

Teamwork: present tense, future perfect?

As nurses and other healthcare professionals take over responsibilities traditionally belonging to doctors, *Annmarie McTigue* finds out how doctors are responding to changes in their team

Teamwork and the multidisciplinary approach are the current buzzwords in healthcare. In every developed country, managers of healthcare organisations strive to squeeze the maximum number of patients through limited "human" resources.

More than ever, doctors in every field are expected not only to work successfully in teams, but also to delegate duties traditionally undertaken by them to other healthcare professionals.

The roles of surgical care practitioner – who specialises in a task traditionally fulfilled by a doctor or surgeon – and nurse practitioners are spreading around the world. In the UK, and shortly in Ireland, nurses, physiotherapists and other allied health professionals can train to become independent prescribers.

Surgical teams may almost follow

a production line process, with each team member trained to perform a discrete task. The surgeon may only undertake a specific, complicated procedure before moving on to another patient in another theatre.

The UK's General Medical Council reflects the changing nature of teamwork – with medical colleagues and patients – in its latest edition of *Good Medical Practice* (2006).¹ It states that good doctors "establish and maintain good relationships with patients and colleagues", emphasising that colleagues are "those a doctor works with, whether or not they are also doctors."

But, just how can and does a 21st-century team of doctors, nurses and allied health professionals work effectively and confidently together? And what are the emerging risks and medicolegal implications for

doctors leading multidisciplinary teams? What duties do they have? If another healthcare professional is leading the team, where do the doctor's responsibilities lie? And what happens when something goes wrong?

Across the profession, doctors have seen the way they practise change.

Dr David Williamson is a consultant orthopaedic surgeon at Swindon's Great Western Hospital. He and colleagues in the trauma and orthopaedic department won *Hospital Doctor* magazine's Surgery Team of the Year award for 2006. He is concerned about how changes to medical training and shift patterns may be alienating junior doctors from the team.

"When I started out in medicine, junior doctors were allocated like an apprentice for a period to two or three consultants – who had their own team made up of a registrar, a senior house officer (SHO), housemen and medical students. You don't have that set-up anymore."

In a truly multidisciplinary team, which sees a range of patients for surgery, the four junior doctors in Dr Williamson's team work shifts, so often only one can go to theatre or help in clinic. Although he acknowledges the benefits of policies limiting their hours to reduce fatigue, he thinks they miss out on vital experience in theatre, clinics and on the wards.

Originally from South Africa, **Dr Dirkie Swinfen** most recently

practised as a registrar in accident and emergency medicine before applying for GP training. As a trainee in South Africa, she found disharmony between medics and nurses.

"I think it's because there's not always that communication open for nurses to doctors. They sometimes feel medical students are sort of below them and they can assert some authority. I think many doctors had the attitude – some still do – that they have superior knowledge and skills to other staff, which can be very dangerous for patient care."

Dr Swinfen's view fits with research in USA hospitals, which showed how nurses consider surgeons poor team players and would often be too intimidated to make them aware of a problem or near-miss. Similarly, a study comparing attitudes about stress and teamwork between hospitals and the airline industry found that only 39% of anaesthesia consultants, 28% of surgical nurses, 25% of anaesthetic nurses and 10% of anaesthesia trainees reported high levels of teamwork with consultant surgeons.²

However, doctors may well be better team players than they are given credit for. Doctors were asked for their views on teamwork and skill-mix in a British Medical Association survey in 2005.³ Only 42% considered doctors – being "the most highly-trained professionals" – as natural leaders of multidisciplinary teams. Moreover, just 24% of doctors thought their traditional responsibilities should not be

delegated to other healthcare professionals. It seems that doctors are prepared to accept change and benefit from the chance to concentrate their skills on more serious matters.

"It's a balance really of non-medical staff doing the things that don't necessarily have to be done by a doctor. We make sure that junior staff and registrars go with the physiotherapist or podiatrist and see what they do, so they don't lose out on that aspect of patient care," says David Williamson.

Working smarter for better teamwork is a common theme for these doctors.

Dr Richard Fieldhouse, chief executive of the National Association of Sessional GPs (NASGP), continues to practise as a freelance GP. He helped to found one of the first chambers for freelance GPs. Its members "pooled our money together to pay for a person who can take care of all the non-clinical paraphernalia, like bookings and invoicing". The chambers' business manager also coordinates feedback and significant event audit reports between the locums, the practices they work for and patients. However, he says a current issue is identifying who is responsible for

It seems that doctors are prepared to accept change and benefit from the chance to concentrate their skills on more serious matters

what, especially for health professionals with prescribing or extended care powers. He also has concerns about patient-care being fragmented and GPs developing knowledge gaps, as other professionals take on GP roles.

"It's great that patients are seen by asthma or diabetes nurses and I'm grateful for it. But occasionally a patient has to see me and I think, 'I don't normally deal with this condition. I need to look that up'."

FUTURE

Dr Andrew Healey and colleagues at Imperial College, London, have published the results of several studies concerning teamwork in surgery.⁴ They conclude that although surgical technology and procedures have developed quickly with tangible benefits in theatre, team modelling and training have not evolved at the same pace. They say that: "to improve teamwork, clinicians need models that specify team

resources, structure, process and tasks".

So what are the emerging risks for medicine in the future?

Richard Fieldhouse suggests complacency and fragmentation as growing problems: "Fragmentation in that little bits of what we used to deal with are being slowly chipped away and lost to general practice. Complacency in that we GPs are unable to deal with patients holistically now. Nobody takes the holistic overall picture of the patient, they get passed around, with each nurse, GP or hospital specialist looking at one factor."

David Williamson highlights how future doctors are at risk of being poor team players, then weak team leaders, due to shift working: "Some registrars in other hospitals work in one particular clinic with one consultant and team on Monday, Tuesday is a different clinic with another, and Wednesday is an operating list with another. They never feel part of a team. We are used to the old apprentice system, where you work closely with a consultant; you learn the good things from them and some bad things, but you have a role model. That is something people will miss out on in the future."

A Royal College of Physicians report recommends management as a training subject for future junior doctors. It states, "Too often, doctors are regarded as negative, defensive and self-serving. . . The complementary skills of leadership and 'followship' need to be carefully documented and incorporated into a doctor's training to support professionalism."⁵

THE CAPTAIN OF THE SHIP?

With the changing nature of teamwork, delegation of duties and recognition that doctors are not the only experts in a specialty, where does that leave doctors? Have their years of training been worth it?

Raymond C Tallis sums up the situation in his editorial on the RCP's report:⁶

"Medicine is teamwork and, while some tensions between different members of the team are inescapable, they have the same ultimate goals."

By concentrating on these goals, there will be a bright but challenging future for clinical teams.

With thanks to Dr Richard Fieldhouse, Dr Dirkie Swinfen, Dr David Williamson, Dr Laura Wesson and Alice Beverly for their time in talking about the issues for this article.

REFERENCES

1. *Good Medical Practice*, GMC, 2006, London
2. Nurses Give Surgeons Poor Grades on Teamwork in OR, medicinenet.com, 5 May 2006
3. Professional Values (Views on Statements Regarding Teamwork and Skill Mix), BMA, November 2005
4. Healey AN et al, *Quality & Safety in Health Care*, 15(4):231-4 (2006)
5. Royal College of Physicians. *Doctors in Society: Medical Professionalism in a Changing World*. Report of a Working Party of the Royal College of Physicians of London. London: RCP, 2005.
6. Tallis, C, *Clinical Medicine* January/February 2006;6:7-12