

# [Role and contribution to the interprofessional team nursing essay](https://assignbuster.com/role-and-contribution-to-the-interprofessional-team-nursing-essay/)

I am a second year student nurse studying at Canterbury Christ Church University; previously I have been working in care of the elderly setting and have been placed in a nursing home and stroke unit for rehabilitation and acute service users. I have also had the opportunity to work in accident and emergency which I found very demanding but also quite enjoyable.

During this time on placement I have been able to witness and participate in multidisciplinary team meetings and have also had the opportunity to work with different healthcare professionals such as physiotherapist and also have been involved in ward rounds with doctors and nurses. Furthermore whilst at University I have been involved in student led seminars, which involved collaborating with many different professionals within the healthcare setting.

## Patch 1: Professional Understanding

This essay will evaluate my role and contribution to the interprofessional team and will relate to professional understanding and collaborative practice seen whist on placement. It will discuss ways in which professional, personal and social issues that may impact on collaborative working, it will also explore the negotiated process of decision making with service users and other members of the interprofessional team. Confidentiality will be maintained throughout this essay following The Code (Nursing and Midwifery Council (NMC), 2008).

Healthcare professionals all have one key concept, that concept is to service user and working in a person centred way to ensure that the health of the service user is restored. Most healthcare professional job roles have similarities, however personal, social and professional issues such as communication, patience, empathy and dignity effect they’re working, but main aim will strive to achieve person centred care.

Whilst at University working alongside other health professionals in student led seminars information has been limited, however whilst on placement, I have had the chance of working with mental health nurses, and through this I have found similarities in this profession have similar roles as adult nurses. According to Forster (2001) ‘ The 8 Roles of the Mental-Health Nurse include: Assessor, Educator, Therapist and Counsellor, Reflector, Manager, Supervisor, Researcher and Clinician’. It is likely that adult nursing staff will experience or come into contact with some type of mental illness, so by working together with mental health nurses and understanding their roles will benefit my learning.

There are many similarities of adult nursing and mental health nursing; both professions need to have good knowledge of holistic care, anatomy and physiology alongside other traits. A definition of a nurse is: a person trained to care for the sick or infirm, especially in a hospital, Oxford (2008). Differences noticed between the two professions is that mental health knowledge and training in mental health nurses have wide understanding of series of mental illnesses and are able to calm situations quicker because of this understanding. In my opinion mental health nurses also build a better relationship with their service user as most mental health issues are long-term, statistics on mental health show that ‘ one in 4 people will experience some kind of mental health problem in the course of the year.. The United Kingdom has one of the highest rates of self-harm in Europe, at 400 per 100, 000 population… Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes ‘ Statistics on Mental Health (Mental Health Foundation (2006))

Another personal perception has also changed whilst on placement, this is a perception of physiotherapists, previous to starting my adult nursing course at University it has been my understanding that physiotherapists were only there for outpatients but this has become clear to me that this is not the case. Whilst on the stroke unit physiotherapist had daily interactions with all service users and also were involved in the multidisciplinary team meetings; however the roles of the physiotherapist differ from other roles in the MDT. ‘ Physiotherapists are concerned with the functional status of their patients and the aim of physiotherapy interventions is to maintain or improve current level of functioning or to prevent deterioration’ Quality and Standards (The World Confederation for Physical Therapy (WCPT), 2009). However there is still collaboration. A definition of collaboration is: the action of working with someone to produce something, Oxford (2008). This definition in a healthcare environment means working with all multidisciplinary professions to produce the outcome; this may be to discharge service user, or the continuation of care for that service user.

Reflecting back on the past year of placement, I initially felt unwise of the impression is I had about mental health nurses and physiotherapists. I hope that having a better understanding of different professionals in the healthcare environment and their roles included in the multidisciplinary team will benefit me in the future whilst on placement, I will therefore having this knowledge of other professionals will be able to plan care for the service users more effectively as I will have an understanding of these professions.

## Word Count: 766

## Patch 2: Team Working

There are many factors that contribute to effective team working; this essay will focus on effective team working and communication with the use of a picture to represent this (Appendix i) in order for health professionals to be successful in their roles; it is important that different professions work together collaboratively to gain successful results. “ Strong support for the contention that team approaches provide effective means to enhance functional outcomes, reduced costs, decrease length of hospital stay or increase quality of care ” (Leathard, 2003)

The picture (Appendix i) that has been chosen in my opinion represents teamwork and continuation of communication without breakdowns. The definition of the circle according to Oxford (2009): a round plane figure whose boundary (the circumference) consists of points equidistant from a fixed point (the centre). However this picture could demonstrate another meaning for circle such as a group of people with a shared profession or interests i. e. service users, therefore the picture could be seen as different health professionals working collaboratively within a multidisciplinary team, to complete a whole or holistic circle in which to achieve a never-ending quality of care for service users, that is constantly being assed and reevaluated, it could also be seen as the connection of multidisciplinary teams and show the joining of professions to benefit each other with the understanding of roles within the team. Helen Keller cited in Herrmann (1999) stated “ Alone we can do so little; together we can do so much” this demonstrates the effectiveness of team working, according to McGovern (1990 p. 62) “ In union there is strength” this again further demonstrates that working together can provide maximum benefits of service user, or person in which the team is centred around.

The picture of the circles can also be seen as good communication within the multidisciplinary team as it shows a continuation and constant flow without breaks. This is demonstrating that communication shared amongst teams can achieve a holistic goal that is clear and in which the outcomes are met amongst the team. Communication is not only verbal it is non-verbal and listening also plays a part, If each coloured circle was to represent a different health professional and the circles in the picture are not linked together or if there is a break in the circle this would demonstrate a breakdown in communication. This break may occur when health professions used different terminological terms within their profession which others may not understand. This demonstrates the need for communication to be shared in a manner which all members can understand to save confusion and reduce the risk of mistakes in information, however as the circles within picture are connected into a whole circle this could represent that communication was used on a level that all professional members within the team understood.

In the picture the circles are connected together to achieve the best outcome (a complete circle) within the picture it appears that all the circles are of the same size, therefore there is no single circle that shows signs of overshadowing other circles, this displays good teamwork as all input from all health professionals is vital in team working and one member should not be placed higher/superior within a team, and it is my opinion the picture shows a good quality of team working skills to complete the circle. If to continue analysing the picture, each circle and each colour could be a symbol of cultural diversity within the team, it could also demonstrate different ranges of age, gender, nationality, and experienced levels, this could be beneficial as having a varied range of team members can provide a much larger and varied range of knowledge.

Therefore it is my belief that the picture (Appendix i) I have chosen displays effective team work and a continuation of communication within the multidisciplinary teams, the picture can relate to many different factors that cover effects of teamwork and if all factors are addressed to have a positive result on a service user.

## Word Count: 722

## Patch 3: Synthesis

To unable multidisciplinary teams to work collaboratively in health care settings and environments, awareness of job roles and description may be required. Health professionals must also be aware of their own professional roles and must know when help is required from other health professionals, as one professional team cannot provide all the care that might be required by service user, Friedman (1995)

Educating health professionals in interprofessional working enables professionals to gain knowledge about each other’s roles and building mutual respect for each other’s roles that are encountered throughout the health care setting. This is why interprofessional learning as a student level may be important, as it teaches students from different professional aspects about differences and similarities in each other’s professional role and help to build relationships and reduced prejudice and discrimination. This is known as the contact hypothesis, this hypothesis suggests that contact between majority and minority groups should reduce prejudice and discrimination (Pennington , 2000)

All professionals must adhere to a code of conduct; confidentiality being one of the codes in all health professionals codes, however this should not become an excuse for non-cooperation with interprofessional team in the delivery of a care for service user (Allison et al, 1998)

Communication is fundamental in achieving positive outcomes (Peate, 2010) communication is carried out in many forms, the easiest is talking to each other, however to receive a successful outcome in communication, the skill of listening to what is being said must be used as misinterpretation and confusion may arise if the information that has been told is not heard correctly, there may be many reasons as to why some professionals do not listen, it may be that some professional teams look at other teams as being wrong in a certain aspect of care that is being delivered to a service user and due to this conflict within these teams or failure of adequate listening skills creates lost opportunities in care. It is important that all communication between health professionals should be documented clearly without terminology/abbreviations that is only used within a single group of health professionals, writing must be legible to prevent mistakes being made which could result in need for legal action. The implications of working in partnership with other health professional teams in a multidisciplinary aspect including the service user in decision-making ensures collaborative working remains beneficial to all involved.

When there is a breakdown in communication either professionally or with service users and relatives, fatal consequences can occur recently highlighted by the media of catastrophic abuse and death of a small child Victoria Climbie in which an inquiry by Lord Laming (2003) found that the lack of communication between agencies was one of the significant findings, subsequently reforms of the system in place were made in 2009.

Empowerment is the foundation of transformational leadership according to Feidmen(2008) it is interrelationship between authority, resources, accurate information and accountability. For empowerment to become more person centred, service users are increasingly being given more choices and control of treatment and care undertaken. Empowerment is enabling service users to have more opinion and option to refuse medical intervention and request more information on the services that are being provided to them, service users do not require the medical terminology in information but require simplistic, easily understood facts to help them make more informed choices of the care that is being undertaken. All health care professionals must communicate with service users asking questions building trust, mutual respect and showing understanding for requirements of expectations from service users, this can have positive outcome and impact as well as a negative impact on future discussions depending on how situations are conducted and controlled. Too much knowledge and information may cause confliction between service users and professionals as gaining knowledge may indicate of expecting more in which can encourage judgement, leading to an undermining of skills.

As service users choose to become more involved in making decisions about their health-care needs , health professionals also need to respect decisions of those service users that are happy to be empowered by the health professionals however health professionals need to act as an advocate for those service users without the means of knowledge as they are at a disadvantage.

Pain management is one factor that is now be controlled by service users whose cognitive function has not been compromised approving the best quality-of-life away from a hospital environment, this in turn enable’s the service user to have peace of mind and giving a feeling of continuing care.

The choices that are now being offered to service users under the government’s publication of NHS Choices (Great Britain, Department of Health, 2008) and collaboration between interprofessional teams help to relieve long waiting list, and help the service users by lowering the disruption of day-to-day living. However as money becomes an increasing issue of National Health Service and the country the service user will become more empowered in the decision-making process will become even more important, as health professionals should be looked upon as a positive outlook of collaborative working for increased knowledge produces solutions that benefit all persons involved.

## Word Count: 933