First do no harm:
dropping in on members of the team, encouraging and thanking them

First Do No Harm is a series of 12 brief monthly articles with internet footnotes about harming and healing in general practice. Each instalment is based on one of the 12 RCGP competency domains, this month’s being:

8. Working with colleagues and in teams: working effectively with other professionals to ensure patient care, including the sharing of information with colleagues.¹

‘When left to its processes, each intervention system will maximise its potential to make iatrogenic errors’.²

INTRODUCTION
The healthcare systems that are most equitable, high-quality, holistic, and cost-effective are those based on primary care. Primary care is the point of entry to the healthcare system for members of a family, community, geographical area, or list and provides care that is long-term, comprehensive, coordinated, and focused on people rather than on diseases.³ Optimal management of individual diseases may require shared-care with specialists but ‘the nurse will help with that ulcer’; not ‘your doctor will do a blood test’. When referring or delegating being prepared to surrender authority: not ‘the nurse will take care of it’ but ‘your doctor will do a blood test’ but ‘your doctor will see you and take things from there’.³ Learning from and teaching peers; seeking and acting on feedback from colleagues, from other practices if necessary.⁷ Dropping in on members of the team, encouraging and thanking them. Complimenting and complementing colleagues. Aiming for high challenge and high support.¹⁰

SKILLS
When referring or delegating being prepared to surrender authority: not ‘the nurse will take care of it’ but ‘your doctor will do a blood test’ but ‘your doctor will see you and take things from there’.³ Learning from and teaching peers; seeking and acting on feedback from colleagues, from other practices if necessary.⁷ Dropping in on members of the team, encouraging and thanking them. Complimenting and complementing colleagues. Aiming for high challenge and high support.¹⁰

HARMING
Allowing structure of service to impede process of care.¹ Raising expectations that can’t be met. Undermining other professionals and second-guessing their actions: ‘your doctor should have arranged a scan’. Applying ever-increasing doses of a favourite therapy.² Working in professional isolation.²

HEALING
Designing and navigating structure of service to facilitate process of care.¹ Working with the possible. Cooperating with and supporting other professionals: ‘your doctor has done a good job’. Encouraging cultural change from within rather than depending on checklists imposed from without.⁸

ATTITUDE
Being committed to the health of both the patient and the practice.

KNOWLEDGE
General practice requires organisational and personal continuity of care. Patients value the reassurance of a continuing relationship with a usual doctor.⁷ Members of the team retain autonomy while communicating face-to-face across professional boundaries,¹⁴ putting the needs of patients before personal gratification and the needs of the organisation.¹¹ Teamwork prevents isolation and personal care prevents anonymity.¹² Incompetence is often compounded by the individual’s failure to recognise it in themselves,¹³ isolation and lack of insight are risk factors for poor performance.⁷ GPs faced with clinical questions are unlikely to find, or understand,¹⁴ answers in the research literature; they’re more likely to depend on advice from colleagues.¹⁵,¹⁶

REFERENCES