

15 Working with others

Rick Acland *a rehabilitation specialist in Christchurch, and a member of the Medical Council.*

Pippa MacKay *is a general practitioner in Christchurch; she has been a member of the Medical Council and Chair of the New Zealand Medical Association.*

Peter Moller *is a rheumatologist in Christchurch, and a member of the Medical Council.*

Working in teams

Leading a team

Disruptive behaviour

Arranging cover

General practitioner liaison

Delegation and referral

Teaching

Making assessments and providing references

Good health care depends on effective communication between doctors and other health professionals.

The Health and Disability Commissioner's Code of Rights (see chapter 23) makes reference to collaboration in Right 4(5) "Patients have the right to cooperation among providers to ensure quality and continuity of care."

Colleagues must always be treated fairly. In accordance with the law, you must not discriminate against them or let your views of colleagues' lifestyle, culture, beliefs, race, colour, gender, sexuality, nationality, marital status or age prejudice your professional relationship with them

You must not undermine patients' trust in the care or treatment they receive, or make them doubt a colleague's knowledge or skills, by making unnecessary or unsustainable comments about them.

Working in teams

A good description of teamwork was made by Dr RA Barker, a previous Director-General of Health, geriatrician and rheumatologist:

"Teamwork is not just a matter of a group of people meeting together to contribute to different aspects of the patient's care. Nor is it simply a matter of one person unloading some of his burden of work on another. Teamwork involves a clear definition of the role of each member and an acceptance by all the team that each member fulfils his own role better than any other member can. Teamwork reaches its zenith, when not only do the team members work together, but they also think together.... In a team... status is not granted by virtue of position, but

earned by virtue of performance...In any organisation of staff the interests of the patient must be paramount, and these are best served by the intellectual stimulation of good teamwork, which continually throws up new ideas and wider horizons to explore.”

Working collaboratively within a team does not change your responsibility for your professional conduct and the care that you provide.

Regular review/audit of the standards and performance of the team should occur and any deficiencies rectified.

Leading a team

If you are the team leader, you must take responsibility for ensuring that the team provides safe, efficient and effective care. You must make sure that the whole team understands the need to provide a polite, responsive and accessible service and to treat patient information as confidential. Patient care needs to be properly coordinated and managed and all patients and their relatives need to know who to contact if they have questions or concerns.

Make sure your leadership skills are adequate for your role as team leader. Attending a leadership course is often helpful.

Disruptive behaviour

As well as treating patients and colleagues fairly and with courtesy, doctors are expected to behave in a professional manner.

Disruptive behaviour is a term used to describe a style of interaction between health professionals, patients and others that interferes with patient care. Such behaviour creates turmoil in the workplace. An occasional episode of conflict, or criticism intended to improve patient care and offered in good faith, should not be described as disruptive behaviour. Inappropriate behaviour that is unacceptable includes

- Sexual harassment
- Racial, ethnic or sexual slurs
- Bullying or intimidation
- Loud, rude comments
- Abusive or offensive language
- Persistent lateness or delays responding to work calls
- Throwing instruments or equipment
- Offensive sarcasm
- Threats of violence or retribution
- Demands for special treatment.

Disruptive behaviour can be caused by a number of factors. These include personality and communication skills, health and domestic issues and problems in the work environment. It sometimes develops as an inappropriate assertion of differences in power or status.

Disruptive behaviour impacts adversely on patient care and safety. Bullying leads to loss of trust and disengagement by those with whom there should be a

constructive working relationship. This leads to impairment of the administrative chain, and to an adverse effect on the care of individual patients. Patients' safety may be compromised by lack of effective communication when the disruptive individual is avoided and colleagues hesitate to ask for help and avoid making suggestions. Staff morale suffers and this can lead to high staff turnover, the need to use locums, and loss of efficiency. If, as a result, adequate staff numbers are not maintained, the morale issues are further compounded.

The effect on the working environment of this sequence of events also has consequences for educational activities. The education of students and the continuing education of all staff may be affected.

If you believe one of your colleagues behaves in a disruptive manner, speak to a trusted colleague, or your employer or the Medical Council.

Arranging cover

You must be satisfied, when you are off duty, that suitable arrangements are made for your patients' medical care. These arrangements should include effective handover procedures and clear communication between relevant doctors.

If you are a general practitioner or private specialist, you must satisfy yourself that the doctors who stand in for you have the qualifications, experience, knowledge and skills to perform the duties for which they will be responsible. A deputising service doctor is accountable to the Medical Council for the care of patients while on duty.

General practitioner liaison

It is in patients' best interests for one doctor, usually a general practitioner, to be fully informed about, and responsible for maintaining, continuity of a patient's medical care. If you are a general practitioner and refer patients to specialist services, you should know the range of services available to your patients.

Patients should be informed about how information is shared amongst those providing their care. If patients object to disclosure of any information, you must respect their wishes.

It is important when a patient is discharged from specialist or hospital care, that adequate and timely information is given to the patient's general practitioner to ensure safe and appropriate on going care.

Delegation and referral

Delegation involves asking a nurse, doctor, medical student or other health care worker to provide treatment or care on your behalf. The person to whom you delegate must be competent to carry out the procedure or therapy involved. Adequate and appropriate information about the patient and the treatment needed must be conveyed. The patient must be fully informed about the delegation. You are still responsible for the overall management of the patient.

Referral involves transferring all or some of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment, which falls outside your competence or

knowledge. Usually you will refer patients to another registered medical practitioner. If this is not the case, you should be satisfied that the health care worker you refer to is educated and qualified for the task, and accountable to a statutory body, and that you or another registered medical practitioner, usually a general practitioner, retain overall responsibility for the management of the patient.

When you refer a patient, you should provide all relevant information about their history and current condition. Specialists who have seen or treated a patient should, unless the patient objects, provide the results of the investigations, the treatment provided and any other information required for the continuing care of the patient.

If you are a specialist and accept a patient without referral from their general practitioner, you must keep the general practitioner informed, provided you have the patient's consent. If sensitive information is involved, you should encourage patients to allow information to be passed to their general practitioner, but you must not disclose anything unless the patient agrees.

Teaching

All doctors have a duty to share information and promote education of colleagues and students.

If you have particular responsibilities for teaching, you must develop the skills, attitudes and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.

Making assessments and providing references

You must be honest and objective when appraising or assessing the performance of any doctor, including those you have supervised or trained. Patients may be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

Only honest and justifiable comments should be given in references for, or writing reports about colleagues. All relevant information that has any bearing on your colleague's competence, performance and conduct should be provided. Remember, the reference may be disclosed by its recipient to your colleague.

References

1. Medical Council of New Zealand. *Good medical practice – a guide for doctors*, Wellington, 2003 (based on the General Medical Council's *Good medical practice*).
 2. New Zealand Medical Association. *Code of Ethics*, Wellington, 2008 (see chapter 19).
 3. New Zealand *Code of Health and Disability Consumers' Rights* (see chapter 23).
 4. Barker RA. Guest editorial. *NZJ Physiotherapy* 1975; 5: 3.
-