

Doctors and Nurses Working Together: A New Day Is Dawning!

Could a new legal framework be enough to automatically improve collaboration between our professions? I don't think so. For collaboration demands trust and goodwill, above all. Nonetheless, the legal framework that has set the stage for a new sharing of activities can open and smooth the way to greater co-operation.

At a conference on September 12 of the Association of councils of physicians, dentists and pharmacists of Québec (ACMDPQ), on Bill 90, it was heartening to see that participating doctors were unanimous in recognizing the importance of consolidating and expanding collaboration with nurses. The President of the Collège des médecins du Québec (CMQ) even termed it a priority.

The outlook for the implementation of Bill 90 as expressed by the CMQ and the ACMDPQ seemed to me to be in line with the OIIQ's own vision. The implementation guide published by the Order was presented as an indispensable tool for understanding the scope of the new Act. The CMQ, for its part, devoted an issue of its newsletter, *Le Collège*, to explaining the main changes introduced by the Act.

ACMDPQ President Dr. Yves Bolduc invited doctors to adapt their existing practices to the new legal

framework as soon as possible, by adopting the necessary collective prescriptions, in particular those allowing nurses to initiate diagnostic or therapeutic measures in emergency departments. He explained the critical steps in the change management process, in particular appointing a project manager to assist the director of professional services and the director of nursing.

As with any change, there are naturally concerns; doctors are worried about the application and scope of collective prescriptions and their own professional liability. One of the doctors at the conference judiciously asked who would be responsible for reviewing these collective prescriptions and adapting them to new therapeutic protocols. Other doctors wondered about the liability of the person or persons making out the prescriptions. This is interesting, since nurses are also asking about these new collective prescriptions that are to replace standing prescriptions. Details will emerge gradually over the coming

months, as a result of discussions between doctors, pharmacists and nurses. Some principles are clear, however, and are clearly spelled out in the implementation guide we published.

Remember that collective prescriptions are a more flexible tool than standing prescriptions, since the latter were used only for delegated medical acts. Individual and collective prescriptions may be used to administer, adjust or perform examinations, care, medical treatment and medication. They may be used in public institutions, in industry, private clinics or family medicine groups (FMGs).

I feel that we must take certain precautions in using collective prescriptions. Obviously, nurses must have the required skills and be thoroughly familiar with the clinical field in which the prescription applies, since they are professionally liable for their actions. Expert nurses in the clinical field concerned should discuss the matter beforehand with doctors and agree with them on the appropriate prescriptions applicable to patient care in



Tango Photographie

a given clinical department. The introduction of new therapeutic activities based on invasive techniques will call for extreme caution and ongoing training to support them. In some cases, this training may be mandatory and overseen by the Order (e.g. inserting a peripheral central venous catheter).

I am sure that medical and nursing leaders will join forces to lay new foundations for collaboration between doctors and nurses. This does not mean that it will be easy. In my view there are many potential obstacles, including turnover on nursing teams, insufficient ongoing training, rationing due to budget cutbacks and a lack of support for pursuing higher education in advanced practice.

It is fashionable these days to talk about interdisciplinarity. I must admit that I sometimes find this frustrating, very “politically correct.” It seems to me that people are confusing the “legal” sharing of professional acts with professional collaboration and interdisciplinarity, which is intended to lead to integrated professional practices thanks to the sharing of knowledge between two disciplines. Day-to-day collaboration between two professionals calls for common goals, mutual respect and the appropriate condi-

tions, such as a stable nursing team. How can doctors be expected to collaborate with nurses they barely know, if at all? Dr. Daniel Chartrand, of the Association des anesthésistes du Québec, told his colleagues at the ACMDPQ conference how, thirty or forty years ago, there were three people in a hospital caring for a patient, including the doctor and the nurse, whereas in this century there are about twenty. In simple terms, therapeutic care is based on the contribution of a complex chain of professional and non-professional players. Collaboration is obviously essential, and revisions to legislation governing professions are intended to encourage it.

Dr. Alain Vadeboncoeur, emergency co-ordinator at the Montreal Heart Institute, explained that enriching nurses’ clinical activities can be a way of making them feel better about their work and improving emergency department operations. “At the Institute’s emergency department, [...] nurses were recently trained in advanced resuscitation. Although they don’t direct resuscitation operations, they now play a much more active role. As a result, they are taking a greater interest in it and want to learn more about it. Instead of following orders, they are now collaborating in the process.”¹

Advanced practice by specialized practitioners is unexplored terrain in Quebec where collaboration is concerned. Some doctors are not in favour of what they see as encroachment on their jurisdiction. Others, in view of the extensive training of such nurses, hope that this kind of collaboration will translate into better access to care.

Needless to say, there will be nurse practitioners only in specialities where doctors ask for them and where there is a need. A decisive aspect of this collaboration will be the integration of nurse practitioners in clinical departments. For nurse practitioners will be

assigned to clinical departments, while at the same time contributing to the development of nursing practice. We must not take away from their essentially clinical contribution by assigning them the administrative duties normally handled by nurse managers, although they will have to contribute to teaching and research, nonetheless.

We have agreed with the Collège des médecins du Québec to give priority to intensive neonatology, nephrology and cardiology. A joint committee began deliberations in September, and regulations authorizing this practice should take effect by spring 2004. In other words, the close collaboration we have been hoping for in this field has already begun between the professional orders.

Speaking for myself, I think we are at the dawn of a new era of collaboration between doctors and nurses, and this gives me great hope for the future of health care in Quebec. ●

A handwritten signature in black ink that reads "Gyslaine Desrosiers".

GYSLAINE DESROSIERS
PRESIDENT

1. *Le Collège*, Vol. XLIII, No. 3, fall 2003, p. 14.