Collaborating With Advanced Practice Providers
Strategies for Physicians and Dentists

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Improving communication among healthcare providers is a topic that, without doubt, is familiar to most physicians and dentists. Although this concept may seem to receive a disproportionate amount of emphasis, research continues to show that poor communication contributes to many medical errors and is "a top reason for team mishaps and subsequent lawsuits."[1]

The increasing emphasis on collaborative care in recent years has made effective communication an even higher priority in healthcare. The Institute of Medicine lists communication as one of the five major principles guiding team-based healthcare, and the Agency for Healthcare Research and Quality stresses that "Effective communication is essential in ensuring that care is continuous and patient-centered, as well as coordinated and coherent."[3]

> **Communication as a Malpractice Risk Factor**
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> In an analysis of more than 23,000 malpractice claims and lawsuits, CRICO Strategies identified communication as a risk factor in 30 percent of the cases. Further, 37 percent of all high-severity injury cases involved communication failures.[2]

Doctors and advanced practice providers (APPs) — e.g., physician assistants, nurse practitioners, certified registered nurse anesthetists, and advanced dental therapists — are critical members of the team-based approach to care. Their working relationships often require close collaboration and coordination; thus, successful communication is vital to ensure patient safety and reduce the risk of errors.

This article suggests ways to establish an environment that supports sound communication strategies and collaborative efforts, shared accountability and responsibility, and mutual understanding and acceptance of each provider's role within the organization.

Establishing the Foundation for Success

The foundation for successful collaboration can begin as early as the hiring process. When adding an APP to your organization, consider not only the qualifications evaluated as part of credentialing (e.g., education, experience, training, etc.), but also whether the provider seems compatible with your team. For example, you may want to consider the following: [4]

- Has your organization specifically determined what it is looking for in an APP and how the provider will complement, expand, or enhance practice services? Clearly defining expectations and accountabilities up front can help prevent conflict and misunderstanding later.

- Does the APP's training and expertise align with the patient population he/she will be seeing (e.g., pediatric, adult, specialty-related, etc.)?

- Is the APP committed to the goals and mission of the organization?

- Does the APP have a firm understanding of his/her proposed scope of practice and practice limits?

- Do the APP and supervising doctor have consistent expectations for oversight and autonomy?

- Does the APP communicate well during the interview and hiring process, and does he/she seem flexible and capable of learning and assimilating?

Including these considerations in your evaluation process for potential candidates can help establish the groundwork for effective working relationships and a shared vision of quality patient care. Working through the above questions also can help ensure that organizational leadership has thoroughly considered the nature of the APP's role and the dynamics of having multiple provider types on staff.

Creating a Collaborative Environment

The potential for miscommunication in team-based care is significant. CRICO Strategies 2015 analysis of communication failures in malpractice claims showed that provider–provider communication errors occurred in more than half of the claims. Further, the report explains that the problem is not "exclusive to communication that is misspoken or misunderstood: errors often occur because information is unrecorded, misdirected, never received, never retrieved, or ignored."[5]

Thus, the crux of the doctor–APP relationship rests on the ability of both practitioners to clearly understand roles and expectations, to participate in open and respectful dialogue, and to identify effective information sharing techniques and communication pathways.

To proactively address communication risks, healthcare organizations can establish reliable and efficient communication processes that take into account key risk areas, such as documentation and patient handoffs.[6] Doctors, APPs, and other staff members should be active participants in these processes, and all individuals on the team should have a clear understanding of each member's role and responsibilities for patient care and other practice functions.

Examples of Communication Failures
Communication failures that might occur in collaborative care include: - Inadequate communication about a patient's condition   - Poor written communication, such as instructions and information in patient records   - Failure to, or delay in, seeking consultations   - Failure to share critical information, such as test results

Additionally, as part of a culture of safety, organizations should promote a nonhostile, noncritical environment in which APPs are valued and respected members of the team who are encouraged to provide input and suggestions. Failure to do so can stifle communication, which in turn can jeopardize patient safety and increase liability risk. Organizational culture should empower APPs to ask questions, request consultations with their supervising doctors, contribute to conversations about patient management and care issues, and proactively participate in the organization's knowledge network.

Equally important is the need for doctors to commit to providing regular consultation time, reliable contact information, and timely responses to APPs' questions or concerns. For both doctors and APPs, it is essential to "recognize the collaborative nature of the relationship and eliminate any apprehension."[7] When evaluating doctor–APP interactions within your organization, consider using the following checklist to identify best practices already in place and areas for improvement:

	Yes	No
Are all communications between doctors and APPs respectful and courteous?	☐	☐
Does the organization have a code of conduct that establishes expectations for professionalism, respect, and dignity?	☐	☐
Does the organization support a culture of safety in which all members of patient care teams are encouraged to speak up about potential safety issues?	☐	☐
Do supervising doctors provide APPs with feedback that is constructive and specific? Is feedback provided in a reasonable timeframe?	☐	☐
Is the method of communication tailored to, and appropriate for, the context of the interaction? For example, a complex case may require an in-person or telephone consultation rather than an email or text exchange.	☐	☐
Do doctors make an effort to ensure that APPs fully understand instructions? For example, are APPs asked to describe instructions in their own words?	☐	☐
Are APPs encouraged to ask questions and seek input from their supervising doctors?	☐	☐
Are APPs given adequate consultation time with, and reliable contact information for, their supervising doctors?	☐	☐
Are APPs included in discussions about how to better assess, coordinate, and provide care? Are they encouraged to provide input and suggestions?	☐	☐

	Yes	No
Does the organization have well-defined communication policies, including standards for written and verbal communication and protocols for specific scenarios, such as patient handoffs?	☐	☐
Are doctors and APPs asked to provide feedback about the organization's communication processes?	☐	☐
Does the organization support training and techniques to improve communication skills and doctor–APP interactions? Examples include the Agency for Healthcare Research and Quality's TeamSTEPPS program, the situation–background–assessment–recommendation (SBAR) technique, and the Comprehensive Unit-based Safety Program (CUSP) toolkit.	☐	☐

Supporting Advanced Practice Providers Through Training and Education

Although educational programs provide the basis for clinical knowledge and skills, APPs — like other practitioners and staff members — will require further training from the organizations that employ them, as well as opportunities for ongoing education and professional development.

One important consideration is the time and commitment required to incorporate an APP into the organization. Each practice setting is different, and the specific nuances and characteristics of an organization can be learned only through on-the-job experience. Being realistic about the time it will take for an APP to learn organizational policy and fully acclimate to the position is important, and creating a supportive and collaborative environment — as discussed previously — will facilitate the integration process.[8]

Organizations should have formal orientation programs for APPs (as well as other new hires) that introduce and provide details about policies, procedures, and operations — as well as expectations for collaboration and communication. Similarly, APPs should be included in routine trainings and educational opportunities, such as training for new technologies, corporate compliance, and safety.

Organizations also might want to consider mentorship opportunities for APPs as a tool to "foster collaborative, consistent practice and promote education between providers."[9] Mentors can answer questions about organizational policies and guidelines, provide feedback about standards of care, and offer advice about patient treatment and management issues.

Organizations considering this type of training should develop mentorship programs that specify eligibility, duration, and expectations for the mentor and mentee.

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> APPs should be kept informed of staff meetings, performance reviews, practice updates, and changes in policies and procedures or practice guidelines. When left out of the loop, APPs may feel that they practice in isolation from their colleagues."
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> — Dr. Graham Billingham, Chief Medical Officer, MedPro Group

Involving the Team

The importance of effective communication between doctors and APPs cannot be overstated; yet, including APPs as part of the organization's broad communication network is equally important to ensure they are not isolated from communication channels and feedback mechanisms.

Having routine meetings with all practitioners who are part of the care team can help address the issue of isolation. APPs should be present at these gatherings and encouraged to provide insight, offer suggestions, make recommendations, and ask questions.

In the busy clinical environment — and with an increasing emphasis on electronic communication — routine "touch-base" meetings present an opportunity for practitioners to discuss patient care issues, share expertise, and offer advice and support. These types of meetings "strengthen the education of the staff, provide for cohesiveness within the provider group, and help ensure consistency in patient care."[10]

Some organizations may choose to structure team meetings as open discussions about salient and current issues, while others may prefer formal presentations of research, case studies, or

other relevant topics. Regardless of the format of team meetings, these gatherings and discussions will help reinforce collaboration and information sharing among team members.

Conclusion

Communication among healthcare providers is a risk management topic that has received its share of attention over the years. Yet, it continues to represent a serious risk concern and present challenges in all practice settings.

As healthcare continues its shift toward collaborative and team-based care, and as the number and responsibilities of APPs continue to expand, the issue of communication becomes even more pressing. Doctors who work closely with APPs must consider the various ways in which they interact with and support these providers.

Taking proactive steps to address communication gaps and enhance information sharing through establishing clear expectations, creating a supportive and nonhostile environment, providing ongoing training, and offering opportunities for team discussion can help facilitate interactions among practitioners and enforce a strong culture of safety within your organization.

Endnotes

[1] Gallegos, A. (2013, July 29). Physician liability: Your team, your legal risk. *American Medical News*. Retrieved from www.amednews.com/article/20130729/profession/130729942/4/

[2] CRICO Strategies. (2015). Malpractice risks in communication failures: 2015 annual benchmarking report. Retrieved from www.rmf.harvard.edu/Malpractice-Data/Annual-Benchmark-Reports/Risks-in-Communication-Failures

[3] Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb, C. E., . . . Von Kohorn, I. (2012). *Core principles & values of effective team-based health care*. Institute of Medicine. Retrieved from www.iom.edu/Global/Perspectives/2012/TeamBasedCare.aspx; Schottenfeld, L., Petersen, D., Peikes, D., Ricciardi, R., Burak, H., McNellis, R., Genevro, J. (2016 March). *Creating patient-centered team-based primary care* (AHRQ Pub. No. 16-0002-EF). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care

[4] American Academy of Physician Assistants. (2005, revised 2012). *Competencies for the physician assistant profession*. Retrieved from www.aapa.org/wp-content/uploads/2017/02/PA-Competencies-updated.pdf; Sattinger, A. (2007). Collegial relationships: Extending otolaryngology practice with other professional providers.

ENT Today. Retrieved from www.enttoday.org/details/article/527241/Collegial_Relationships_Extending_ Otolaryngology_Practice_with_Other_Professiona.html; Fitzgerald, M. A. (1998, Winter). Supervising nurse practitioners with prescriptive authority. Harvard Risk Management Foundation, *Forum, 18*(5), 11.

[5] CRICO Strategies, Malpractice risks in communication failures.

[6] Gallegos, Physician liability.

[7] Page, A. E. (2010, March). Liability issues with physician extenders. *AAOS Now, 4*(3). Retrieved from www.aaos.org/news/aaosnow/mar10/managing6.asp

[8] Sattinger, Collegial relationships.

[9] Trilla, F., & Patterson, A. (1998, Winter). Physicians and nurse practitioners in collaborative practice. *Harvard Risk Management Foundation, Forum, 18*(5), 9–10.

[10] Ibid.

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