THE TEAM 2

Towards the reality of the primary health care team: an educational approach

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SUMMARY. We report our assessment of a study day on the primary health care team for trainee general practitioners, student health visitors and student district nurses. We found that insufficient attention has been given to helping learners co-operate with other disciplines in delivering primary health care and consider that team members need to acquire skills which will help them to communicate with their colleagues. We suggest that the training practice with its defined population should be the training base for district nurses and health visitors.

Introduction

GOOD working relationships based on common goals have proved possible between doctors and nurses, at least in hospitals. Many hospital departments, for instance some intensive care units, operating theatres, casualty departments, special care baby units and psychiatric departments, have developed effective teams which are the envy of primary care, and both nurses and doctors have developed appropriately specialized skills. Primary health care teams cannot be said to have achieved similar success, at least as far as attached local authority staff are concerned (Reedy 1977; Waters *et al.*, 1980). Even when teams appear to function satisfactorily, their members usually work alongside rather than with each other; they tend to work independently, develop a minimum amount of co-ordination, set individual rather than joint goals and do not identify joint training requirements (*Update*, 1979). Reedy (1977) pointed out that it is necessary to create educational programmes in which the different professionals in a primary health care team can spend time together during their training. Only in this way will they come to understand each other's work and perspectives and be able to base their joint task on shared assumptions.

For the past four years we have organized an annual study day for trainee general practitioners, student district nurses and student health visitors. Our agreed aim is to initiate contact between trainees and students of each discipline so that they can know more about each other's work and develop a positive approach to team work (Hendy, 1978). This paper is about the fourth and most recent exercise held on 19 March 1980 at the North Manchester Postgraduate Medical Centre, Crumpsall, as part of the separate educational programme for all three disciplines.

Aims and methods

An important initial task for the organizers was to prepare educational aims and teaching strategies. (Table 1 lists a series of aims prepared before our first study day in 1977; Table 2 lists and describes the strategies which were selected for the most recent study day.) Twenty-seven student district nurses, 24 student health visitors and 24 trainee general practitioners were invited and six small interdisciplinary groups were formed. Table 3 reproduces a questionnaire about professional roles used by each group as an aid to discussion.

We used four distinct assessment techniques which we believed would not only appraise our stated aims but also uncover any other relevant information about the effect of the study day on participants. The techniques were:

1. Written questionnaires and grids completed by course participants.
2. Reports from the group leaders.
3. Behaviour of course members during the plenary session at the end of the study day.
4. Comments of the trainee general practitioners given later to a local trainer who carried out an end-of-term course evaluation.

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Table 1. Aims.

That trainee general practitioners, trainee district nurses and trainee health visitors should:

1. Come together in order to discuss the concept of the primary health care team.
2. Understand the role of the three disciplines as interpreted by a practitioner of that discipline.
3. Appreciate that the traditional role of professionals may in part be determined by professional self-interest rather than the needs of the patient.
4. Become aware of the enormous workload facing primary care workers and that no one individual can have the expertise to cope with all of it.
5. Begin to look at the primary health care team as a unit based on the practice which exists to serve the health care needs of a practice population.
6. Develop the ability to accept that the role of all three members of the team has to change with the passage of time and that new knowledge and new skills may be constantly required.
7. Realize that a major factor preventing the team functioning satisfactorily is professional self-interest rather than premises or equipment.
8. Accept that the tricky question of team leadership will at the end of the day be decided by the patient and at the present time, purely as a result of his longer training, this role is likely to be offered to the general practitioner.
9. Understand that leadership of a team does not involve telling other professionals what to do or how to do it.

Table 2. Structure of the study day.

1.	Pre-course reading	Gambrill, E., Hoadley, D. & Saunders, J. (1979). The primary health care team. *Update*, **19**, 1241.
2.	09.30-10.00	Introduction Lecturette—'The Team Concept'.
3.	10.15-12.00	Small group discussion Task—discuss the roles of the general practitioner, district nurse and health visitor in the primary health care team.
4.	14.00-15.15	Small group discussion Task—identify the factors which help or hinder effective team function.
5.	15.30-16.00	Plenary session Groups will report on morning and afternoon activities.

Table 3. The primary health care team: group discussion topics.

Role perception questionnaire. Identify the team member with the most appropriate skills.

1. Young mother of a baby of six months refusing to go on solid food.
2. Mother of a girl of 10 who wets her bed nearly every night.
3. Boy of 15 with boil on his neck.
4. Woman of 50 with heavy cold, temperature and running nose.
5. Mother of boy of 12 who refuses to go to school when there seems to be nothing wrong with him.
6. Middle-aged woman, recently widowed, who has lost all interest in life.
7. A married woman of 35 who has just returned home from a mental hospital and needs help to adjust to family and social life.
8. Woman patient of 75 with long-standing osteoarthritis living alone and becoming unable to manage housework.
9. Couple of 25 who want advice on family planning.
10. Young mother with a four-week-old baby who cannot cope with the baby and who seems to be 'weepy'.
11. Wife of married man of 70 whose deafness, in spite of his hearing aid, has made him withdraw from his normal life.
12. Parents of teenager who have just found that he is taking drugs.
13. Wife of man who appears to be habitually drinking too much.
14. Eighty-year-old lady whose daughter says she has not been seen by anyone in the practice for 10 years.
15. Practice patients (hypertensive and diabetic) who have been stabilized on treatment.

Adapted from Brooks (1973).

Results

Questionnaires and grids

Table 4 reproduces the assessment questionnaire completed during the large group plenary session at the end of the day. Twenty-one district nurses, 23 health visitors and 15 general practitioners completed the forms. The health visitors and general practitioners who completed forms seemed to approve of the day rather more than the district nurses. The aggregate scores were 3.2, 3.3 and 2.5 respectively. However, nine general practitioners left after the afternoon small group discussions and did not complete forms. The health visitors in particular felt that new ideas had been generated during the day which could be useful in improving patient care; they also felt that the day helped them to understand better the difficulties faced by primary care teams and that this understanding could be put to good use. These impressions were shared by some of the general practitioners. However, the district nurses felt they had learned most about the difficulties faced by primary health care team members.

Figure 1 presents the responses to the group work during the morning session. Morning and afternoon sessions had similar effects on the participants, apart from the fact that one general practitioner felt threatened by the other team members during the afternoon. However, nine of the 21 district nurses claimed to be bored during both morning and afternoon sessions.

All participants had the opportunity of making written comments about the day. The health visitors seemed to be most enthusiastic about the concept of the team (and the success of the day). The general practitioners made fewer comments but referred to 'anti-GP' arguments within the group. The district nurses seemed to be most pessimistic about the concept of the primary health care team. One nurse commented that "the general practitioner leading the group had set

Table 4. Assessment questionnaire.

THE PRIMARY HEALTH CARE TEAM: STUDY DAY EVALUATION				
		HV	DN	GP
1. a) How much new knowledge have you gained about the current roles of other team members?	A lot 5 4 3 2 1 Very little	1.9	1.5	2.7
b) How useful will any such new knowledge be as a team member?	Very 5 4 3 2 1 Not at all	2.3	2.1	3.4
2. a) To what extent did the study day increase your knowledge of the training requirements of other team members?	A lot 5 4 3 2 1 Very little	2.6	2.2	2.7
b) Will any new knowledge gained help you in any way as a team member?	A lot 5 4 3 2 1 Very little	2.7	2.4	3.0
3. a) Did the study day generate any new ideas about changing the traditional roles of team members?	A lot 5 4 3 2 1 Very little	3.4	2.2	3.4
b) Could such ideas help to improve patient care?	A lot 5 4 3 2 1 Not at all	4.0	2.7	3.5
4. a) To what extent did the day widen your understanding of team function?	A lot 5 4 3 2 1 Very little	3.2	1.9	3.5
b) Will that extra width help you as a team member?	A lot 5 4 3 2 1 Very little	3.3	2.2	3.6
5. a) Did you gain a deeper understanding of the difficulties faced by primary care teams?	Very much 5 4 3 2 1 Very little	4.1	3.1	3.7
b) Could you put this understanding to good use in your team in the future?	Great use 5 4 3 2 1 No use	4.0	3.0	3.8
Average score		3.2	2.5	3.3

views already on the role of the district nurse. She was to do jobs he did not wish to do and I found this typical of his attitude throughout the day—frustrating and antagonizing."

Reports from three of the six small interdisciplinary groups

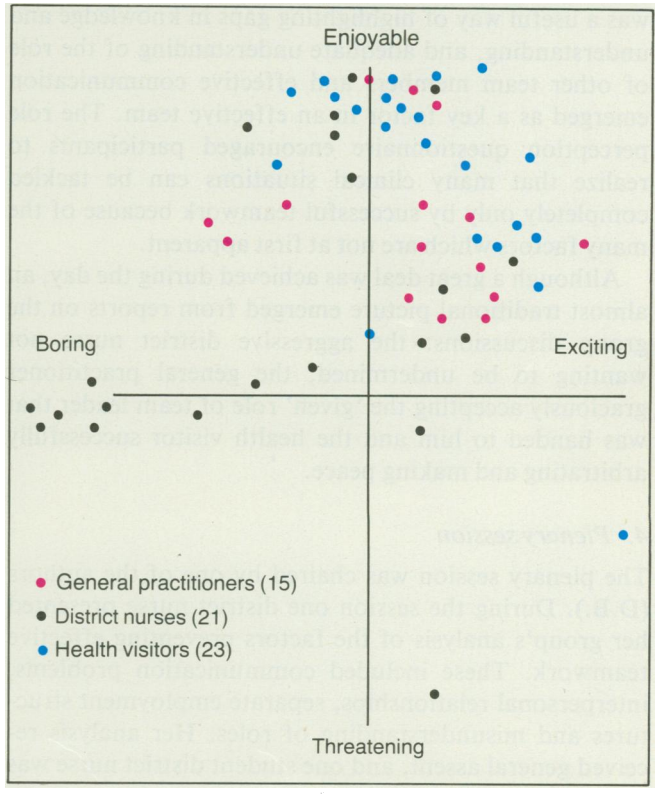
1. Group led by a general practitioner course organizer

The morning group discussion was slow in getting started; the general practitioners in particular said little and limited their contributions to asking members of other disciplines closed questions about their work which anticipated a 'yes' or 'no' reply. They finally joined in when a health visitor stated that the old idea of the general practitioner as team leader with hand-maidens to do his bidding was disappearing.

The district nurses commented that their role was essentially to carry out practical treatment. One nurse pointed out that district nurses would not visit a patient unless the general practitioner had visited first because they believed that they would be asked to do "silly things"—like giving an enema before the general practitioner had done a rectal examination. The district nurses also felt that they had less independence and responsibility than nurses in hospitals and were virtually unanimous in thinking that where hospital consultants would be supportive if anything went wrong, general practitioners would not. One nurse commented "he hasn't got behind him what the consultant has".

At the beginning of the afternoon the group agreed that they wanted to carry on with the morning discussion. The idea was floated that the district nurse was hidebound by Area policy, unlike the health visitor, who had more professional freedom. Some nurses agreed with this, commenting that they would like to take on extra tasks but that their superiors would not allow them to. Another nurse thought that health visitors perhaps looked down on district nurses. The health visitors seemed more confident in their role than the nurses and they were happy to consider extending it into preventive areas such as the problems faced by patients on retirement and by the elderly; they were also

Figure 1. *Assessment grid (morning sessions).*



prepared to discuss diets, home safety and social problems. They believed these were inherent aspects of their work.

2. Group led by a health visitor tutor

In the morning session a member of one discipline set out to describe the role and function of another (Council for the Education and Training of Health Visitors, 1979). In the event, the greater part of this session was used in explaining to the doctors how in fact the district nurse ought to function. Two health visitor students were trained district nurses and appeared more comfortable in that role than their current one. The trainee general practitioners were settled in their role as doctors if not as general practitioners. Student district nurses do not suffer a crisis of identity upon transfer into the community from hospital nursing.

In the afternoon session the doctors asked the health visitors to explain their role more fully. Reasonably successful descriptions were given, reciprocal help coming from articulate district nurses. One enterprising doctor demanded of an astonished health visitor that she justify her cost effectiveness! This was a good example of how a relaxed atmosphere allows people to voice underlying doubts, though no-one thought of challenging the general practitioner. Unless a group leader remains neutral and objective, such opportunities for worthwhile discussion may be missed or mismanaged, sometimes with harmful results.

3. Group led by a district nurse tutor

Members of one profession were asked to describe the role of another, being corrected where necessary by representatives of the discipline under discussion. This was a useful way of highlighting gaps in knowledge and understanding, and adequate understanding of the role of other team members and effective communication emerged as a key factor in an effective team. The role perception questionnaire encouraged participants to realize that many clinical situations can be tackled completely only by successful teamwork because of the many factors which are not at first apparent.

Although a great deal was achieved during the day, an almost traditional picture emerged from reports on the group discussions: the aggressive district nurse not wanting to be undermined, the general practitioner graciously accepting the 'given' role of team leader that was handed to him and the health visitor successfully arbitrating and making peace.

4. Plenary session

The plenary session was chaired by one of the authors (D.B.). During the session one district nurse presented her group's analysis of the factors preventing effective teamwork. These included communication problems, interpersonal relationships, separate employment structures and misunderstanding of roles. Her analysis received general assent, and one student district nurse was supported by her colleagues when she added that nurses were being prevented by their superiors from extending their roles. A typical challenge to general practitioners was, "What will you be doing instead if we spend our time taking blood for you?".

5. Trainee general practitioners' comments

At the end of the spring term the general practitioners had an opportunity to comment on the study day once again when a local trainer evaluated the term's work. They felt that the day had not been too successful; in particular the health visitors were too idealistic and too confident of success in their preventive role. They thought they were insufficiently self critical and too evangelical in their approach.

Discussion

Extending the primary care nurse's role has been debated contentiously (*Lancet,* 1974; *British Medical Journal,* 1978). However, today's trainee general practitioners, district nurses and health visitors will be practising together and providing primary health care well into the twenty-first century. More than anything, they will need to be capable of responding to changing needs within society. Needs, values and behaviour change constantly; so does the ability of society to pay for the care that is received. This will certainly mean new ideas of what it means to be a district nurse, a health visitor or a general practitioner. We believe that the concept of the team will aid this process. As recommended in the report on the education and training of district nurses (Panel of Assessors for District Nurse Training, 1976), teams will need to identify and reach local agreement about their task. We believe this task is to respond appropriately, within the limits of their skills as team members and the nation's economic resources, to the health care needs of a registered practice population. Analysing and breaking down this task into health care objectives demands interactive rather than coactive behaviour. Such behaviour requires in turn communication skills, interpersonal skills, adaptive skills and full understanding of the roles and abilities of different team members.

Since 1977 we have brought together during their training programmes approximately three hundred nurses, health visitors and general practitioners. We have excluded other team members only because of the physical constraints upon us. Our aims have remained unchanged throughout this period because we believe them to be fundamental to our goal of improved patient care through effective teamwork. We consider that we have still not achieved these goals, despite altering our strategies and assessment techniques in response to continuing experiences. We have learned several things. Our original half-day session in 1977 was inadequate and badly designed. We included three 20-minute lectures on 'the team' by a district nurse, a health visitor

and a general practitioner. We learned from them that we could trust one organizer to spend 20 minutes and speak for all of us.

Assessment was limited to the impressions gained by the group leaders during one hour's small group discussion. We concluded that we needed better assessment techniques and much more small group discussion, since many of our aims were attitudinal and since team members, whether experienced or in training, needed to learn how to talk to each other. During subsequent years we extended the exercise to a whole day and introduced more formal assessment procedures (Hendy, 1978). We now question whether our aims can be achieved during a single study day. An overall impression gained from all the assessment procedures was that a large number of our district nurses were threatened by the concept of the primary care team; perhaps some of the nurses who claimed to be bored fell into this category. Nurses seemed to be suspicious of general practitioners and lacked confidence in their support; they were also less confident than health visitors about extending their role within the primary health care team. Many general practitioners seemed unenthusiastic about the team concept, especially about the role of the health visitor.

Our future plans include further joint sessions for student district nurses and trainee general practitioners specifically on the subject of terminal care and bereavement. However, we question whether this will be enough and whether our training courses place sufficient emphasis on helping learners to acquire the skills and attitudes which are necessary if they are to co-operate with other disciplines in the provision of primary care to a practice population. Even before they join teams of their own, nurses do not trust general practitioners and our general practitioners doubt the value of health visitors. Perhaps these are the attitudes of the general practitioners and nurses who teach them and reflect primary health teams as they exist today. If we want primary health care teams to function effectively and if we are serious in our attempts to teach this, we believe that it is necessary to unite service and teaching. The teaching practice, geared to provide care to a practice population, should become the training base for all three disciplines, so that trainees have the opportunity to develop positive attitudes together rather than negative attitudes in isolation. Release to appropriate ongoing courses should be seen as a necessary part of each training programme, according to the varying requirements of each discipline. Only in this way can trainees and students identify common learning needs. One of these needs must be ways of co-ordinating the team's activities positively and successfully, so that the tasks which they have identified can be met.

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Beclomethasone dipropionate in asthma

Beclomethasone dipropionate (BDP) was used in a trial to assess the effectiveness of twice daily compared with four times daily dosage in the control of asthma.

Prior to the introduction of BDP all but one of the patients were dependent on oral steroids in addition to other therapeutic regimes for adequate control of their asthma. A cross-over design was used with patients randomly allocated to either a twice-daily or four times daily initial BDP regime. The trial continued for 32 weeks, with patients changing their dose regime at the end of each eight-week period. Maintenance steroids were eliminated in all but two of the patients.

According to all the criteria used in assessing control of asthma, there were no significant differences between the two regimes, indicating that both were equally effective. Compliance was better with the twice daily regime, and most patients preferred it.

Source: Mecoy, R. J. & Laby, B. (1980). Beclomethasone dipropionate in twice-daily treatment of asthma. *Australian Family Physician,* **9**, 721-728.