Communication Patterns Between Physicians and Physician Assistants

Gerald Joseph Valentini

Liberty University

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James Schoffstall, Ed.D
Thesis Chair

_____

David Titcomb, DPT
Committee Member

_____

Cindy Goodrich, Ed.D.
Assistant Honors Director

_____

Date

Abstract

Communication is imperative to the success of any team-based organization. In healthcare, it is common for patient outcomes to be affected by variables including but not limited to the quality of extraprofessional communication. Physicians and physician assistants are two meaningful and valued members of the medical care team, and the need for collaboration amongst each other is irrefutable. Physicians are the trusted leaders of any medical team, having completed the most amount of schooling and training. Physician assistants are versatile, economically advantageous, and skill-proficient mid-level practitioners that are required by law to be supervised by a collaborating physician. The working partnership of physicians and their physician assistants requires a consistent, adept communication structure in order to function in a successful capacity. Based on research, it is concluded that insufficient communication patterns between physicians and physician assistants are commonly seen in the healthcare setting, indicating that immediate reform is necessary. Recommendations for reform in physician-physician assistant communication include pursuing extraprofessional education, placing emphasis on the medical team as its own entity rather than a team of individuals, and establishing a culture of extraprofessional trust.

Introduction

The ability of healthcare professionals to communicate with clarity, efficiency, and intelligence is essential to the quality of care provided to their patients. In every facet of society, the ability of individuals to come together and work together to reach a common goal is crucial to the efficacy of the team. The dynamic of the group is not to be underappreciated on any workplace-based team, and the medical staff of a healthcare facility is no exception to this rule. In fact, medical staff personnel should master the team dynamic all the more since it falls to them to carry the responsibility of caring for the health of people. Members of a medical team strive to utilize the strengths of one provider to cover the weaknesses of another. Just as any other team, medical teams often do not exercise optimal communication habits. As communication misfires amongst healthcare teams are often associated with medical errors and undesirable health outcomes, the gravity of high quality extraprofessional communication is abundantly important. Healthcare in the U.S. is typically provided by a team of medical personnel, and just like any group of individuals with a common goal, collaboration between medical professionals is paramount in accomplishing the objective for providing excellent patient care.

Thorough interpersonal communication between physicians, mid-level practitioners, nurses, medical assistants, technicians, and scribes is integral in maintaining a well-functioning system of healthcare providers. Yet, despite the unanimous and undeniable importance of proficient communication in this area, extraprofessional communication is often performed at a less than satisfactory level. Unfortunately, the consequences of poor communication quality in the clinical setting can negatively affect patient outcomes. The link between poor communication and poor patient outcomes has been well-documented and substantiated in multiple integrative studies. (Foronda, MacWilliams, and McArthur, 2016). A meta-analysis in 2010 confirmed the

link between provider-patient communication and adherence to treatment plans. (Zolnierek & DiMatteo, 2010). This study was very thorough, pulling from 106 correlational studies to investigate the communication skills of physicians and the clinical repercussions thereof. The study concluded that patient nonadherence to treatment increases by 19% when the physician communicates poorly as compared to when the physician communicates well. The study also found that when physicians are provided with communication skills training, the odds of patient adherence to treatment is 1.62 times higher than when a physician receives no training at all. (Zolnierek & DiMatteo, 2010). The significance of these findings is that they substantiate the notion that communication patterns of providers is of utmost relevance in terms of increasing patient adherence and ultimately optimizing patient outcomes. The link between physician communication competency and patient adherence is well-established.

Poor communication amongst members of a medical team is very detrimental to the team as well as the patients under its care. On the contrary, effective, clear, and well-received communication is significantly correlated to positive patient adherence and cooperation. (Zolnierek & DiMatteo, 2010). Evidently, provider communication must be prioritized and mastered. Because medical professionals have been trained uniquely for their discipline, it is reasonable to suggest the existence of vast differences in communication styles. For example, physician assistant education and training is stylistically different from that of a physician. Due to differences at the foundational level, the communication styles of physician assistants and physicians may vary greatly and may cause a lapse in the effectiveness of communication between the two. This issue, if present, must be acknowledged by the medical team and a solution must be promptly sought after.

Studies have substantiated the claim that the quality of communication between medical professionals may reflect the quality of the patient's communication with the medical team. (Mercer et al., 2008). A cross-sectional study in a level-one trauma center found that almost half (47%) of patients were unhappy with the involvement that they were given in making decisions about treatment options. (Mercer et al., 2008). The same percentage of patients felt that their medical professional did not show interest in the patient's ideas about his or her health. In the same study, forty-seven percent of individuals reported that the medical team did not adequately encourage the patient to ask questions or initiate care-plan dialogue. Nearly half of patients report sensing communication-based deficiencies in the medical team. Curiously, a very high percentage of patients report that they observe concerning communication deficiencies amongst the medical staff. There is presently a pressing need for advancements to be made in the frequency with which the healthcare team makes patients feel heard and involved in their care plans. At first glance, it may appear that the lapse in communication is focused primarily in provider-patient communication. However, the origin of the problem may lie deeper than the provider-patient interaction. A rational solution to this issue is to first remedy communication patterns between the medical professionals. Since the quality of patients' communication is a function of the quality of the medical professionals' communication patterns, it logically follows that the chief concern of the medical staff should be to optimize extraprofessional communication. (Mercer et al., 2008). In this manner, if the communication habits between members of the medical team are remedied first, the overall quality of provider-patient communication are hoped to increase as a result.

Communication Patterns of Physicians

Effective interpersonal communication is a foundational yet oft-overlooked facet of a physician's daily tasks. Typically, physicians are extremely busy individuals; they frequently have several responsibilities to attend to as they handle several patients at a time. As a physician interacts with different types of individuals throughout the day, communication-related challenges in the life of a doctor vary greatly. The ability to transition from skillful, informative, and efficient dialogue with fellow medical professionals to informative and sensitive discussions with patients is just one of the challenging tasks a medical doctor must execute on a minute-by-minute basis in the workplace. In the emergency department or intensive care unit, physicians may have to deliver horrible news to an anxious family member in a way that is delicate, respectful, and considerate. In the operating room, a surgeon must use concise, specific, and direct language in speaking to other physicians, surgical assistants, and nurses. In the outpatient oncology clinic, physicians must be masterful and patient in answering the questions of a newly diagnosed cancer patient. In the family medicine clinic, physicians must be diligent to actively listen to the story of a patient with newly developed, unexplained symptoms. These conversations are often difficult to navigate, but they are vitally important and a necessary part of a physician's job. One may argue that patient-centered communication skills are the most important component of any healthcare setting. A substantial amount of evidence suggests that patient-centered communication has a considerable net-positive impact on patient satisfaction, adherence to recommended treatment, and self-management of chronic disease. (Levinson, Lesser, & Epstein, 2010). Given the importance of communication, there is an undeniable and pressing need for more research into the communication skills training of physicians to provide meaningful results that can be implemented by clinicians immediately. (Cegala & Broz, 2002).

Since the communication patterns of physicians have marked impact on the health outcomes of patients, studying ways to optimize communication between physicians and their medical associates is imperative.

Physicians are trusted experts who have spent years in school becoming masters of critical thinking and problem solving. But, like any human being, they have communication-related hindrances and pitfalls that may need to be worked through before they are able to provide the best possible patient care. Two common communication-related criticisms that are frequently voiced about physicians include egocentricism and failure to admit when they have made a faulty or incorrect decision. (Foronda et al., 2016). This can lead to what one may describe as a "lone-wolf mentality", suggesting that physicians do not feel a need to corroborate with other members of the medical team quite as often as they should. Studies have suggested the origin of this mentality may originate in the pre-professional educational system that medical schools administer. Studies have demonstrated that many medical school students are on track to become physicians who do not value or prioritize extraprofessional teamwork and extraprofessional education compared to other medical professionals. (Curran, Sharpe, Forristal, & Flynn, 2008). This lack of emphasis on teamwork and understanding other medical professionals is significant as it brings attention to a possible contributing factor for explaining the interpersonal communication deficiencies seen in today's physicians.

Physicians are overtly essential to the integrity of any healthcare system. Being the head of command, physicians are heavily relied upon by every other member of the healthcare team. It is for this reason that it is all the more important for physicians to have proficient communication skills, as they are looked to for orders, clarification, and instruction. They are functionally the chief of operations for any team-based medical system. Amidst chaos, adversity, and

interruptions, physicians must maintain an aura of leadership and drive the medical team in accomplishing their goals. An adept, skillful physician is able to handle a vast amount of sensory input, filter out distractions, and still communicate well with his or her team. One study found that in the emergency department, medical doctors are the profession most often interrupted. (Berg, L. M., Källberg, A. S., Göransson, K. E., Östergren, J., Florin, J., & Ehrenberg, A., 2013). Indeed, physicians are interrupted more often than physician assistants, nurses, and licensed practical nurses. Moreover, it was found that physicians were more often recipients of interruptions induced by others than causing self-interruptions. (Berg, L. M. et al., 2013). The significance of this lies in the implication that physicians must have the capacity to operate under constant disarray and interruption, prioritize and manage tasks, and communicate under stress.

Communication Patterns of Physician Assistants

The essence of the physician assistant's role in the healthcare setting is communicative and team-oriented in nature. The characteristic requirement of physician assistants to have a collaborating physician assigned to their work introduces an intrinsic understanding that they are a part of a team. While physician assistants generally execute patient care responsibilities without direct, physical supervision of a doctor, they are still not fully autonomous in their role. Physician assistants operate under indirect or nominal supervision most of the time, which allows for the perception of working autonomously. As it stands now, however, physician assistants cannot legally cannot practice on their own, which feeds a team-conscious attitude in the minds of these mid-level practitioners in their working careers. A physician assistant's team-oriented attitude and emphasis on the importance of communication on a healthcare team may be a

derivative of the fact that the law necessitates working with a collaborating physician. (Morgan & Hooker, 2010).

The communication-focused mindset seen in physician assistants may be derived in part from this value being instilled in the physician assistant educational institution. Similar to physicians, studies have shown that physician assistant students also tend to place a lower value on corroborating with other health care professionals compared to students training to become physical therapists, occupational therapists, and counseling psychologists. (Hertweck, Hawkins, Bednarek, Goreczny, Schreiber, & Sterrett, 2012). Compared to medical school students, however, physician assistant students place a higher value on the need for interdisciplinary learning with other medical professionals. (Hertweck et. al., 2012). This finding also correlates with PA students' emphasis on teamwork and communication. The desire of physician assistant students to understand the roles and responsibilities of other members of the healthcare team reflects their clear awareness of the value of team-based administration of care. Physician assistant students recognize the pressing importance of extraprofessional education and believe that clinical experiences led by well-trained extraprofessional faculty should not only be required, but often request the option to choose their clinical sites that have these characteristics. (Lie, Walsh, Segal-Gidan, Banzali, & Lohenry, 2013). Physician assistant students also have a resounding appreciation for the value of different medical professionals that they will work with in the future. Physician assistants in the field may not be expert communicators and they certainly have areas of interpersonal interactions that need development. However, their team-based mindset established at a foundational level is very apparent and may lead to a heightened consciousness for provider-provider communication (Hertweck et al., 2012).

As established, physician assistants characteristically have a team-centered philosophy engrained in their minds at the institutional level. Studies have demonstrated that this profession is filled with individuals who have a natural inclination toward operating alongside other clinicians to accomplish a common goal. For example, one study aimed to determine if English-speaking physician assistant students would be able to effectively care for non-English speaking patients with the help of a professional translator. (Marion et al., 2008). This study operated under the premise that the removal of direct verbal communication with a patient would allow insight into the competency of the physician assistant students to lean on other professionals to work as a team to deliver the best possible care to the patient. The study, which had a sample size of ninety subjects, found that 95% of physician assistants were competent in leveraging the translator to communicate with the patient and provide excellent care despite the language barrier. These findings are convincing in their assertion that physician assistants have a team-based mindset in their approach to providing patient care, and function well when placed in a position that necessitates they lean on other professionals to accomplish a common task. The study also accentuates yet another strength of physician assistants: being culturally useful. The language demographics of the United States are trending more toward diversity each and every year. Easily the second most spoken language in the United States is Spanish, with well over 41,000,000 residents speaking it. (Duffin, 2020). This number is growing, and the healthcare system will have to accommodate for the changes in patient languages. The ability for physician assistants to collaborate well with other professionals (namely translators) is a strength that will prove very useful as the United States becomes more diverse. This is yet another unique skill that physician assistants provide.

Respective Roles of Physicians and Physician Assistants

Role of a Physician

A physician, medical practitioner, medical doctor, or simply just doctor, is a healthcare expert who practices medicine and is concerned with restoring or maintaining others' health status through diagnosing and treating acute and chronic diseases or other impairments. They work in all specialties of medicine. Physicians are the leaders of the medical team, as they are expected to be the most knowledgeable, experienced, and discerning members of the healthcare team. The path to becoming a physician is extremely rigorous. Following four years of undergraduate education, a pre-med student must perform well on the MCAT, apply to medical colleges to execute four years of medical school. Just prior to graduation from medical school, the medical student must apply for and be accepted into a residency program. Residency programs can be any length of time, but often range from three to seven years. Residency is designed to take students who are fresh out of medical school and train them under the supervision of an experienced doctor. A new medical school graduate undergoing such training is typically referred to as a "resident". Residencies are necessary because although medical school students graduate with a lofty level of knowledge, they are not experienced in interpersonal and extraprofessional interactions in the workplace, nor do they know the inner workings of "how" to be a doctor. They have acquired a broad range of medical knowledge and some basic clinical skills, but still have many questions and need to be under supervision, direct or indirect, of a more experienced, competent physician. Following residency, physicians have the option to complete a fellowship in a specialized area of medicine if they wish. This allows for an opportunity to further specialize and develop expertise in one particular area of medicine. Attending physicians have completed residency and are in a place in their career where they now

supervise fellows, residents, medical students, and other clinicians. Attending physicians are experienced professionals who are considered amongst the top experts in their field. It is a responsibility of an attending physicians to train the younger physicians or physicians-in-training.

Physicians operate under their own supervision and do not require an overseer. Physicians typically do not specialize in more than one area of medicine, as they are expected to be experts in their area. Many physicians perform surgery on a regular basis, while others do not operate at all. In the United States, most physicians have the title M.D. (medical doctor), while some are considered D.O. (doctor of osteopathic medicine). M.D.s and D.O.s are very similar, with minor distinguishing factors relating to training emphasis, treatment tendency, and overall philosophy. Both M.D.s and D.O.s are licensed to practice all areas of medicine and in all fifty states. (MD vs DO: What Are the Differences (and Similarities)?, 2019)

Role of a Physician Assistant

The responsibilities of the physician assistant have evolved in the decades since the emergence of the occupation in the 1960s, and will inevitably continue to change in the years to come. The occupation was invented by the United States; the first class of physician assistants in the world graduated from Duke University Medical Center in 1965. (History of the PA Profession and the American Academy of PAs, 2020). The role was created to compensate for a shortage of primary care doctors in the United States, and has since been adopted by several countries around the world. Today, at least fifteen countries worldwide recognize and utilize the profession. (Pasquini, 2020). PAs are utilized in all of the major medical and surgical specialties and continue to expand in their responsibility. (Hooker & Everett, 2011).

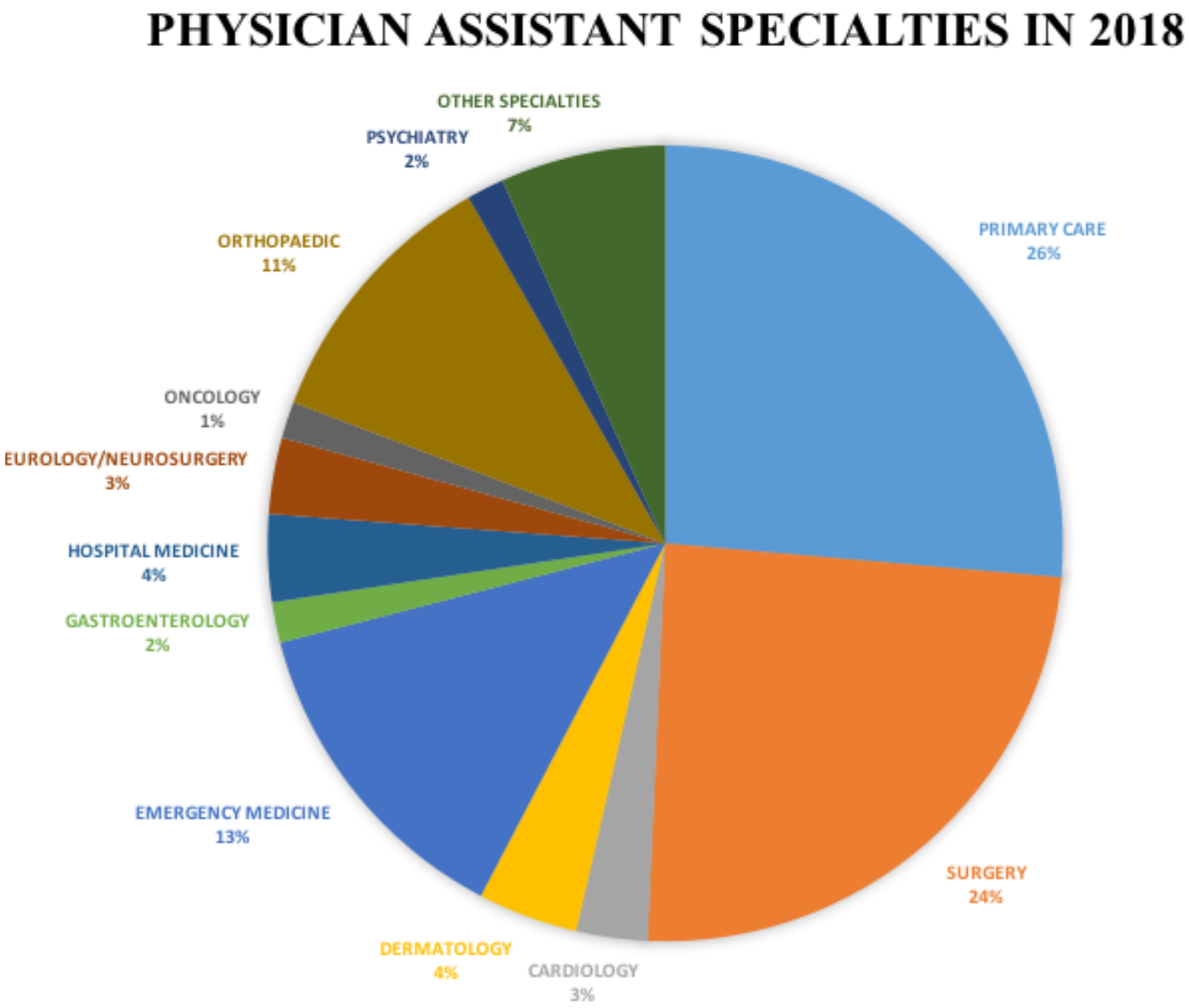
A physician assistant is a health care professional who practices medicine in collaboration with physicians through delegated clinical tasks and management of patients. (Hooker & Everett, 2011). They routinely see patients, diagnose diseases, order laboratory testing, and prescribe medications just as a physician would. Some physician assistants even assist physicians in the operating room. Legally, PAs must operate under the supervision of a collaborating physician. This does not imply the necessity for direct, physical supervision of a physician assistant by a physician at all times. Rather, it means that each physician assistant must be assigned to a collaborating physician who is responsible for the actions of that physician assistant. Additionally, it follows that physician assistants are unable to legally run their own practice, as that would place them in a completely autonomous position. (Hooker & Everett, 2011).

The uniqueness of physician assistants lies in their flexibility and generalist training, allowing them to bring great value to the medical team in a variety of medical specialties and healthcare settings (Morgan & Hooker, 2010). Physician assistants are not required to specialize into an area of medicine. Since their education consists of two rigorous years of post-graduate comprehensive medical training, they are qualified to work under the supervision of a physician in any medical specialty. The ability to work I any specialty is a huge advantage for the physician assistant profession because it allows for lateral mobility, or the opportunity to switch specialties at any point. Currently, primary care practices employ more physician assistants than any specialty, but the statistics gathered in the past few decades have demonstrated a trend: physician assistants are beginning to gravitate away from primary care and toward specialties. (Morgan & Hooker, 2010). A physician assistant's versatility allows for the diversifying of experience which is exceptionally valuable and unique. Unlike physicians, who specialize in one

area of medicine and are essentially bound to that specialty for the extent of their career, physician assistants are able to swap specialties at any point. (Hooker & Everett, 2011). This is a strength of the profession because at any point, physician assistants can enjoy the novelty of a new job if they elect to leave their current clinical setting. Physician assistants are currently practicing in many different specialties. Below is a pie chart illustrating the prevalence of physician assistants in various specialties in the United States. This data is collected from 2018.

Figure 1. Prevalence of physician assistants in various specialties. Data collected from.

(National Commission on Certification of Physician Assistants, Inc., 2019).



Physician assistants' role in primary care.

Physician assistants have traditionally been thought of as primary care medical providers. A survey in 2018 substantiated this popular notion, reporting that 25.8% of physician assistants

in the United States work in primary care (family medicine or a similar specialty). (National Commission on Certification of Physician Assistants, Inc., 2019). The pie chart (table 1) provides a visual to represent the amount of physician assistants in the United States that practice primary care. Since over one-quarter of physician assistants in the United States work in primary care, it is important to understand the roles and responsibilities they hold in that specialty. Physician assistants working in primary care diagnose, treat, prescribe medicine for, and manage acute and chronic illnesses. They obtain medical histories, conduct physical examinations, and educate patients. Physician assistants in primary care also regularly order, perform, and interpret lab tests, X-rays, EKGs, and other diagnostic studies just like physicians practicing family medicine. In these daily activities, it is important for physician assistants to be in communication with their collaborating physician so as to maximize teamwork and ensure the best possible patient care. (National Commission on Certification of Physician Assistants, Inc., 2019). Evidently, the role of a physician assistant in the family medicine setting does not differ much from that of a physician practicing family medicine.

Physician assistants' role in the emergency department

Recent surveys maintain that 13% of U.S. physician assistants practice medicine in the emergency department. (National Commission on Certification of Physician Assistants, Inc., 2019). Physician assistants have a very unique role in the emergency department as compared to any other medical professional, but the general population knows very little about their role. Operating under the partnership of a collaborating physician, an emergency department physician assistant manages many of the same tasks that physicians do, plus some unique skills that physicians typically are not as well-versed in. This can be attributed to the fact that physician assistants provide a hands-on, procedure-centric contribution to the emergency

department. Cohesion amongst members of the medical team in an emergency department is tremendously important, because it is not uncommon for several different professionals to care for a single patient. Since a single patient may have several different medical professionals treat them throughout the extent of their hospital stay, it is extremely important for all of these providers to communicate expeditiously.

Many physician assistants offer unique abilities and services to the medical team of emergency departments like wound-management, suturing, and acute care transfer management to the wards. (Hooker, R. S., Glocko, D. J., & Larkin, G. L., 2010). These procedure-centric skills and abilities may be more developed in some physician assistants in comparison to physicians, because a physician may make a habit of delegating the responsibilities of wound-management and suturing. Nonetheless, these skills are very useful because they are integral to the quality of care provided to the patient. The skills require advanced training and experience, and allow the collaborating physician to move on to caring for another patient. Additionally, virtually all physician assistants in the emergency department obtain medical histories, conduct physical examinations, and diagnose, treat, and manage acute illnesses just as a physician would. Very seldom do physician assistants in the emergency department treat chronic diseases or injuries. (National Commission on Certification of Physician Assistants, Inc., 2019). The use of physician assistants in the emergency department is in a state of steady increase due to necessity in staffing and economy of scale. (Hooker, R. S., Glocko, D. J., & Larkin, G. L., 2010). Physician assistants have demonstrated that they can be very competent providers who can trusted in the emergency room setting to provide excellent patient care.

Physician assistants' role in surgery

Surgical subspecialties are common for physician assistants to be staffed in. Surgical sub-specialization amongst physician assistants is trending upwards in recent years, as displayed by the National Commission on Certification of Physician Assistants, Inc. In 2019, 24% of practicing physician assistants in the United States worked in surgery. (National Commission on Certification of Physician Assistants, Inc., 2019). This number is the highest it's ever been since the physician assistant profession began. These practitioners do not diagnose, treat, and manage illnesses as much as physician assistants in other popular specialties such as primary care or emergency medicine. Physician assistants often operate as the "first assist" to the operating physician in the operating room. (About Surgical PAs, 2018). This means that they assist the physician in selecting surgical tools and equipment, holding open incisions, stopping any bleeding, suturing incisions, harvesting vessels, and completing other technical tasks in the operating room. Physician assistants in surgical subspecialties regularly provide diagnostic, therapeutic, surgical and preventative care under the supervision of a physician. (About Surgical PAs, 2018). Within the physician's discretion, physician assistants are qualified to perform surgical operations under direct supervision. The current U.S. healthcare laws prohibit a physician assistant from operating on a patient without the direct supervision of a physician, but the value that the physician assistant brings to the operating room is both substantial and unique.

Recommendations for Reform in Communication Habits

Assessing and solving all of the communication gaps seen in today's healthcare setting in their entirety seems to be a gargantuan task to tackle. Daunting as it may be, making

considerable advances in the field of healthcare to reform extraprofessional communication is not only a possibility, but an achievable objective.

Pursuing Extraprofessional Education

Research has indicated that multiple strategies of improving inter-provider communication should be implemented in various healthcare settings. A promising way to begin rectifying some of the communication deficiencies seen amongst members of the healthcare team is to place emphasis on extraprofessional education. In educating physicians and physician assistants beyond communication techniques to address the broader constructs of patient safety, valuing diversity, team science, and cultural humility, the importance of clear and consistent extraprofessional communication will become more apparent. (Foronda et al., 2016). Courses in patient safety and relevant simulation training activities would be beneficial for hospitals and other medical care institutions to employ for their providers because education is the panacea to improving team communication. (Gillespie et al., 2010). By providing physicians with a greater understanding of the similarities, differences, and educational backgrounds of their colleagues, communication may be sharpened and improved. Likewise, by providing physician assistant with a greater appreciation of the similarities, differences, and educational backgrounds of their colleagues, they too are provided with a greater understanding of the function of other members of the medical team. In turn, they may learn to communicate in a more effective way with their colleagues. This truth is backed by a study conducted in 2010 which aimed to understand the organizational and individual factors that influence the quality of teamwork in surgery. (Gillespie et al., 2010). In interviewing members of the surgical team of a large metropolitan hospital in Australia, this qualitative study found that interdisciplinary diversity amongst members of a team contributes to very complex interpersonal relations. After analytically assessing the content

derived from the interviews, researchers generated three themes that identified and described causal patterns of interdisciplinary teamwork practices. The three themes they found were interdisciplinary diversity in teams contributes to complex interpersonal relations, the pervasive influence of the organization on team cohesion, and education is the panacea to improving team communications. (Gillespie et al., 2010). Developing shared mental models through interdisciplinary education is a critical first step towards the development of team building in the operating room that would address communication practices specifically in surgery. (Gillespie et al., 2010). This results of this study suggest that extraprofessional education is certainly an extremely underutilized tool in the medical setting. Research has shown that implementation of extraprofessional education and emphasis on understanding other medical providers leads to a much more effective communication infrastructure in the clinical setting.

Placing Emphasis on the Cohesiveness of the Medical Team

The cohesiveness of the medical team will always be a very strong indicator for the extraprofessional communication patterns of the providers on that team. All medical specialties are team-oriented in one way or another, but one specialty of medicine that leans extra hard on the presence of competent teamwork is emergency medicine. The essence of emergency medicine is quick-thinking groups of specialized care-givers working together to care for a patient in a state of emergency. Similar to the operating room setting, the emergency department setting is another specific area of medicine that studies have demonstrated could stand to benefit tremendously from the reform of communication habits amongst medical professionals. The emergency department is an area that is staffed heavily with physician assistants and physicians, and extraprofessional communication is of utmost importance here. Some studies have recommended that communication reform come specifically by the method of focusing on the

success of the medical team, instead of individual caregivers. In this way, patients' experiences are more accurately understood, as each patient comes in contact with several providers over the course of their stay in the emergency department. (Mercer et al., 2008). Focusing on the success of the medical team instead of the focusing on the performance of each provider is an excellent and well-informed practice. This is because while some medical professionals on a care team may be doing an excellent job of caring for the patient individually, proper extraprofessional communication throughout the extent of the patient's stay in the emergency department is still necessary for optimal care. Emphasis on personal achievement and working with a "lone-wolf" mentality is discouraged and will not lead to excellent communication habits. Evidence supports the notion that team training for emergency department personnel would benefit the emergency room as a whole. (Berg et al., 2013). Training medical personnel to begin to view patient care as exclusively team-based should aid to enhance the quality and frequency of communicative processes between clinicians.

Insisting on the Development of Extraprofessional Trust

Trust is an integral component of the cohesiveness of a team unit. If a patient's medical providers do not trust each other, communication amongst the medical team becomes compromised. Proficient communication between physicians and physician assistants occurs most efficiently when a trusting relationship is present and both parties view the other as a competent provider. Studies have demonstrated that judgments of competence have a tremendous influence in establishing trust and power-sharing between providers. (Spitzberg, B. H., 2013). Trust and a willingness to rely on other members of the healthcare team are important components in maintaining cohesion between physicians and physician assistants. As mentioned previously, physicians are more often associated with egocentricism, while physician assistants

frequently have more teachable demeanors and team-oriented values. The existence of egocentricism and self-sufficiency commonly reported in physicians often creates an obstacle in developing trust between healthcare providers. If the physician does not fully view the physician assistant as a competent, valuable contributor to the medical team, the power-sharing and task-delegation dynamic of the relationship will be damaged. Once the trust of the physician to delegate tasks to the physician assistant becomes compromised, communication is sure to weaken. (Spitzberg, 2013). A compromised communication infrastructure is sure to lead to costly repercussions in the healthcare team's efficacy. This weakening of communication generally impairs the quality of care delivered to the patient, and hinders the medical team from performing at an optimal level.

Conclusion

Research in the field of inter-medical-professional communication substantiates the presence of deficient but rectifiable communication patterns amongst healthcare providers. Solutions to defects in complex interpersonal information transmission are not indomitable, but have shown degrees of success in clinical trials and should get the attention of U.S. hospitalists and healthcare team managers. The welfare of patients is affected by several factors, some of which are not fully defined or understood. However, one controllable variable in a patient's healthcare is the quality of communication between that patient's providers. This is an area that must be refined, specifically in the physician-physician assistant relationship as it has a substantial impact on patient outcomes and the cohesiveness of the healthcare team as a whole. It is imperative that clinicians are educated about the importance of effective provider-provider communication in the healthcare setting. If providers are not aware of the degree to which

communication influences the quality of care, they will not be inclined to make a priority of honing communication skills. Clinicians that demonstrate poor communication skills with other clinicians or with patients place the patient's care in jeopardy. Some practical ways to implement communicative reform on a medical care team include making extraprofessional education a priority, emphasizing the cohesion of the medical team as a whole, and fostering trust between physicians and their physician assistant(s). These strategies, when implemented individually or in combination, may bring much needed reform to the way healthcare professionals communicate.

Communication between physicians and physician assistants can look very different from one medical setting to another, but ensuring that communicative relationship is intact at all times is essential in maintaining a well-functioning medical team. It may be found that the effectiveness of a particular communication-reforming intervention varies from specialty to specialty. For example, providing extraprofessional education classes for clinicians may deliver excellent results when implemented to a large emergency department staff, but less effective amongst smaller family medicine practices. On the contrary, it is possible that communication patterns of a small family medicine clinic may see great improvement after establishing greater trust between providers. It is for this reason that individual healthcare settings must implement multiple communication-rectifying strategies to determine which intervention is most effective for their providers. Further research should be conducted with the goal of trying to find trends in the effectiveness of various communication interventions when implemented in each specialty. In this manner, healthcare team management will be able to have a greater understanding of the strategies they should be using to enhance communication amongst the medical providers of that facility. In turn, the quality of care and provided to the patient will increase as the frequency of

quality communication increases. Additionally, as the quality of provider-provider communication improves, patient adherence to treatment plans will improve. In order for healthcare teams to provide their patients with the highest quality care, the essential prerequisite of a patent interpersonal communication system must be incorporated within the healthcare environment.

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