Developing & Strengthening Nurse-Physician Relationships

Introduction

The relationship between nurses and physicians in the Emergency Department (ED) is unique in the hospital setting. In this fast-paced environment, nurses and physicians work side by side as true partners and communication and collaboration take on particular importance in providing high quality care.

CEP America has long recognized the importance of the strong, dynamic, and collegial nurse-physician relationships and the need for a collaborative, team approach to emergency care. Through a formal program, CEP America physicians create a constructive work environment that has been proven to:

- Improve job satisfaction for nurses, physicians and ancillary personnel,
- Improve patient outcomes and satisfaction,
- Decrease nurse, physician and hospital liability,
- Improve emergency department productivity and operations, and
- Increase nurse retention.

This white paper will explore the best practices implemented by CEP America to develop and strengthen nurse-physician relations in the ED. We thoroughly believe in fostering a collaborative, mutually respectful environment with support from on-site nurse directors. The end result is a cohesive ED team where nurses, physicians and ancillary staff are held accountable and treated with respect.

Setting Expectations for the Entire Team

When CEP America embarks on a new or renewed effort to improve nurse-physician relationships, all members of the ED team must have an understanding of the team concept and its importance. Characteristics of successful teams include a shared vision and goals, effective communication, understanding roles, mutual respect and appreciation, and commitment to continuous team improvement.

The stressful environment of the ED can result in tense emotions, especially during periods of high volume and high acuity. Physicians and physician extenders must understand that all team members...
are working toward the same goal of optimal patient care; and consideration of input from non-
physician team member results in improved patient care. Physicians acting in a manner disruptive to a
collaborative work environment should be held accountable for their behavior; and CEP America has
worked to develop an environment of joint accountability across our sites.

Steps Toward Improved Relations

To foster a strong collaborative relationship between physicians and nurses, CEP America has
developed a series of best practices into a formal program. While the specifics vary site-by-site,
components include:

A. Collaborative ED Management Processes
B. On Duty Team Processes and Skills
C. Interpersonal Skills and Conflict Management
D. Nurse Collaborative Practice Guidelines
E. Joint Education Program
F. Program and Provider Evaluation

CEP America has had repeated success in improving nurse-physician relations precisely because of our
national network of providers who continually refine and contribute to process improvements with
each new on-site implementation.

A. Collaborative ED Management Processes

The ED’s nurse director and medical director form the heart of the department’s management
team. In many cases, the breakdown in communication begins here, with uncoordinated leadership
leading to further misunderstandings. We’ve developed various methods that CEP America
medical directors and nurse directors have used to successfully improve communication,
coordinating work effort, and increasing understanding and teamwork:

1. Weekly Medical Director/Nurse Director meetings to discuss operational issues
   (Consider administrative participation as well)
2. Physician participation at ED nursing staff meetings
3. Nurse participation at ED physician meetings
4. Purposefully solicit and welcome nurse, ancillary personnel, and interdisciplinary (e.g.
   labs, radiology, etc.) involvement in identifying and solving operational issues
5. Regular (annual or biannual) nurse-physician strategic planning retreats to discuss mid
   and long-term ED issues
6. Development of a cross-disciplinary ED advisory group to address department issues
7. Use of focused QI project teams

B. On Duty Team Process and Skills
Great teams do not coalesce by accident; they take effort, commitment, and skill. CEP America has implemented team training courses which break down traditional barriers by focusing on a team mindset built on synergy, empowerment, and accountability.

While ED providers are accustomed to serving as clinical and operational leaders, high performance ED teams require attention to an additional dimension of leadership, which focuses on the team itself. At any given time, the individual assuming leadership for these roles will differ depending on the situation, and will naturally be shared to some extent among multiple individuals.

The **Team Leader** is concerned with team formation, cohesiveness, sustainment, and improvement.
- Who are the formal and informal leaders during a typical shift in your ED?
- Who, alone or in combination, might best serve in the role of Team Leader?

**Team Members** are responsible for communicating important information, speaking up with their concerns, and placing the team needs above personal interest.
- Team members will either strengthen or weaken the team, depending on their skill, attitude, and behavior
- Team members must adapt their style not only to the situation but also the style of the leader and teammates

C. Interpersonal Skills and Conflict Management
Appropriate and respectful behavior is an expectation in all workplace settings. To achieve this in the stressful ED environment, team members need to be approachable and open to both positive and negative comments. Failing to respectfully confront team members can also result in deterioration of the team.

To proactively address tense situations, a standardized method of conducting difficult conversations and conflict can help ensure more appropriate, constructive interactions. We need to recognize "On Stage" and "Off Stage" areas. While on stage, we need to remain professional; off stage areas are necessary for staff relief and where conversations can occur without patient/family observation and/or over-hearing content.
D. **Nurse Collaborative Practice Guidelines**

Nurses and physicians must be engaged in a collaborative work environment where nurses are empowered to make diagnostic and treatment recommendations, and participate with the physician in determining the patient’s ED course. An atmosphere of collaboration requires an understanding of roles and responsibilities, as well as a willingness to share control for patient and operational decisions.

Development of collaborative practice guidelines is a joint effort between nurses and physicians. CEP America’s experience shows that having the nursing staff take responsibility for ordering tests and performing certain therapeutic interventions requires strong initial physician support, and continued reinforcement and education. Physician consistency in supporting protocols and setting expectations of what the nurse should order is necessary for nursing collaborative practices to succeed. The full commitment of the physician leadership is necessary to see a program like this succeed.

E. **Joint Education Program**

CEP America encourages its EDs to develop a joint nurse-physician education program with regular meetings on various clinical topics. Such joint educational sessions result in greater understanding of how each group addresses patient care, develops more uniform practices, and provides a constructive, non-threatening environment to discuss clinical issues.

F. **Program and Provider Evaluation**

A quantitative method of evaluating both program and provider performance with respect to developing a stronger nurse-physician team is useful to determine success as well as weaknesses.

**Ongoing Strategies for Relationship Development**

Successful nurse-physician interaction is dependent on effective communication. Identifying methods to improve relationships and build a collaborative work environment requires ongoing effort. CEP America encourages its sites to employ a number of strategies in an on as needed basis to enhance the relationship between nurses, physicians, and ancillary staff.

A. **Stress Reduction Assistance, Critical Incidence Stress Debriefing**

If this is felt to be an issue for the site or individual ED team members, ED leadership may want to consider some form of organized stress reduction assistance or group participation in critical incidence stress debriefing programs.

B. **Team Development Activities**
Team development activities and facilitated trust and team building events have been successful at many CEP America sites. These activities may include role playing with facilitated communication, interpersonal relationship critique and training, as well as social events.

C. **Structured & Regular Case Reviews**

Regular case reviews including various team players can help further an appreciation for the importance of all team members.

D. **Instilling an Attitude of Moral Support across ED Team Member Roles**

When a nurse or physician is busy, developing an attitude of willingness to help out will result in a much stronger team. For example, willingness of the physician to discharge a patient or answer a telephone; or willingness of a nurse to help complete an injury report for the physician or write a verbal order.

Strengthening nurse-physician relationships is an ongoing process that requires time and commitment from everyone in the ED. CEP America has long recognized the importance of cultivating respect and collaboration amongst an ED team; and we have the dedication and experience necessary to ensure that nurses, physicians and ancillary personnel feel respected and appreciated when they step onto the floor of the emergency department.