

# AONE GUIDING PRINCIPLES

FOR EXCELLENCE IN NURSE/PHYSICIAN RELATIONSHIPS

## Introduction to the Guiding Principles

Excellent working relationships between nurses and physicians are key to creating a productive, safe, and satisfying practice environment. The patient and the patient's family benefit from care delivered by a team practicing within this environment.

Senior leadership in healthcare organizations must support the development of excellent relationships and, more importantly, create an environment that sustains and nurtures these critical relationships.

## Guiding Principles for Excellence in Nurse/Physician Relationships

Institutions that are committed to establishing and maintaining environments that promote excellence in the nurse/physician relationship adhere to the following principles.

1. Interdisciplinary collaborative relationships are promoted, nurtured and sustained.
2. This requires that practitioners be proficient in communication skills, leadership skills, problem solving, conflict management, utilizing their emotional intelligence, and functioning within a team culture.
3. Excellence in relationship building begins with hiring, continues with learning and developing together and is reinforced over time.
4. The organization has specific systems for reward, recognition, and celebration.
5. The organization supports the "Platinum Rule" with a specific Professional Code of Conduct that includes a system to support it. A "No Tolerance" standard exists for those unable to adhere to the Code.
6. The organization creates and supports a "Just & Fair" environment.
7. The work of all professional caregivers is seen as interdependent and collegial.
8. Cross-discipline job discovery is supported and encouraged.
9. Patient-focused care and better patient outcomes are the organizing force behind creating a collaborative environment.

## Implementation Guidelines

Interdisciplinary collaborative relationships are promoted, nurtured and sustained.

1. Nurses and physicians are given formal training in communication skills, leadership development, problem solving, conflict management, development of emotional intelligence, and team functions. Education and training is provided to nurse/physician teams and is not discipline specific.
2. Specific education is provided in team building.
3. Organization governing bodies and committees have representative members from all disciplines

4. Nurse/physicians leadership teams are identified to lead the work at the unit level. (Microsystem Management)
5. All organizational task forces include representatives from those stakeholders closest to the issue.
6. Interdisciplinary collaborative relationships are assessed, unit-by-unit. Each unit has a development and improvement plan for continued growth of the relationship.
7. Teams develop common values for their interdisciplinary collaboration.
8. Teams develop common language for their interdisciplinary collaboration.
9. Nurse/physician collaborative champions are identified at the hospital and unit level.

Excellence in relationship building begins with hiring, continues with learning and developing together and is reinforced over time together and is reinforced over time.

1. Nurses and physicians work collaboratively to identify the behaviors that they want in team members.
2. Employees, both nurse and physician, are hired using behavioral interviewing to ascertain a good fit with the organization, teams, values, culture, and behavioral expectations.
3. Nurses and physicians do 360 degree performance reviews.
4. Credentialing criteria includes behavioral attributes and expectations, as well as clinical skills.
5. The Graduate Medical Education competencies are used as hiring criteria and for performance review.
6. Education and team training is done in work teams, as described in the Institute of Medicine reports.
7. Personal accountability for demonstrating team behaviors is rewarded.

The organization has specific systems for reward, recognition, and celebration.

1. There is alignment of purpose among the disciplines regarding reward/recognition & celebration.
2. Mechanisms for reward and recognition are easy to access.
3. Performance appraisal is linked to patient satisfaction measurements.
4. Awards, recognition and celebration are public and visible and across disciplines and teams – Example: Physicians identify the Nurse of the Year; Nurses identify the Physician of the Year.
5. Rewards and Recognition programs promote team accomplishments.

The organization supports the “Platinum Rule” with a specific Professional Code of Conduct that includes a system to support it. A “No Tolerance” standard exists for those unable to adhere to the Code.

1. The Golden Rule states: “Do unto others as you would have them do unto you.” The Platinum Rule states: “Do unto others as they would have you do for /unto them.” Thus,

this principle speaks to treating others as they want to be treated, not necessarily how you would want to be treated.

2. Code of Conduct Guidelines/Policies exists for all professionals that outline behavioral expectations.
3. Work improvement plans and measures hold the team accountable, not just individual.
4. Individual professional codes of ethics/conduct are known and honored.
5. Contacts and processes/procedures for the impaired professional are easily accessible to all staff.
6. There are identified coaches and mentors for the professionals on site in the hospital to help with performance issues.
7. All professionals receive team training that focuses on communication skills and processes.
8. Processes exist to identify and address conflict situations before they become a crisis and/or deteriorate.

The organization creates and supports a “Just & Fair” environment.

1. There is a systems approach to management and decision-making.
2. Internal trends and reporting processes are multidisciplinary.
3. Language for reporting and safety is analyzed to assure that it is “Just & Fair”.
4. Processes exist for multidisciplinary critical incident debriefing.
5. Decision-making tools are used that support the “Just & Fair” processes, such as the “Just Model”.
6. The processes outlined in the patient-safety literature that creates cultures of safety are used as blue prints for culture changes.
7. Remedial training is offered when needed.

The work of all professional caregivers is seen as interdependent and collegial.

1. The culture of team includes all disciplines providing care on a unit.
2. Behavioral expectations are defined for all disciplines.

Cross-discipline job discovery is supported and encouraged.

1. All disciplines are educated in the role/responsibility of their colleagues.
2. Opportunities for shadowing different professions are encouraged.

Patient-focused care and better patient outcomes are the organizing force behind creating a collaborative environment.

1. Work is directed toward identifying and measuring those outcomes that are sensitive to the function of collaboration.
2. Patients and families are appointed to internal committees.
3. Patient-centeredness is a key focus for processes.