Play it again sister

Fo Ettinger has come across an innovative style of report handover — dictation. Cost-effective and time saving, the dictaphone is a success.

During my time as a bank nurse I have come across many different styles of handover, or report, from the briefest rundown to a long and detailed description of each patient. Personally, I like to hear name, age, presenting problem, a brief history and current condition, with an indication of their level of dependence. 'Fred Bloggs, COPD, he's ok,' is a little too succinct for my liking.

Recently, I came across a report-giving style that I had not met before — using a dictating machine. Once staff got over their reluctance to hear themselves on tape, they became enthusiastic about its advantages.

You need to check the rota before recording a report, to see if any bank staff are coming on duty or if people have been on holiday or had days off, so you know how much detail to include. There's no point in giving a patient's full history if they've been there for weeks and all the staff know him or her. But if bank staff are unexpectedly called in, they can ask for details to be filled in by those who are familiar with the patient.

The people using the system have found it simplest to do their writing up first and then make the recording. They then stay on duty until it has been heard, in case there are any queries. Recorded reports tend to be quicker, but this does not preclude having a bit of a chat as well, so communication channels are still open. And those I have spoken to find it useful to be able to get on with other jobs at handover time.

Possible mechanical breakdown is covered by having a spare machine, but the time savings still make it cost-effective. The great advantage is that staff starting at different times do not have to take up someone else's time, which opens up the possibility of more flexible shift patterns.

I have often wondered why 8am till 1pm is the standard morning part-time shift, when there are usually enough people to serve breakfast and you then go off duty during patient and staff lunches. Surely 9am till 2pm would suit nurses with school-age children and cover the lunch break more effectively? With a recorded report, this sort of flexible working becomes easier.

Anything that makes shift patterns fit the needs of staff more readily must surely be worth a try. And if understanding someone's impenetrable accent is a problem, you can always press rewind and play it again!

Fo Ettinger is a bank nurse in Inverness-shire

Nurses' just deserts lie forsaken on the altar of GPs' greed

I was once the death correspondent on a weekly paper aimed at GPs. Although officially I was 'features editor', my main task was to find enough dead doctors to fill the obituary section, which meant scouring the medical press, local newspapers and the Daily Telegraph in search of late, lamented and usually male medics.

Daily I honed my skills as an interviewee-cum-counselor of grieving widows, teasing from them gobbets of tear-stained information, before cobbling together formulaic tributes based on certain key clichés: 'much respected', 'caring and compassionate', 'rare leisure time spent keeping bees/restoring 1932 Bentley/at holiday home in the Highlands' (delete as appropriate).

I was content filling my time with such morbid pursuits because, in truth, the world of still-living GPs was a mystery to me. It revolved around the acquisition and retention of large amounts of cash — a process whose mechanics I have failed completely to grasp.

It wasn't just that many GPs seemed obsessed with ways of making or saving money, but that it was all dressed up in a language of their own which somehow distanced them from glibby accusations of worshipping in the church of commercial enterprise.

And, as with all those who bow before that altar, the Holy Grail was always to make or save more.

So it comes as no surprise to learn that practice nurses are getting a raw deal, with nearly a third having received no pay award this year from their 'caring and compassionate' GP employers, and many others being given a pay rise of less than the recommended 4.7 per cent.

When the government announced the concept of primary care groups and the end of the maligned fundholding system, ministers appeared, at least for a day, to be committed to the notion of making nurses equal partners with doctors in PCGs.

But in the next morning's newspapers finding even a mention of nurses in the reporting of the primary care vision proved almost impossible.

It was as if everyone knew where the real PCG power lay — and nurses have been running to keep up ever since.

I know cynicism is unbecoming, but you can't help feel that if GPs were serious about sharing the government's enthusiasm for partnership in primary care, the first thing they would do is ensure their staff are given what they deserve.

Daniel Allen RMN, is a freelance journalist

standard life

GPs' greed