Surely nurses are right to challenge doctors

I and some of my fellow students were astonished at the letter about the consequences of not following a consultant’s instructions (letters June 4) as first-year nursing students, we are taught and encouraged to question doctors when necessary about their decisions regarding patients’ treatment. The NMC Code of Professional Conduct states that a nurse must ‘act quickly to protect patients and clients from risk if you have good reason to believe that you or a colleague, from your own or another profession, may not be fit to practise for reasons of conduct, health or competence’. Nurses receive harsh treatment for their mistakes, whereas doctors get away with pushing theirs under the carpet. It would appear that nurses are damned if they do and damned if they don’t. Is it not time for doctors to stop using nurses whenever and however it suits them? We are there for the patient, not to be handmaidens to doctors, taking the rap whenever they deem it necessary. Surely the ancient tradition that doctors and consultants should not be questioned must be challenged, for the sake of the patient.

Marion Leech
Cwmbran

Surrey Oaklands has not given up on prescribing

I am writing with regard to the article ‘Trust gives up on non-medical prescribing’ (news May 28). Surrey Oaklands NHS Trust continues to be enthusiastic about nurse prescribing and we are committed to supporting our staff with appropriate training.

Surrey Oaklands has a nurse prescribing lead, who is working with the workforce development confederation and education providers to take nurse prescribing forward. We have access to courses and funding to carry nurse prescribing forward, although mental health-specific courses are less developed at this stage.

Paula Smyth
Director of nursing and quality
Surrey Oaklands NHS Trust

Diploma or degree – let the individual choose

It is hard to understand where Romey Azuine is coming from (letters May 28). No one should be perceived differently because they have chosen diploma status instead of a degree.

I am at the end of my third year as a student and could not have done my training if it was not for the diploma entry because of the financial implications. In the three years I have not encountered any other professionals degrading nurses because they have chosen not to take the degree route. Should the choice not be up to the individual? Doesn’t the NHS have enough problems

Job interview techniques need cultural sensitivity

I was pleased to read your recent articles (features, perspectives May 28) and letters, including comments by the chair of the Commission for Racial Equality, about the under representation of black and ethnic people in the workplace.

One suggestion I have for personnel departments is to restructure the interview process to create positive experiences for people from diverse backgrounds. I find the technique of interviewers taking notes while a candidate answers a question humiliating – interviewers should demonstrate that they are really listening to a person.

I am from an Irish tradition where oral stories are highly respected and note-taking could be construed as lack of interest. The whole issue of cultural sensitivity needs to be addressed to avoid institutional racism.

John Loughran
By email

District nursing placement was exciting and inspiring

As a student nurse you are treated as an extra member of staff. Occasionally I feel like I am training to be a nurse, but most of the time I feel used. However, I had been certain of the clinical area I wished to practise in – until I worked alongside a team of dedicated district nurses. My preconceived ideas about their role were dispelled immediately. I could not have wished for a more willing and friendly preceptor – she was a great role model. District nurses maintain a high level of clinical skills and theoretical knowledge and manage heavy caseloads. For so long I have been blinkered, believing that I wanted to work in acute medicine. Not anymore – I have finally found an area that I just know I will flourish in. I will be able to build therapeutic relationships with my patients and not feel guilty that I should be helping to make beds. I now feel excited about nursing again and inspired for my final year.

Joanne Wood
West Midlands