

PAs are Trusted Partners in Clinical Care

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Physician assistants (or associates [1]) (PAs) are integral team members who are essential to clinical delivery in many settings. Interprofessional team-based care has evolved and had a positive impact on practice performance as well as health outcomes, while encouraging the development of trust within the provider-patient relationship [2]. Evidence shows that including PAs on interdisciplinary teams increases access to care, reduces health care costs, and improves outcomes [3], none of which would be possible without a strong foundation of trust between provider and patient.

The American Academy of Physician Assistants and the Physician Assistant Education Association published a joint statement on required competencies for the PA profession. Within a PA training program, training on interpersonal and communication skills is required and professional competencies include, "the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice" [4].

The nonprofit Primary Care Collaborative (PCC) promotes a transformation of the health care delivery system that is built on a strong foundation of primary care using a medical home model. The PCC model promotes an interdisciplinary team approach that includes PAs focused on patient engagement and trust. This model is patient-centered, coordinated, accessible, and committed to quality and safety [5]. In order for patients and families to manage and organize their care and fully participate in shared decision-making, there must be a focus on strong and trusted relationships with the care team and open communication regarding health status.

Communication is central to building trust and supporting patient satisfaction. PAs are especially skilled

at patient-centered communication; PA practice reflects a deep commitment to interpersonal communication skills that address verbal, nonverbal, written, and electronic communication [4]. This dedication and emphasis on communication skills results in increased patient activation and has led to the development of evidence-based Patient Activation Measures [6]. The concept of patient activation offers clinicians a unique opportunity to assess and understand an individual patient's ability to engage with their health care team, develop a greater understanding of chronic health conditions, and therefore have informed decision-making for future treatment. Patients seeking health care services must not only to engage with a team of health professionals but also have the capacity and willingness to follow instructions immediately after treatment or a stay in hospital, and/or to come in for preventive wellness care [6]. Some health care providers may have an overly optimistic view of their patients' ability to actively participate in their care; some have developed a number of ways of tailoring care delivery according to a patient's level of activation. Examples of enhanced resourcing and communication tailored to patient activation may include allocating or tailoring resources to particular patient groups, adjusting the speed of access to and/or frequency of contact with the health care team, and maximizing the value of primary care and specialty appointments for less-activated, less-engaged patients [6].

Interprofessional communication tailored to patient need and readiness is a core competency for developing trust, which is critical. Effective exchange of health information has been shown to encourage and promote patient engagement in decision-making and promote clinician response to patients' emotions when discussing treatment [7]. PAs are trained as skilled communicators, adept at

these modalities present opportunities to practice communication. For simulations involving skill development (e.g., surgical skills), one could incorporate practice in providing informed consent and explaining what the patient should expect, tailored to a variety of levels of patients' health literacy and enthusiasm for the procedure. In a study conducted by the American College of Surgeons, patients rated surgeons who had undergone simulation-based training significantly higher in terms of communication, professionalism, and overall satisfaction compared to those who had not undergone simulation training [11].

Simulations involving an emergency, such as a cardiac arrest, often focus on communication among team mem-

bers. This communication is critical, but often, the equally important aspect of communication with families is left unaddressed. This is important because several issues and questions arise for family and other loved ones during resuscitation. How do we communicate when a resuscitation must be discontinued, or that our resuscitative efforts have failed to generate the return of a heartbeat? How do we explain the notion that, while a heartbeat has returned, there was significant brain (or other organ) damage, and how does the team communicate the implications of "significant end-organ injury" in terms that families understand? Does the conversation differ when the recipient of the information has a health care background, a college degree, or very little health

connection and building patient relationships. PAs are also knowledgeable about how best to address patient hesitancy and concerns that can lead to doubt and challenges in accessing needed clinical services for chronic disease management. Patient-centered discussion and facilitation of information exchange, often used by PAs, can generate trust and assist with developing a strong clinician-patient relationship [6]. Empathetic communication also seems to support more accurate information-gathering by clinicians, eliciting clarity of information provision and therefore enhancement of patient trust [7].

Advocacy must continue to support team-based care and adequate training to ensure that new clinicians are communicating effectively with patients and building positive trust. The Joint Commission has made significant efforts to better understand individual patients' needs and to provide guidance for health care organizations working to address those needs [8]. Initially, the Joint Commission focused on studying language, culture, and health literacy issues, but later expanded its scope of work and training materials to include the broader issues of effective communication, cultural competence, and patient- and family-centered care [8]. No longer considered to be simply a patient's right, effective clinician-patient communication is now accepted as an essential component of quality care and patient safety [8].

Patients are far more likely to trust PAs and health care professionals who are open and honest in their approach, admit to errors, apologize when necessary, and do everything in their power to rectify any mistake [9]. PAs, like many other licensed professionals on the interdisciplinary care team, must meet standards of safe practice and continuous education throughout their careers. Continued professional development and ongoing refinement of skills needed for effective communication remain priorities for high-performing PAs and all members of interdisciplinary care delivery teams. **NCMJ**

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literacy? How does one assess level of understanding? All of us recognize that getting it right the first time is important. It is harder to do that if we've never encountered a particular situation in the past. Simulation provides the opportunity to practice both routine scenarios and ones that may be more rare. It is in those moments of safe, supported practice that we can receive instant feedback on the success of our communication without long-term consequence to a patient or family member, leading to improved communication and stronger relationships with future patients and their families.

Next Steps

The challenges facing health care in the wake of the

global COVID-19 pandemic are monumental: limited staffing, reports of significant medical errors and complications occurring in health care settings, a growing sense of burnout among providers, frustrations of patients resulting in increasing episodes of workplace violence, and increasing financial pressures. Individually, any one of these factors could create significant challenges for a health care institution.

One could look at the airline industry as a reflection of the direction health care could take; just as the airline industry turned to crew resource management (CRM) training to improve teamwork, communication, and safety culture after a series of high-profile disasters in the 1970s, health care could establish a similar structure as standard practice