsia. The severity of the illness and the scale of the number of mothers delivered on a daily basis are very different in the UK and Ugandan contexts. The skills of triage and patient management that such large numbers of patients mandate will be immensely useful in UK practice. The increased understanding of the management of severe preeclampsia that we have gained from this visit will be very impactful.

‘ I had a number of very valuable interactions with members of the Ugandan team, which were immensely interesting and initiated new data analyses and clinical interventions that could be of value in helping to develop protocols to improve the context-specific maternal mortality rates.’ (Catherine Aiken Uganda)

“The experience was invaluable as a chance to work outside of our comfort zone - particularly with challenges of resource limitation and high volume of patients. I have a new respect for the need for triage and prioritisation when the workload is high.

Develop appreciation of how well resourced we are. Reflect on the different challenges of practice that have developed in terms of patient expectation / litigation and a blame culture as medical resources are more available.” (Alison Wilson Uganda)

Learning again about how to use resources properly and use clinical judgement before investigation is a skill we have lost in the UK. We need to remember to treat the patient not the test, I will think more carefully before ordering investigations and treatments. Part of my role is training juniors and I will continue to discuss with them the need to make sure that we investigate and treat appropriately but try not to overinvestigate. (Charlotte Patient Uganda)

Developing programmes flexibly

I learnt about guideline development and thinking creatively about how to embed guidelines into practice, plus measuring outcomes. My job description does not really involve guideline development so I’m unlikely to have learned so much so quickly in UK. I will be more engaged with guideline development - and in particular for me how to link these with training to embed them in practice - and has reinforced the importance of assessing outcomes - has change occurred?” (Jane MacDougall, Uganda)

LEARNING FROM BOTSWANA

Maxillofacial surgery: June 2017
Team of 4
2 Maxillofacial Consultant Surgeons
2 trainee surgeons to support surgery



“Exposure to pathology that is rarely seen in the UK” (Julian Fraser, Botswana)

“The UK ‘is a first world country with cutting edge facilities, generally you’d never see the types of advanced and neglected cases we encountered in Botswana.[..] advanced cases of cancer as well as cleft lip and palate.” (Valmiki Sharma)

'Professionally [I] was surprised at the high rate of clefts (cleft lip and palate) in an African population. More so that a lot of the cleft cases that we dealt with were older kids'. (Vijay Santhanam)

'I've developed an appreciation of the difficulties in working and providing a service in a 3rd world country.' (Valmiki Sharma)

How might the areas of development you have described impact on your practice and/ or management at home?

"Prompted me to hone my skills in cleft management." (Valmiki Sharma)

"Flexibility of working with unknown teams and improvising to adapt to evolving clinical scenarios." (Vijay Santhanam)

"Personal resilience & team resilience- how to adapt to difficult and unexpected challenges at short notice. Testing the extent of resilience may not have been possible in the UK.

The new environment, working with a new team in Botswana and resource limitations."

"Communication skills with the language barrier, greater awareness of cultural norms. O: being out of your comfort zone and having a greater appreciation of the health care needs of a different population. [...] A broader experience I am sure has improved how I work." (Julian Fraser)

Absolutely would recommend International volunteering, the challenges you have to overcome are really invigorating and thought provoking which has a beneficial effect on your UK. (Julian Fraser)



Personal accomplishment and achievement

Being a global health volunteer is for many people a deeply moving, insightful and fulfilling project to be involved in, regardless of whether CGHP have given them their first opportunity or whether they have worked abroad before. A sense of achievement and a feeling that their participation has been impactful and rewarding are key outcomes from the partnerships.

For some their overseas work has enabled them to achieve long-standing life goals. Others seemed pleasantly surprised by how strongly the trips have influenced their personal development and that their experiences formed highlights of their careers.

The opportunity to volunteer repeatedly over the course of a year or more means that staff are invested in the partnership and are able to see the improvements and the impact they are making.

These were often answers given to the questions:

What was it that inspired you to volunteer for CGHP (formerly Addenbrooke's Abroad)?

Would you recommend international volunteering to your friends and colleagues? If so, detail why.

Did you have any new personal or professional experiences during your trip? If so, what? And were they valuable to you?

'International volunteering develops almost every aspect of your personal and professional life, forces you to challenge your working and cultural practice, develops new friendships, exposes you to new ideas, and allows you to see a side of another country that would be impossible to appreciate as a tourist. Most importantly, there's a moral imperative; 5 billion people do not have access to safe, timely, affordable

surgical and anaesthetic care while we enjoy enormously advanced healthcare free at the point of delivery. We have a duty to try to improve the lot of the rest of the world.' (Tom Bashford)

"I volunteered in Myanmar last year, it was amazing being able to go back and continue our work but also to see the progression and seeing evidence of the training we provided being implemented in the hospitals and on the wards. It was hard work but so so rewarding. I love the thought of being able to travel to countries with less resources and really help to make a difference, it's great when you realise even the most basic of things are making such a big difference. The whole experience also made me really glad to be a nurse and helping the nurses out there, and has really motivated me in my work. I found teaching others out there really meaningful and made a lot of friends. (Joanna Kay Myanmar)

"On my final day I was invited to work on ICU and chose to treat 2 patients that I had met whilst visiting at the beginning of the week. This was a fantastic and very fulfilling experience- I progressed the care of a young boy who had been on ICU >9 months, and I sat a 77year old up who I suspect had not sat up for the duration of his ICU stay (5 years)." Caroline Stoneham Myanmar

"The trip to Myanmar was really enjoyable. it was great experience to share the knowledge and skills you have gained over the years with people in developing countries like Myanmar. I enjoy watching the patient's journey from injury to recovery and gives me great satisfaction helping them get back to normal." Anuj Punnoose Myanmar

"The experience makes you realise why you did medicine in the first place; gives you perspective on your own life and practice. I was inspired to volunteer because it was a chance for professional development, to pursue potential academic pursuits and to do something different and worthwhile with my career" (Rowan Burnstein, Myanmar)

'I have always wanted to volunteer and use my skills as a doctor and hope to continue this throughout my career. (Li Mei Koh, El Salvador)

"I was inspired to volunteer to share my learning , learn from others, be part of an amazing team and bring back and share my experiences for the benefit of the staff, the babies and the families here in Cambridge. I have had the opportunity to observe and learn from a different culture and be motivated. It was hugely refreshing to see different ways of working. I made new friends both from here and in El Salvador. It was a huge privilege for me to be part of the team and to be welcomed and be invited and to spend time with the Salvadorians. Without doubt I feel better motivated in my work here." (Angela D'Amore, El Salvador)

"Volunteering was an opportunity to improve lives and maternity care in a country where my skills and expertise are really valuable and small changes would make a huge difference. enjoy working in women's health and making difference to the lives of women I manage, find delivering babies extremely satisfying, every day is different." (Shazia Bhatti, El Salvador)

"In the wider context being a midwife is the first catalyst to ensuring each family has the best start in life. It is a rewarding profession to be in. What the project (in El Salvador) was trying to achieve is unlike any other charitable project I know. It has an ambitious aim, that is to reshape health care of El Salvador. I felt I could contribute to the project and started working on the project soon after. CGHP supported me to partake in the project by sharing their expertise in working abroad. (Chin Swain, El Salvador)

'I had only been outside Europe once before and not to a central American country. I enjoyed delivering my presentations. I learnt from the other members of the team and the work they do. I hope I can do this again as I still have much to offer and learn. [...] I enjoy making a positive impact on my patients. [...] I have always regretted not doing something earlier in my career and grabbed this opportunity with both hands.' Nick Fletcher El Salvador

"I was able to use all my transfusion skills and knowledge and my ability to engage and motivate scientists to enhance the quality of work in blood issue department in Yangon. I have made some new friends who are very appreciative of what I was able to do there. (Allan Morrison Myanmar)

Resilience and adaptability in the workplace and raised staff morale

Travelling to a LMIC as a global health volunteer plunges people into a setting which may be vastly different from anything they have experienced before, in the professional, social, cultural and environmental sense.

Many benefits are linked explicitly to the unique first-hand experience of working in low resource environments and being exposed to global issues in healthcare and different ways of managing them, with volunteers emphasising how much learning and development simply could not have taken place in the UK.

The experiences of working in these quite different and often much poorer environments, adapting to a different country with the task of effectively delivering an intensive training course requires staff to be innovative and proactive in managing in adverse conditions. As a result staff practice being resourceful and resilient, reporting feeling better able to cope under pressure and manage demanding jobs.

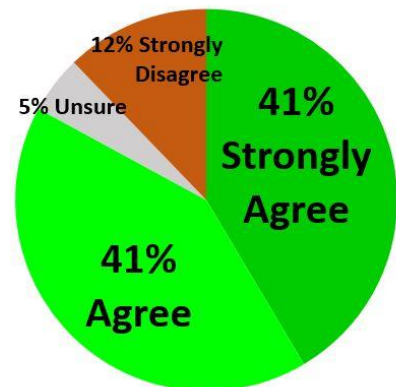
The opportunity to meet, work alongside and become friends with healthcare professionals in the partner countries is evidently something which has a lasting impression on volunteers and leaves them inspired, enthused and humbled.

Participating in global healthcare work also serves to remind people of the initial reasons they pursued a career in healthcare, and highlights the core guiding values of the NHS.

Global health volunteering improves the working culture within the NHS by encouraging resilience, perspective and commitment, and equipping people with techniques for raising staff morale.

93% either 'Agree' or 'Strongly Agree' with the statement: I feel refreshed and more motivated toward my job on return.

I have developed my ability to creatively problem solve



"An appreciation of working amongst such welcoming positive, cheerful and relaxed team - the African approach is very different and we have a huge amount to learn in terms of attitude and approach - a real contrast to the negativity, low morale and stress of the workforce of the NHS." (Alison Hammond, Uganda)

I learnt "personal resilience and team resilience; how to adapt to difficult or unexpected challenges at short notice. I also learnt mindfulness - I was taken in by the Botswanan concept of "BOTHO" (Vijay Santhanam, Botswana)

"It sometimes difficult to relate skills learnt to the home environment. In general I appreciate the system and processes that we have much more!

Volunteering "develops your own resourcefulness and interpersonal skills...It was a new experience having to adapt to changes of plan and reacting accordingly. I learnt spontaneity when change of tack is required, and patience with slow and different processes and ways of working. In busy UK departments, the patience and tolerance learnt is of great benefit." (Claire Studley Scott, Botswana)

To work in conditions I never thought i would experience, rats, dirt, heat, humidity, and survive - just.

Report:

“The weather was particularly hot – incredible heat and humidity. We all wilted at times, but due to the interactive nature of the course we were able to keep ourselves and the nurses going – particularly with Colm’s ‘Dermatome Dance’ – particularly useful after lunch!

“We were able to obtain feedback from the local staff on how some of the interventions from our last trip were working. It was wonderful to see that a number of the projects we started last time had been continued and further developed by the local staff.

During our last trip we had provided resuscitation algorithm posters for the walls of the doctor’s teaching room, the paediatric AE and paediatric ward to guide local staff during stressful acute situations. A number of further posters had been created by local staff since we visited last.

Staff reported that since we decorated the paediatric AE with wall stickers and made the area look brighter, the morale of both staff and patients had been improved.” (Ruth Seager, The Gambia)

“Makes you realise why you did medicine in the first place”

“Professionally I have formed links with other nursing staff around the globe, forming lifelong friendships and professional contacts.” (Lynsey Brown, Myanmar)

“Meeting the team from Botswana inspired me to want to assist them in any way that I can. I will continue to link with my connections made for a different perspective and always appreciate what we have. (Alison Hammond, Botswana)

“I made new friends, friends and colleagues who are so grateful, giving and humble. our Myanmar colleagues are social animals compare to us, they still live with many generations under one roof.” (Lotte Myanmar)

“The whole experience also made me really glad to be a nurse and helping the nurses out there, and has really motivated me in my work. I have gained understanding and motivation, and learning about ways in which others work and different means and ways of doing things.” (Joanna Kay Myanmar)

“I will remember most the laboratory staff from the blood issue, who were so enthusiastic and dedicated to their work in the challenging environment of a blistering workload and unacceptably hot room. The working environment was cramped and extremely hot due to inadequate air conditioning.” (Allan Morrison Myanmar)

“We met a wide variety of people, all incredibly welcoming and keen to be involved with us. Our local faculty bought traditional clothes for every member of the visiting faculty to express their thanks for our visit. They also were on hand with tissues when our faces were visibly ‘glowing’. We have made lifelong friends and developed professional networks. One nurse thanked us for our visit and said we would live close in her heart as her big world nursing family. That called for a group hug!

We have also commenced the setup of a Facebook group (ADAPT Yangon April 2016) to allow attendees to keep in touch, share best practice and research and allow discussion among members. This will be maintained by Maggs while she is in Yangon, ensuring a sustainable resource.

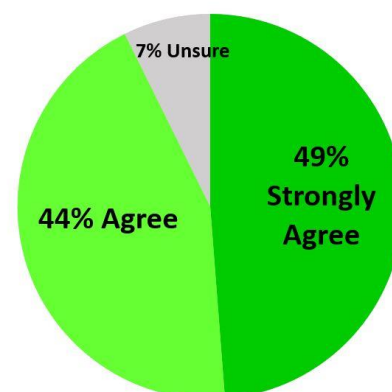
We all plan to remain involved with this project. We have made lifelong friends and contacts that we are keen to continue. All of us are hooked on international volunteering – we’re lucky to have the opportunity to take part. (Team Report, Myanmar ADAPT Orthopaedic Nursing April 2016)

“Each of us as UK faculty has been incredibly lucky to visit Yangon more than once to build on our previous work. Our favourite experience was meeting old friends from previous visits and also making new friends. The environment was welcoming, with all of us looking forward to the next day. We have further developed our professional networks and cemented lifelong friendships. We were disappointed for the course to end but are all keen to continue our involvement with international volunteering!” (Team Report, Myanmar ADAPT Orthopaedic Nursing Nov 2016)

Appreciating the NHS: People, practice and resources

One important outcome from the trips is a renewed appreciation of and enthusiasm for working within the NHS. Experiencing first-hand the disparity in healthcare services worldwide clearly has a profound impact on staff. For many volunteers, witnessing and working in a very different healthcare system threw into relief how robust, efficient and well equipped the NHS is, and how fortunate we are to have it embedded into our nation's fabric.

I FEEL REFRESHED AND MORE MOTIVATED TOWARD MY JOB ON RETURN



"I feel more appreciative of how we work after seeing how it is done in the hospitals in El Salvador. Making the most of what we have here and being more conscious that we do things safer here. [...] I learnt that we are on the right path to patient care. (Nick Fletcher El Salvador)

"I have developed a greater appreciation of what the NHS and its healthcare professionals have achieved." (Chin Swain, El Salvador)

"I have delivered a talk to lab staff here on what happens in Yangon. My staff now feel very lucky and are eagerly awaiting the arrival of the next lot of visitors. My staff are now enthusiastic regarding this project and keen to input as much as they can. The system in place is more primitive than the system I used here in 1975. I have been able to use this to demonstrate to my colleagues here on the relative benefits of each step in our processes." Allan Morrison Myanmar

"I have a better appreciation of service available in the UK." Tom Bashford, Myanmar

"Not to take for granted the health and health care facilities that are present in the U.K." Libby Brinkler Uganda

"Personally I have learnt to value what I have. I have appreciated how health care workers working with limited resources still try to make a difference. Appreciation of our plentiful resources and the fact that we are very good at communication." (Anita Patil, Uganda)

"You develop appreciation of how well resourced we are." (Alison Wilson Uganda)

"It makes you take less for granted" (Charlotte Patient Uganda)

"Being more positive about NHS in day to day work. Midwives on day 2 said that they will never ever complain about the NHS again..... Amazing reality check. Staff there so positive despite the enormous challenges - numbers of patients, lack of staffing and resources." Jane MacDougall Uganda

CUH midwives said that "they will never complain about the NHS again" nor "inadequate staffing levels / too many patients" (Uganda team report)

"My trip has sparked my motivation and I feel more refreshed and keen. It has brought new ideas to how we can improve our own in-service training programme and opened my eyes for how well our NHS is indeed set up in the UK. We might lack on the elective care but if one is truly ill, instant help in the form of a great NHS is at hand! [Without leaving the UK I would not have gained..] the appreciation of our NHS and it's has made my even more proud to deliver my care." (Lotte Skjodt Myanmar)

"This charity works with Malagasy doctors and local people, therefore I really enjoyed living with Malagasy people and sharing with them the daily life. I had to adapt to the way they work, using the scarce resources they have. In the Malagasy Doctor's Team there was a leader who was taking all the

decisions and organising the work. I really enjoyed working with the Team and had a very good relationship with them.

I think the most important thing you learn is being able to adapt to a different culture and environment, trying to understand the way they organise and do things. I was quite shocked about the condition of the hospital where we did the consultations and the operations and the shortage of resources. The hospital was in a very poor condition, consequently it was interesting to see how they make the family to get involved in all the process, asking them to help with the cleaning, to move patients after the surgery and staying with the patients overnight, as they had to be in a room lying on the floor

In the UK we have all the resources that we need and we follow the British and European guidelines. I value a lot more all the resources we have here, I came back really motivated to work in an environment where you have the equipment and resources that you need to perform a good practice. I shared my experience with my colleagues and explained how the situation is in Madagascar to make them aware about how lucky we are with the resources we have.” (Marta Coll Lastras, Madagascar)

“The trip gave me a new sense of the value of medical care and education in both the UK and internationally.” Ronan O’Leary Myanmar

‘It’s made me appreciate the people around me and for me to help in the ways I can’ Mel Yeneralski, Medical Photographer, Myanmar

Improved resource use and management

We have just seen how unanimously staff felt the trip inspired a newfound appreciation of the NHS and the quality of healthcare services in the UK.

Being able to reflect on healthcare at the level of the nation or system means that being appreciative of the NHS goes hand in hand with critical reflection on the NHS, where a key area was that encompassing resource use and management.

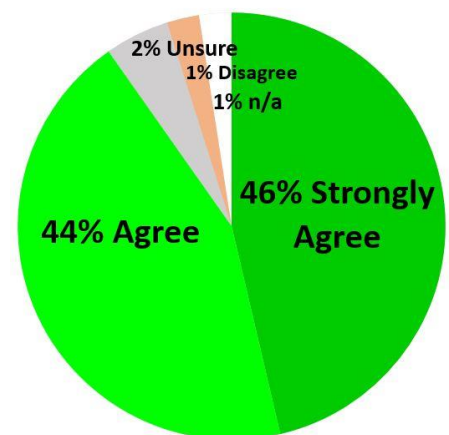
Experience of working in a resource poor environment and exposure to different healthcare systems enables comparison and insight, which had two key outcomes for staff. The first was an appreciation of how well equipped resourced the NHS is, how important and how costly this is, and as a result an enthusiasm for being frugal with resource use. The second outcome is ideas on practical steps which could be taken to improve how cost efficient the NHS is. Many volunteers also commented that they found it useful to be encouraged to shift their emphasis away from the resource infrastructure and onto their own knowledge and skills when managing and treating patients.

“I learnt to value resources and equipment, and am better able to manage and cope with strain on resources.” (Valmiki Sharma Botswana)

“I learnt to utilise the equipment you have to its best use and to think outside the box. It’s a different environment where you have to use different skills to your everyday job and you gain a lot from doing it.” (Rachael Fisher Myanmar)

“I think that being able to use the resources we do have in the best way possible. Our NHS is struggling with new equipment but trying to find ways in which we can do more with what we already have its vital.” Mel Yeneralski, Myanmar

**I FEEL BETTER ABLE TO
MANAGE MY RESOURCES**



'To be resourceful with our equipment.' Arman Memarzadeh, Myanmar

"Working in a low-resource setting reinforced the basic principles of orthopaedic management' (SORT Myanmar April trip report)

Being in Myanmar was a great experience working in a low-resource setting. I am now more aware of basic orthopaedic principles in trauma management - rather than just being guideline or protocol driven. (Matthew Seah Myanmar)

"Using only limited and available resources was a new experience for me, and now when I approach medicine I am more resourceful with what there is available.' (Claire Studley Scott Botswana)

"I have become aware that protocols can hinder services. I observed a patient who attended screening and was lasered in the same week. In England our protocols would prevent this. We know we should adapt our protocols to assist the patients but sometimes they support the establishments instead. The UK is forging ahead with DES programmes and therefore there is not understanding of the basics/beginnings. People coming into DES programmes now are entering well managed and monitored services without having understanding on how they got to this point. I will share my new experiences with my colleagues and always question their assumptions appropriately. (Alison Hammond, Botswana)

UGANDA

"I am grateful that we have a NHS and appreciate the resources we have. I have become even more conscious of wastage and the need to conserve resources. There is general appreciation of participating in volunteer work and willingness to listen when I contribute to discussions about working in resource constrained environment." (Anita Patil Uganda)

It was invaluable as a chance to work outside of our comfort zone, widen horizons of the challenges of practice in other situations - particularly with challenges of resource limitation and high volume of patients. It was also a chance to reflect on the different challenges of practice that have developed in terms of patient expectation / litigation and a blame culture as medical resources are more available." (Alison Wilson Uganda)

Observing the staff coping with the circumstances they are working under is immensely humbling. They do so much with so little and do it cheerfully. It has reminded us how much we take for granted and how fortunate we are working in the NHS with the facilities, resources and organisational structure. Our experience should prompt us to reconsider some of our practices and wastages. (Uganda Team Report)

"Yangon General Hospital is.. 'a much more financially restricted environment requiring *more lateral thinking in patient management*. Yangon General Hospital has a high turn over of trauma patients. They also have tight restrictions of the number of patients they can operate on. There are ongoing projects to utilise emergency theatres more efficiently and work has been done to try to implement care pathways. During the last 18 months fractured neck of femur care has improved with the waiting time for surgery becoming significantly reduced. There is also a higher rate of use for skeletal traction over skin traction." (SORT Trip report, Myanmar, November)

'I have a broadened view of the medical world and insight into limitations/difficulties of applying western standardise non western environments and also the need to develop locally applicable standards. The trip has made me think in different ways about how to resolve issues and develop service locally'. (Rowan Burnstein Myanmar)

Case Study: Learning from The Gambia: being resourceful with equipment

Ruth Seager The Gambia: a focus on medical supplies

“We successfully assessed the impact of our previous interventions as started in November 2015, and were able to build on these.”

This trip enabled me to gain a greater understanding of some of the challenges facing doctors in developing countries, such as limited resources. I enjoyed working with clinicians from The Gambia and learning from them.

These included “the usefulness of previous donated supplies, the functioning of the AE trauma room, and the donation of the EZIO devices and needles, along with starting a number of new projects in the hospital. We were able to provide further teaching of local staff and identify possible future projects for the next trip.

During this trip we organised for sheets and neonatal mattresses to be made and printed for the neonatal unit, as we had identified the lack of these as an important clinical problem reported by the local clinicians. I had not been involved with such a project before and was pleased with the outcome.

We were able to fit the neonatal unit with new bed linen and mattresses (a previous aim identified on our last trip). We arranged for 250 bed sheets and 50 new wipeable mattresses to be made and printed for the neonatal unit, as the local staff had identified that a lack of unit bed linen was a problem, and that their current mattresses were old and needed replacing.

As I took an active role in organising and costing the supplies and donations we took on the trip, I was able to further appreciate the cost of the resources and supplies we can sometimes take for granted in the NHS. It has given me a much greater understanding of how fortunate we are to work in the NHS and some ideas of how waste of our resources could possibly be reduced. In many ways some of the systems used in The Gambia are more efficient as they involve much less bureaucracy than in the UK.

CASE STUDY: What can we learn from Myanmar in terms of ethos?

Context: Physiotherapy service Yangon General Hospital

The service at Yangon general hospital was established in 1958, it is one of the oldest specialities in the hospital. The department suffered a severe set back in 1998 when all the physiotherapists except 1, fled the country seeking asylum.

Today there are 36 physiotherapists working at Yangon general hospital and rehab unit. They are led by 9 'physiatrists' who are trained doctors specialising in rehabilitation. Yangon has many of the specialist facilities for amputees, prosthetics, rehabilitation. They are not available elsewhere. The overall air wherever I went was of a calm peaceful machine at work.

"I can now fully appreciate the NHS but also feel that in Britain our health system could encourage more of the practises used in developing countries:"

I saw a very efficient way of managing large numbers of patients. Also how the tight knit family can vastly reduce the cost of health services. One good practise in Myanmar was the kindness of the patients and the high involvement of the family in patient care.

Patients buy their splints and bandages; - there is a market stall where you can buy anything from a bandage to a hip replacement. All the patients' belongings are stored in boxes under the bed; the family provide potties, urine bottles, bed linen, washing equipment and food.

Because patients buy their own equipment they look after it and valued it. The patient with no family suffered badly as there was no social care system.

In Myanmar free tests were limited. EG 5 blood tests were free then the rest had to be paid for.

In terms of how my practice and management at home will be affected – "When pre assessing patients for elective surgery, I will encourage them to be more prepared for discharge and for their hospital stay, encouraging those who are able to take more responsibility for their aftercare, laundry, clothing, transport and health"

[The trip was] "a very good one stop shop for physiotherapy referrals."

"I personally felt amazed at the generosity of the staff and people of Yangon, they have very little compared to our country but family and sharing is most important... Its not about money but how we respond." Mel Yenerski, Medical Photographer, Myanmar

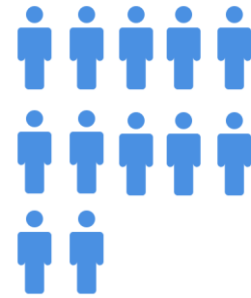
The Ripple Effect: Sharing Learning

Two questions on the PPDQ concerned whether and how volunteers would share their experiences and learning with colleagues on their return.

In response to the question 'Will you share what you have learnt with your colleagues at home? If so, how?', 100% of respondents said they had already or had plans to do so. Several staff also reported that they had already or planned to integrate and use the teaching material developed for partnership activity in their formal training of junior staff in the UK.

In the free-text responses, volunteers cited a range of ways they would do this with regards to the 'How?'. The most frequently listed answers were as follows:

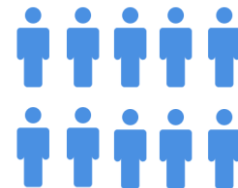
Share learning in weekly department meeting x12



I will be talking in the department about my experiences and hopefully inspire others to volunteer. (Rachael Fisher Myanmar)

I will be formally feeding this information back to the ENT department during the December teaching session. In addition, I have planned meetings with the audiology department as their expertise is crucial to continue this project. **(Chloe Swords, Myanmar)**

Informal discussion with colleagues x 10



"I have already spoken to a number of my colleagues and encouraged them to get involved in medical volunteering abroad, and one of my colleagues joined me on this trip. I hope to continue to help more people to get involved and will highly recommend Addenbrooke's abroad for the support they have offered me." (Ruth Seager The Gambia)

'I have already encouraged my fellow colleagues to engage in global health volunteering. It has been a truly enriching experience.' (Tom Hughes)



Encourage others to volunteer x 8

Give a presentation x 7



“presentations within each DES programme and through discussions of my experiences. (Alison Hammond Botswana)

“I already have many requests for feedback and lectures.” (June Brennan, Myanmar)

“ Shared learning at Audit meeting presentation. Involved in discussion about presentation about work abroad at the cambridge orthopaedic club. (Rachael Fisher Myanmar)

Use material (case studies) in teaching x 5



I will use lecture material with local staff

(Caroline Stoneham)

As a team we aim to present within the work place and I also aim to use case studies to teach management of sepsis and eclampsia to midwives in CUHFT. (Libby Brinkler)

I am now using some of my presentations to teach and present at a trauma study day we have put together for our band 5 nurses here (Joanna Kay Myanmar)

We are giving a lecture to other saravanabavan Myanmar)



Foundation Year 2s later this month. (shamini)

Speak at meetings outside of the workplace x 3 **We plan as a team to present our experience at a lunch time meeting in obstetrics and I also plan to speak about it at a anaesthesia governance meeting. Anita Patil Uganda**

I used the guidelines guidelines which were presented as a draft in Myanmar for lower back NICE guidelines for teaching the UK team. (Lotte Interview)

Put a poster up x 1

Publish x 1



Through presentations and interactions publish some of the ongoing analyses of our

in the clinical context. We also hope eventually to data. (Catherine Aiken, Uganda)

Other x 1

Developing local groups with interest in working in emerging and developing world” Rowan Burnstein Myanmar