

The Doctor–Nurse Alliance (DNA): How to foster clinical teamwork during medical and nursing training

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If I were to suggest that pitchers and catchers, quarterbacks and wide-receivers, or pit-crews and racecar drivers should train in isolation, without interaction, sans ongoing communication, you'd call me adjectives that thesaurus with "crazy", most likely. Yet, when it comes to training our healthcare systems' primary clinicians—doctors and nurses—that's exactly how we go about things. A cultural divide results from this disconnect. To start, at many academic medical institutions, nursing schools don't even exist. At those medical centers that do house both medical and nursing schools, interaction between these two student groups is either nonexistent or is a non-priority. Personally and passionately, I see this chasm in training as a wonderful opportunity to foster positive change by improving teamwork amongst future doctors and nurses during their formal training.

Since its inception, The Johns Hopkins University School of Medicine has transformed the structure of and approach to healthcare throughout the world. For my entire life, I've observed my courageous mom on the frontlines of medicine as a nurse who has cared for patients from all walks of life. Now, as a medical student, I hope to integrate the lessons that I have learned from my mom's mentoring with the innovative spirit that defines the Johns Hopkins tradition of excellence to establish avenues for nursing and medical students to interact during their professional education. Going forward, the theme of teamwork promises to shape clinical medicine in ways that we have never seen before. Facing a shortage of physicians, our healthcare workforce will need to engage nurses in new ways, in expanded capacities. This is a good thing; or, at least, it can be tremendously beneficial if we re-structure practice the right way. To start, doctors will need to grow comfortable as members of teams, transitioning away from their old habits of top-down control for leading. At the same time, nurses will need mechanisms for doing more at the bedside and in the clinic; they'll need expanded practice ceilings and the associated training to operationalize these increased responsibilities efficiently and effectively. In this type of environment, with doctors and nurses caring for patients as members of care teams, social skills, I suspect, will rise to the surface as ever-increasingly important in determining how successful our medical efforts turn out to be. Thinking in terms of analogies, this type of Doctor–Nurse Aligned (DNA) teamwork forms the double-helix DNA strand of clinical medicine. Teamwork is embedded in medicine's genes; it's up to us to foster proper epigenetic expression of these alleles by coordinating training experiences for medical and nursing students at The Johns Hopkins University School of Medicine. While this is just a proposal, an idea that needs to be formalized and has simply materialized, I remain hopeful that this DNA meme can spread far and wide with a positive transformative reach.