Un Mieux MAPP
to Interprofessional Collaboration
and Training
APGO 2019

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Keywords/Topic Areas
- Professional Development
- Residents
- Teams and Teamwork

Learning or Performance Objectives
- Identify gaps and needs in residency training of ACGME Program Requirements for interprofessional teamwork and team-based care in the ambulatory setting.
- Define the Medical Assistant-Physician Partner (MAPP) model and learn how this interprofessional partnership can lead to improved patient safety and care quality.
- Implement personal self-assessments and utilize tools for communication and feedback from the MAPP curriculum to improve interprofessional collaboration, time management and patient satisfaction.
- Create an action plan of next steps on how to apply the MAPP principles to your own residency training program.

Background
Common Program Requirements emphasize training residents to work in interprofessional teams to enhance patient safety and improve patient care quality. Opportunities to work as a member of an effective interprofessional team should include all practice environments. While most graduates will eventually spend the majority of their clinical career working in the ambulatory setting, resident training is disproportionately weighted to the in-patient environment. OBGYN residents need concrete interprofessional teamwork skills to be successful in both an inpatient and an ambulatory setting. Our annual graduate survey suggested a gap in how we trained residents to effectively practice and function in the ambulatory setting, prompting us to directly address this need.

Our department recently implemented an innovative Medical Assistant-Physician Partner (MAPP) program in our faculty practices. The aim of this program was to improve interprofessional collaboration, teamwork, efficiency, patient safety, care quality and overall professional satisfaction in the ambulatory care setting. Given the overwhelming success of MAPP with our medical assistant-faculty physician pairs, we felt this would be an ideal program to address gaps in interprofessional resident training in the ambulatory setting. This year we are piloting a resident MAPP curriculum to serve as a foundation for clinical skills development. Topics taught to residents include: how personality type affects communication and office practice; structure for providing feedback; and efficiency training to improve patient care experience. This session will introduce part of the MAPP curriculum and share common check-lists that are used in MAPP to create best practices. We believe this session will provide a set of training tools that can be easily implemented by residency programs to address training needs for interprofessional teamwork in the ambulatory setting.

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Description of Session

We will begin with a description of the Medical Assistant-Physician Partner (MAPP) program rolled out to our faculty practice and share measures of success related to clinic management and practice. We will then review how MAPP aligns with ACGME Program Requirements related to interprofessional teamwork and addresses a current training area deficiency. We will next share our process in modifying and developing a MAPP curriculum for resident physicians and show how this can lead to improved patient safety and care quality. We will also complete interactive exercises that highlight part of the MAPP curriculum. Finally, we will share checklists used to create mutual agreement on best practices and appreciation for medical assistant and physician responsibilities to improve interprofessional collaboration.

Our session will have two interactive exercises.

Exercise 1: How Personality Affects Your Office Practice - Exercises in Self-Awareness

- We will lead guided exercises on:
  - The Subjective Happiness Scale
  - Promoting Positivity
  - Social Styles Recognition

Key points: How personality affects how you interact with colleagues and patients. Review and share tips on how to improve working relationships with people of different personality types, and how this is relevant to your ambulatory practice.

Exercise 2: How to Provide Effective Feedback to Improve Your Clinical Practice

- We will lead guided exercises on:
  - Feedback Styles
  - Handling Patient Situations

- Work in small-groups/pairs: Practice SBAR (Situation, Background, Assessment, Recommendation) for common clinical scenarios

Key Points: Learn techniques for three kinds of feedback, SBAR for positive and difficult conversations, and how to successfully raise delicate issues with staff members. Review how these feedback and communication tools can significantly improve a relationship with colleagues, medical assistants, and patients.

Summary: Create an action plan of next steps on how to apply the MAPP principles to your own residency training program.
If you responded that you are “Somewhat satisfied” or “Not satisfied”, what would improve your level of satisfaction?

- Opportunity to **work with same MA’s/establish relationships**
- **Continuity with MAs.** I feel like I don’t know any of them and never have time to **establish a functional system**
- Working with the **same MA** over time so we can **troubleshoot** and learn to be **more efficient together**
- Having a **consistent MA** so we could **come up with a workflow together**
In my role, I have the opportunity to do what I do best every day?

I feel like I make a difference in the care experience of the patients I take care of.
Any other feedback you would like to provide?

- **Designated MA's for residents** so we can get to know them better
- **Provider/MA workshops** to work on flow and efficiency
- Enjoy working with multiple MAs and getting to know more people, but if I were to work in clinic more, ideally work with 1-2 MAs
- I usually feel like I'm flailing in clinic. Sometimes, my MA is really helpful, but often when I need something I can't find them. Other times, I can tell that **MA seems frustrated** with me for running behind.
- Some MAs seem more open to working with residents than others. What can I do as a resident to improve the **MA experience** working with residents?
The Subjective Happiness Scale

For each of the following statements and/or questions, please circle the point on the scale that you feel is most appropriate in describing you.

1. In general, I consider myself:
   1 2 3 4 5 6 7
   not a very happy person
   a very happy person

2. Compared with most of my peers, I consider myself:
   1 2 3 4 5 6 7
   less happy
   more happy

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?
   1 2 3 4 5 6 7
   not at all
   a great deal

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?
   7 6 5 4 3 2 1
   not at all
   a great deal


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Promoting Positivity Worksheet

Select 2-3 of the following positive emotions you will work on increasing in your relationship with your clinician partner:

- Joy
- Gratitude
- Peace
- Interest
- Hope
- Pride
- Amusement
- Inspiration
- Love (of work, of giving, etc.)

What I will do to increase my current levels of happiness:

- Using a gratitude journal
- Meditate
- Exercise
- Eat well
- Sleep better
- Spend time with loved ones
- Enjoy my hobby
- Perform kind acts
- Have something to look forward to
- Other:

Choose 1-2 to start doing:

- Learn more about my clinician partner to build familiarity
- Expect the best intentions from my clinician partner
- Acknowledge my clinician’s contribution to our patients and to our partnership.
- Ask someone how they are doing and genuinely listen to their response.
- Other:

I will “Spread the mood” by:

- Greeting my clinician with a smile every day.
- Find ways to create an positive work environment.
- Other:
**Social Styles Recognition Helper**

**INSTRUCTIONS**
To determine your Social Style, circle the number or letter in each of the scales below that best represents how you perceive yourself.

**I WOULD BEST DESCRIBE MYSELF AS:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>goes along</td>
<td>takes charge</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>quiet</td>
<td>talkative</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>supportive</td>
<td>challenging</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>compliant</td>
<td>dominant</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>asks questions</td>
<td>makes statements</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>cooperative</td>
<td>competitive</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>introverted</td>
<td>extroverted</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>slow, studied</td>
<td>fast-paced</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
<tr>
<td>constrained</td>
<td>open</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>C</td>
<td>B</td>
</tr>
</tbody>
</table>

Write the total number of times each letter and number was circled.

<table>
<thead>
<tr>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Which letter and number did you circle the most? Plot these on the next page.
## INSTRUCTIONS

Which letter and number did you circle the most? Plot where they intersect in the matrix below. For example, D1 or C2 would be plotted in the “Analytical” box.

<table>
<thead>
<tr>
<th></th>
<th>D</th>
<th>C</th>
<th></th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Analytical</td>
<td></td>
<td>Driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Amiable</td>
<td></td>
<td>Expressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

How might your social style impact how you communicate with others on your team and your patients?


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**Social Styles**

**TASK** Directed
- Focuses dialogue first on task and facts
- Shares and displays fewer emotions
- Has consistent tone and minimal body language

**ASK** Directed
- Uses conditional language
- Asks more questions than statements
- Speaks more softly, interrupts less

**TELL** Directed
- Uses declarative language
- Leans forward
- More rapid rate of speech, louder volume
- Interrupts more

**PEOPLE** Directed
- Focuses dialogue first on people and relationships
- Has varied vocal tone and inflection
- More and wider gestures and more facial expressions

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**How to communicate with your partner’s style:**

<table>
<thead>
<tr>
<th>Analytical</th>
<th>Driver</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask about the Task</strong></td>
<td><strong>Tell about the Task</strong></td>
</tr>
<tr>
<td>• Provide a formal greeting</td>
<td>• Initiate the interaction with a formal greeting.</td>
</tr>
<tr>
<td>• Acknowledge their time, effort, preparedness. Be efficient.</td>
<td>• Be confident in your ability to help them. Be efficient.</td>
</tr>
<tr>
<td>• Give clear &amp; logical instructions &amp; answers.</td>
<td>• Use declarative, action oriented language. “I can.. / I will..” Give them options.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amiable</th>
<th>Expressive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask about the People</strong></td>
<td><strong>Tell about the People</strong></td>
</tr>
<tr>
<td>• Provide a warm &amp; friendly greeting.</td>
<td>• Provide a complimentary greeting.</td>
</tr>
<tr>
<td>• Acknowledge their feelings. Ask about how they’re doing.</td>
<td>• Acknowledge their feelings.</td>
</tr>
<tr>
<td>• Be personable. Get to know them.</td>
<td>• Be personable. Show them you know them.</td>
</tr>
</tbody>
</table>
Feedback Styles Worksheet

How would you describe your own wiring in terms of:

- Baseline (your natural level of happiness in life)? You can use a 1-7 scale (1 being least happy, 7 being most happy) or low/medium/high.

- Swing (the degree to which your emotions swing both negatively and positively when you receive feedback)? Low/medium/high

- Recovery (how long you sustain the buzz from positive feedback or how long it takes you to recover from negative feedback, in other words, how long do you dwell on your feedback? (long/medium/short)

How does your own wiring influence how you receive feedback?

How does your own wiring influence how you give feedback?
Handling Patient Situations

Self-Awareness

What is a patient situation we both find challenging?

Self-Management

When we’ve successfully handled the situation (or tried to), what did each of us do?

Empathy

What are some possible reasons for a patient to behave this way?

Social Skill

How can we handle a situation like this if it comes up again?

What can we do to support each other?
**SBAR for Coaching**

Practice the conversation with your partner. Use a good opening, try the SBAR model, then listen.

<table>
<thead>
<tr>
<th>SITUATION &amp; BACKGROUND</th>
<th>ASSESSMENT</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s the situation and the specific action you’ve noticed?</td>
<td>Why might it have happened and what is the impact on you, the patient, or the team?</td>
<td>What would you like to see happen in the future? What’s your role?</td>
</tr>
</tbody>
</table>

Two times this week you’ve looked for your partner and couldn’t find them in a timely way.

Clinician is running late and patient is angry in the waiting room.

You hear from a patient that your partner (Clinician or MA) was “okay, but seemed rushed.”

Choose your own common scenario:
How to Connect on the Fly

Framework for morning check-in with an MA you don’t usually work with:

- This is our top priority...
- What’s the most important thing I need to know about how you work?
- Here’s the most important thing about me that’ll help us have a great day...

Three Steps to Successful Delegation

<table>
<thead>
<tr>
<th>Clarify your expectation</th>
<th>Set them up to succeed</th>
<th>Normalize feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Be specific, explicit</td>
<td>- Show MA how</td>
<td>- Give and receive</td>
</tr>
<tr>
<td>- Invite questions</td>
<td>- Allow ownership</td>
<td>daily</td>
</tr>
<tr>
<td>- Specify priority of task</td>
<td>- Expect mistakes</td>
<td>- Acknowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>approximations as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>well as successes</td>
</tr>
</tbody>
</table>

SBAR Model for Delegation

<table>
<thead>
<tr>
<th>Situation and Background</th>
<th>Assessment</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Describe the situation when the action occurred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Be specific on the behavior you observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Offer ideas about possible intentions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Review the impact of the action (on you, the patient, or the team)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discuss and agree upon future behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Clarify your role in making it happen</td>
<td></td>
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</tbody>
</table>

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LET'S HAVE A GREAT DAY!!

1. CHECK IN:
   ○ Review schedule together, identify/discuss: special equipment needed, MDP, *Gyn other (call them if not called), special patient circumstances, urine or labs needed, anything else unique or pertinent

2. CHAPERONING, CONTACTING MA (choose one)
   ○ Call light
   ○ Text
   ○ MA station phone: what is number?
   ○ Please just come in after _____ minutes

3. FOLLOW UP APPOINTMENTS (choose one)
   ● Please do prior to me seeing patient
   ● I will bring patient to MA station afterwards
   ● Please do in the exam room

4. PROVIDER RUNNING BEHIND
   ● Knock on door if I am more than 10 min behind or more 2 patients waiting
   ● MA to do anything that can be done before appointment: ie schedule follow up appointments, send for injections, see early start first etc
   ● Provider 15 – 30 minutes behind
     ○ Let reception know/put in comments
     ○ Update patients in exam rooms every 10 minutes on time estimate. Offer juice/water
   ● Provider > 30 minutes late: MA to check in with provider for management instructions of waiting patients. Options include
     ○ See if clinical consultant will see patient
     ○ Check schedule to see if another provider has availability to see patient
     ○ Reschedule patient for future date with current provider
     ○ Patient prefers to wait
     ○ Contact manager for help

5. WARM EXIT
   ● How can we make sure EVERY patient is walked to the exit and is given a warm send off?

6. SPECIFIC THINGS I LIKE…
   ● ________________________________________________________________
MAPP Chat: Building Our Relationship & Schedule Management

1. Good relationships lead to good patient care. Let’s get to know a little bit more about each other
   a. Do you have a significant other? Children? Pets? What are their names?
   b. Where are you from originally? What brought you to the Bay area?
   c. Where did you go on your last vacation? What was your favorite vacation?
   d. What do you like to do when you aren’t at work?
   e. When is your birthday?

Go over each activity below. Agree on how well you currently do this activity and how to achieve the best results (show each other how).

<table>
<thead>
<tr>
<th>We do this well</th>
<th>We’re working on this</th>
<th>We need help</th>
<th>Prospective Schedule Review /Start of the Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Consistently attends morning module huddles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Consistently has an MA-provider check in prior to start of clinic to go over specific needs for each appointment, troubleshoot potential problems, etc. Discuss strategy if provider and MA don’t start at same time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Consistently has an MA-provider check out at the end of the day. Discusses things that went well, problematic encounters and how to improve next time, etc. Discuss strategy if provider or MA do not leave at same time, alternative time for check out</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Managing the Daily Schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Informs receptionist &amp; patient if clinician is running 30 or more minutes behind and enlists charge RN help for clinician.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Calls patient if clinician is running more than 15 min late for TAVs and VAVs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Prepares and virtually rooms patients for Video Visits</td>
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<tr>
<td></td>
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<td></td>
<td>4. Establishes communication techniques to maintain real-time contact, alert each other to time-sensitive issues over the course of the unit (add-on patients, patient ready, provider running late, please get partner, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Discuss follow up appointment visit scheduling for OB patients (schedule before visit, in exam room).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secure Message Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Attaches to clinician in-basket</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Orient MA to results and secure message section (ie. “Done” simple thank you, HPV negative results, GBS negative results)</td>
</tr>
</tbody>
</table>
Now that we've discussed the daily schedule, let's make sure we have our mutual agreements documented. Check the boxes below where you already have mutual agreements made. For areas you have not yet made agreements on, discuss and write down an agreement.

### MAPP Chat 1: Schedule Management

<table>
<thead>
<tr>
<th>Set Mutual Agreements for:</th>
<th>Agreements made:</th>
</tr>
</thead>
</table>
| Clinician/MA Daily Check-in and Check Out Meetings | Check In:  
Agreed time: |
| □ We have an agreed upon check-in strategy and meet in a way and at times that we prefer. | Format of the check-in (ex. we'll always discuss this at each check-in): |
| □ We have a back-up plan in case we can’t check-in as planned or aren’t paired that day. | Check Out:  
Agreed Time (tip: consider before last patient if MA/clinician end times do not match) |
| □ The check-ins include what we both need to know and do, so we are clear on what exactly will happen. | Format of Check Out: |
| □ Our check-ins are as good, quick and valuable as possible. | |
| □ Our Checkouts are useful for wrapping up logistics of the day and encouraging daily feedback | |

<table>
<thead>
<tr>
<th>Managing the Daily Schedule</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ We have a plan for communicating with each other and with others throughout the day, including communicating with the receptionist and patient if the clinician is running behind.</td>
<td>Agree on workflow when running late. See guidelines in MA handbook. (discuss when to knock on door, rescheduling appointments if needed, etc.):</td>
</tr>
<tr>
<td>□ The clinician has set clear guidelines about what exactly should be done by the MA to prepare for Video Visits and Telephone Visits, including a plan for calling the patient if the clinician is running behind.</td>
<td>Agree on workflow of what to do when we can’t reach a patient:</td>
</tr>
<tr>
<td>□ When a patient can’t be reached, we have a plan about what to do.</td>
<td>Discuss how to document if a patient can’t be reached:</td>
</tr>
<tr>
<td>□ Documentation is specific and accurate.</td>
<td></td>
</tr>
</tbody>
</table>
Thank You!

Questions - Please contact us:

erin.e.niemasik@kp.org

Jaclyn.b.taub@kp.org