



# Surgical Advanced Practice Provider and Surgical Resident Collegial Practice

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## Introduction

- Physician assistants (PAs) and resident physicians have worked in tandem delivering care to surgical patients for decades.
- As the PA profession has grown and the requirements for surgical education continue to evolve, challenges have arisen surrounding collegiality between these two groups within our institution.
- In an effort to prevent further conflict, we developed a multidisciplinary team to identify areas of improvement and to help facilitate a more collaborative working environment.

## Methods

A task force, including Advanced Practice Providers (APPs), surgical residents, and representatives from their respective leadership was created in October 2018 to discuss areas for improvement in clinical team workflow and cooperation. A survey was created and distributed to APPs and surgical residents to gather feedback and identify perspectives on how these two groups view their working relationship. The task force reflected on the data obtained and developed Standards of Collegial Practice guidelines outlining expectations of respect for both APPs and surgical residents. These standards were shared with APPs and surgical residents in December 2018, and again with each new hire or new resident class. Both groups were administered a follow up survey in December 2020 to evaluate for changes in culture and collegiality.

## Results

- In the **initial** survey, it was found that 26% of residents and 47% of APPs thought that roles were clearly defined, 33% and 47% thought that APPs were available to cover resident educational time consistently and 39% of trainees were comfortable with pager handoffs for conferences.
- After** publishing the Standards of Collegial Practice, a greater proportion of APPs and residents thought that roles were clearly defined (Residents: 68% vs 26%,  $p < 0.001$ ; APPs 71% vs 47%,  $p = 0.03$ ); were comfortable with pager hand offs for the operating room (Residents: 82% vs 58%,  $p < 0.001$ ; APPs 82% vs 57%,  $p = 0.01$ ); and thought that APPs were available to cover during educational times (Residents: 69% vs 33%,  $p < 0.001$ ; APPs 93% vs 47%,  $p < 0.001$ ).
- In 2020, 98% of residents agreed that APPs and surgical residents work well together (compared to 82% in 2018,  $p = 0.015$ )

## Discussion

An initial survey of the APP and surgical resident work environment in 2018 uncovered confusion of roles, conflicts with coverage and pager handoffs and themes related to mutual respect. Subsequently, the development, education and creation of a dialogue pertaining to standards of collegial practice guidelines between APPs and surgical residents was associated with improved clarity of roles, pager handoffs and work environment.



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## Next Steps

It will continue to be paramount to promote goal alignment and a culture of respect and collegiality amongst APPs and surgical residents in order to promote job satisfaction of APPs while supporting the educational goals and requirements of surgical residents. This task force hopes to collaborate with APP and resident groups of other service lines and specialties to share our experiences.

Survey Statement	% Residents who Agree			% APPs who Agree		
	2018	2020	P Value	2018	2020	P Value
APPs and surgical residents work well together	82%	98%	0.015	97%	96%	0.91
APPs improve resident education	82%	90%	0.220	97%	96%	0.91
The roles of APPs and surgical residents on clinical teams are clearly defined	26%	68%	<0.001	47%	71%	0.03
I feel comfortable with how pager handoffs are conducted to go to the OR	58%	82%	0.007	57%	82%	0.01
APPs are available to cover the pager/floor during resident education	33%	69%	<0.001	47%	93%	<0.001