The dimension of inter-professional practice

Introduction

This aim of this assignment is to analyse the unique role and contribution ofnursingpractices within inter-professional jobs and consider how inter-professional practices influence the way we manage the people in our care, using evidence based commentary. Mental illnesses are complex conditions and therefore cannot be managed by one professional. Holistic treatment of mentalhealthpatients requires a cohort of clinical professionals (Barker, 2008).

For this assignment I chose Gibbs Reflective framework (1988) to enable my personal reflection and to improve my future nursing practice. In accordance with the NMC Code of Practice (2008) names have been changed to comply with confidentiality regulations; Grace will be my client's name.

Inter-Professional Team Working

Pollard (2005), defined inter-professional working, as the process whereby members of different professions and/or agencies work together to provide integrated health and social care. Leathard (2003) states inter-professional working implies a group of professionals from different professions engaging in interdependent collaborations with mutualrespectto provide integrated health and social care for the client's benefit., Housley (2003) argues the multidisciplinary team is a group of people of different professions who meet regularly to discuss individual clients. Successful teamwork can have direct consequences for patient care and the inter-collaboration model of healthcare delivery is one of the most important modernisations of the healthcare system in recent years (Humphris and Hean, 2004). Effective

team-working produces positive patient outcomes, while ineffectual team-working contributes to negative incidents in patient care (Grumbach and Bodenheimer, 2004).

Client background

Grace, a 21 year old female, was formally admitted via community mental health nurse due to non-concordance of medication. Grace suffers severe mental illness andpersonalitydisorder with a high level of self-harming, poor personal hygiene and inability to perform activities of daily living ADL's. The Roper, Logan and Tierney model (Bellman 1996) states that 12 ADL's produce a picture of the person's lifestyle and these can be used to highlight problems which require nursing intervention.

Inter-disciplinary team working and my role in Grace's care

The multidisciplinary review meeting for Grace's care comprised a consultant psychiatrist,; a psychologist who assessed Grace's behaviours and gave counselling sessions; social workers who assessed social wellbeing; an occupational therapist who assessed ADL; a dietician and the care-coordinator who was the key-worker involved in Grace's care when she was in the community. The registered mental health nurse assigned to Grace was my mentor, and I was given the task of shadowing my mentor to assess Grace's mental state on the ward and monitor any physical changes. The inter-professional team at the review placed Grace on level 3observationdue to her self-harming.

Feelings

I felt challenged and nervous about shadowing and handling the nursing report during the multidisciplinary team review. However, I realised this is a key role of the nursing professional in an inter-professional team, Davies & Priestly (2006) views nursing handover as vital information about clients under the care of nurses, allowing nurses to improve both the handover process and improve patient care delivery.

I felt empathy for Grace, especially heranxietyover the (in her eyes) large number of people (the care team) caring for and deciding her ' fate'. She shared in her one-to-one sessions that she was nervous of not doing the right things in front of the team and I remember thinking ' we are both nervous for similar reasons',, as I was also nervous about what the team thoughtabout meand my practice. I reassured Grace that we were here to help her, using mycommunicationskills to listen and ally her fears. Hamilton et al. (2010) stated listening is an essential skill for a mental health nurse.

I felt frustrated within the team, feeling that some members worked toward their owngoalsrather than collectively aiming to ensure the best holistic care for Grace, which made working within the team challenging. An example of this was thedoctor's decision to exclude Grace from participating in ward activities without assessment from the occupational therapist. This is at odds with the traditional nursing role, which seeks to include the patient both physically and psychologically. I felt that this decision was not in Grace's best interest, and could prolong her discharge.

Evaluation

In evaluating my empathy with Grace and her anxiety, I felt there was an understandable connection as we were both in new situations, while too much empathy can lead to difficulties in nursing (Mercer and Reynolds 2002), empathy is an important aspect in nursing. Whitehead (2000) states that one angle of team work that is often neglected is the ' relationship' between client and nurse, which she argues is important to ensure positive care outcomes and therefore should not be disregarded within a collaborative framework.

After talking to my peers I found that we all felt some anxiety about working within a multi-disciplinary team. In evaluating my time as an inter-disciplinary team member and my anxiety, I realised this eased when roles were defined and responsibilities shared. Ovretveit et al. (1997) asserted that understanding and clarification of roles from the onset is necessary for good team-working andfailureto define roles correctly can lead to confusion.

My frustrations within the team were in part due to my anxiety of performing poorly in front of my mentor, and my inexperience of working within an interdisciplinary-team. I had little understanding of how the different roles and philosophies of other professionals would need to be compromised to ensure both safety of and good care for Grace and perhaps I placed too much importance on the nursing role without understanding what other professionals brought to the team.

Analysis

While my empathy can be a positive aspect to my nursing, on reflection, it may have clouded my judgement and my ability to follow the right course of

action, given that Grace was known to self-harm. The decisions made by the doctor complied with Local Trust Policy (2010) on self-harming. Furthermore, NICE guidelines (2004) states that staff develop preventative strategies to ensure patient safety in cases of self-harming, by reducing opportunities to self-harm. The inter-disciplinary team decided Grace should not be allowed to participate in ward activities due to risk of self-harm.

Through analysis of the team-work shown within this case, I believethat the team showed effective communication, as each professional had a good knowledge of the role they were expected to play in supporting Grace's care and effective communication is vital in team-working (Ovretveit et al. 1997). My frustrations within the team can be explained by Whitehead (2001) who identified that collaboration work, while beneficial, did have a variety of barriers that could hinder development of close collaborative relationships within the different service provider's professions, one being that the different professions may have different ideas on patient treatments that are at odds with other professionals within the multi-disciplinary team.

While at first I did not understand the challenges that inter-professional working brings and thus did not feel that every member had Grace's care foremost, after analysing my time within the team, I feel that every member was supportive of each other's efforts to facilitate Grace's recovery. Many opportunities were available to discuss concerns over the care-plan such as debriefing, one to one interactions, and supervision, highlighted by Freeth (2007) as vital to ensure good inter-professional development. Barriers to good inter-professional collaborations include poor communication, lack of understanding of other team members' roles, work priorities and

professional hierarchy (Whitehead, 2000), where such issues are apparent, it can be helpful to identify shared goals and voice concerns. Inter-professionals should use clinical judgment that encompasses the best of all team members' professions in care provision to improve client wellbeing, aid them to cope with health problems and achieve the best quality of life with their illness (RCN 2003; DoH, 2008).

Conclusion

In retrospect, I feel the strength of the team was its ability to develop and manage excellent patient-focussed care, resulting from the variety of disciplines, personalities and expertises. I have gained an in-depth insight into the roles and responsibilities nurses have in the development of client-centred care and a better understanding for the other team members professions, which I feel now that I was lacking. This reflective process has helped me gain an understanding of the importance of inter-professional team collaboration in managing clients with self-harm issues using positive practice guidance as stated in the NHS guidelines.

Action plan

This experience has taught me that inter-professional practices involve effective communication between team members and respect for other professional's knowledge of client needs. I will seek to gain greater understanding of other clinical roles and what they represent and bring to the inter-disciplinary team. I will undertake personal development and learning by keeping up-to-date with changes in practice, embracing and promoting interpersonal working.

This reflective commentary has enhanced my knowledge of inter-professional working, the challenges involved and the importance of communication and compromise, which will contribute to my personal development as a mental health nurse. In respect to my patient centred empathy, I believe this is an important trait in nursing; however, in the future I will temper my empathy withprofessionalismthat focuses on patient safety first.

I plan to improve my knowledge and expertise of the roles of other professionals. I will begin by focussing on the respect and value I have of other professionals' expertise. With respect to my lack of confidence, I shall endeavour to develop confidence in sharing my knowledge in group forums. The placement amplified the importance of identifying and understanding patients' needs and sharing this understanding with the inter-professional team members in order to facilitate effective healthcare interventions.

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