General prescribing principles

Teamwork

Before you begin

Research has shown that successful teamwork is a key component in providing high quality health care (Campbell *et al* 2001). Conversely where collaboration between professionals fails, patient care suffers (Bristol Royal Infirmary Inquiry 2001).

The chair of the Review of Prescribing, Supply and Administration of Medicines, Dr June Crown, has said that the introduction of nurse prescribing should 'improve our care of patients, make much better use of the skills and professionalism of staff and encourage more effective teamwork' (BBC News 2000)

The National Prescribing Centre has set out seven indicators of good teamwork for nurse prescribers (NPC 2001):

- Work with colleagues to ensure that continuity of care is not compromised.
- Use the multidisciplinary team to its full extent in prescribing practice.
- Establish relationships with colleagues based on understanding of, and respect for, each other's roles.
- Recognise and deal with pressures that result in inappropriate prescribing.
- Be adaptable, flexible and responsive to change.
- Negotiate the appropriate level of support for the role.
- Provide support and advice to other prescribers where appropriate.

The 'national' team

The head of the national nurse prescribing team for each of the four nations is ultimately the secretary of state for health and their respective departments of health. These teams decide national policy and protocols, guided by a range of experts and organisations. Probably the most important of these is the chief nursing officer and his or her team. In addition there are regional nurse prescribing advisers who help to implement policy at ground level.

The 'local' team

In hospitals there are prescribing committees or drugs and therapeutics committees. In the community each primary care trust (PCT) has a prescribing lead and prescribing committee. Often these committees will have a nurse prescribing representative; if not, then at least someone who has the 'ear' of local nurses. As nurse prescribing is in its infancy new nurse prescribers may need to make themselves known to these local committees or ask for invitations in the first instance so they are not forgotten.

On a day-to-day basis the nurse prescriber will work with a close team of fellow healthcare professionals and prescribers within the practice or ward. Other prescribers within this team include fellow extended formulary nurse prescribers, midwives, doctors and, in the future, pharmacists and supplementary nurse prescribers.

One of the most important members of the team is likely to be the nurse prescribing 'mentor' or 'supervisor'. This is the designated doctor who guides and supports the nurse through prescribing training.

Relationships

There is more to collaboration or teamwork than merely working side by side. Working 'together' rather than working 'alongside' can energise people and result in new ways of tackling old problems (Davies 2000).

Celia Davies, professor of healthcare at the Open University, says: 'What characterises the new models of collaboration is the recognition that it is not what people have in common but their differences that make collaborative work more powerful than working separately. Working together means acknowledging that all participants bring equally valid knowledge and expertise from their professional and personal experience.'

This reinforces good nursing practice. It is important that the nurse prescriber knows the limits of their own knowledge and skills and works within them. They also need to know when to refer to, or seek guidance from, another member of the team or a specialist.

Seven determinates of a good working relationship for healthcare professionals have been defined (Foden and Preston 2001) and can help bring the collaboration Professor Davies refers to:

- Work closely together.
- Establish and agree explicit common aims.
- Acknowledge the complementary nature of expertise.
- Communicate successfully.
- Negotiate all decisions and actions.
- Act honestly.
- Be flexible.

Key in achieving these aims is good communication, the linchpin of which is likely to be the team meeting. Team meetings offer an opportunity to reflect on prescribing practice and to gain and offer support.

Avoiding conflict

To gain the most from team meetings and to use the experience to improve practice, prescribers need to be able to act on constructive criticism. However, occasionally there may be conflict and differences of opinion between prescribers.

To reduce the likelihood of conflict the following pointers may be helpful:

- Be familiar with national protocols and guidelines.
- Keep up to date with professional prescribing practice.
- Adhere to local guidelines and formularies.
- Keep good records – this may mean writing prescribing decisions down in several different places, such as paper and electronic records.
- Seek help and advice if unsure.

However, should there be a disagreement over the choice of drug, it looks likely that the doctor under whom the patient's care is registered will be responsible and will have final authority (Gibson 2001). Remember also that the nursing code of conduct (NMC 2002) requires that nurses work in a close and co-operative manner with other professionals to minimise problems.

Interprofessional training

Effective teamwork with other professionals in both health care and social services largely depends on the breaking down of traditional demarcations and divisions. The Department of Health (DoH) advocates joint training for health professionals as a first step towards achieving this.

In the *NHS Plan* (DoH 2000) the ten-year blueprint for the NHS, the DoH states that there will be joint training across the professions in communication skills and in NHS principles and organisation. They will form part of a new core curriculum for all education programmes for NHS staff.

But to truly lead to better interprofessional working the learning needs to be in clinical as well as classroom settings according to Professor Janet Finch, vice chancellor of Keele University (Finch 2000).

'Would it not be more effective to envisage a substantial amount of interprofessional learning taking place in clinical settings, where students are dealing with real life circumstances; where they can see the contributions of the different members of the team; where they can learn to work together and can indeed take over each other's roles where appropriate?' she says.

The first courses of this kind are currently in development. The DoH has identified four 'leading edge' sites for interprofessional or common learning: King's College London with Greenwich and South Bank Universities; Universities of Southampton and Portsmouth; Universities of Newcastle upon Tyne; Northumbria and Teesside; and the Universities of Sheffield Hallam and Sheffield (www.doh.gov.uk/hrinthenhs/learning/section1b/leading4clsites.htm).

In Southampton and Portsmouth 'an integrated interprofessional common learning programme' – the New Generation Project (Humphris and Macleod Clark 2002) – has been developed across 11 NHS specialties: audiology, medicine, midwifery, nursing, occupational therapy, pharmacy, physiotherapy, podiatry, diagnostic radiotherapy, therapeutic radiotherapy and social work. The students will receive interprofessional learning, including classroom and clinical practice, as well as specific courses for their chosen specialty. The first 1,500 'new generation' students are set to begin training in the autumn.

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Coming next: An update and summary of this series on prescribing principles

SUMMARY

Successful teamwork has been described as chamber music. 'A chamber group has no conductor and plays on diverse instruments, but if the players have sufficient individual skills, practise together, and respect every one's contribution to the music, such groupings work well and improve over time.' (Caan 2000).

These guides are written by Carol Lewis and Daniel Allen and have been reviewed by Pam Campbell, Senior Lecturer, Staffordshire University, who leads regular courses on extended nurse prescribing.