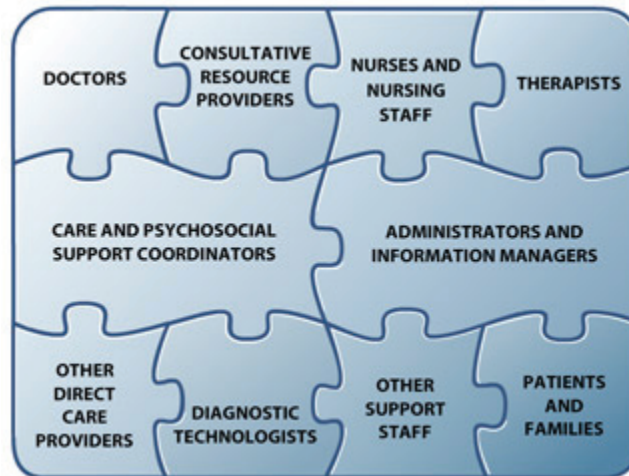




Online Orientation for Incoming Housestaff

INTERDISCIPLINARY HEALTH CARE TEAM

In the course of an inpatient stay in a typical hospital, a single patient may receive care directly from several different types of health care professionals and support staff. Another dozen health care professionals may provide behind-the-scenes support that assists with the patient's care. If the patient undergoes surgery or another major procedure, even more health care professionals may become directly or indirectly involved in that patient's care. Together, these care providers apply a wide range of specialized knowledge and experience all for one purpose: to provide patients with the very best health care possible.



The Interdisciplinary Health Care Team is an educational resource designed to introduce medical graduates to this concept of teamwork in the medical system and to members of the Interdisciplinary Health Care Team.

Currently, this resource includes:

Profiles of the members of the Interdisciplinary Health Care Team—who they are, what they do, how they are supervised, what kinds of training and education they have, what certifications they need, what types of patients they work with, and how they become involved in a patient's care. These profiles were developed by representatives of various health care professions that are part of the Interdisciplinary Health Care Team

Interdisciplinary Health Care Team Members

Doctors

The people in this group are, or are on their way to becoming, independent practitioners of the medical arts. Some are differentiated by their level of training and/or autonomy on the spectrum of medical practice (Attendings, Residents, Students), others by their training in a different medical tradition (Osteopathic Physicians), and still others by their specialized areas of practice (Dentists, Podiatrists). What they have in common is a high level of autonomy in practice and a commensurate level of responsibility. They also are required to complete many years of postgraduate professional education and training and must meet stringent requirements for licensure and certification.

Attending Physician

Who is an Attending Physician?

Attending Physicians are the doctors who are responsible for supervising, teaching, and training interns, residents, fellows, and medical students. They are the “doctors in charge” of the residents and are ultimately responsible for all aspects of patient care. In some university hospitals, there are separate Teaching Attendings and Supervising Attendings. A Teaching Attending is a physician whose role is not directly related to patient care, but whose responsibility is to direct the learning of resident physicians. The Supervising Attending is the physician ultimately responsible for a patient’s care. In some settings, an Attending Physician fills both roles.

What does an Attending Physician do?

The Supervising Attending assumes primary care for the patient and has the legal and ethical responsibility for directing the care of the patient. He or she must see each patient every day, review treatment plans with their residents, and document his or her supervision of the patient’s management. When doctors function in the role of a Teaching Attending, they will round with the interns, residents, and students for bedside teaching.

What education, training, and experience must one have to function as an Attending Physician?

The Attending Physician must have completed an accredited residency program and usually will have obtained specialty board certification. Teaching Attendings often have additional fellowship training and usually have faculty appointments.

How and by whom is an Attending Physician supervised?

Attending Physicians are supervised in the hospital setting by the Chairs of their departments. They are also supervised by the Chairs of the medical schools where they have faculty appointments.

What are the typical day-to-day activities of an Attending Physician?

The schedules of Attending Physicians are very diverse, depending on the field of practice. In internal medicine, Attending Physicians may begin the day with morning report, reviewing cases recently admitted. They then may go to the hospital wards to conduct bedside teaching rounds or perform consultations. They may see patients in an outpatient site with residents and fellows. In addition, many Attendings spend some time doing clinical or basic science research.

Must an Attending Physician be licensed or certified to function in his or her role as part of a health care team?

To become an Attending Physician in the U.S. health care system, a physician must:

- Complete an accredited residency program
- Obtain state licensure
- Be eligible for or have obtained specialty board certification in his or her respective field

All Attending Physicians must be licensed to practice medicine. Licensure is a legal designation given by individual states. An Attending Physician may be licensed in one or more states; however, there is no national licensure, and licensure in one state is not necessarily transferable to another state.

Eligibility for specialty board certification is determined independently by each of the specialties of medicine (internal medicine, emergency medicine, family medicine, general surgery, obstetrics and gynecology, etc.). Each specialty board determines its own minimal requirements of competency, including length of residency training and certification examination requirements.

How and when does an Attending Physician become involved in the care of a patient?

In the hospital setting, patients are assigned to an Attending Physician as soon as they are admitted. If the patient has an Attending Physician outside the hospital, and that physician has admitting privileges, then that physician will remain the patient's primary physician. If not, an Attending Physician is assigned to the patient.

Resident Physician

Who is a Resident Physician?

A Resident Physician is a medical school graduate who is participating in a program of graduate medical education and training in a specialized area of medicine. Resident Physicians—or Residents, as they are more commonly called—have a dual role in the health care system in that they are simultaneously students and medical care providers.

What does a Resident Physician do?

In their role as medical care providers, Residents work in concert with other members of the health care team to provide direct medical care to patients. As physicians, one of their primary responsibilities is diagnosing patients' medical problems and devising appropriate management and treatment plans. They also perform medical procedures on patients appropriate to their medical specialty and level of training. In describing what Resident Physicians do, it is essential to understand the concept of graduated levels of responsibility. Residents undergo several years of training; depending on the medical specialty they are pursuing, their training will last from three to seven years. With each advancing year of training the Resident is given increasing levels of responsibility. Hence, a procedure performed independently by a senior Resident may not be appropriate for a more junior Resident to perform, or it may require the direct supervision of a senior Resident or attending physician.

What education, training, and experience must one have to function as a Resident Physician?

All Resident Physicians must have a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), or other acceptable final medical diploma such as an MBBS. These degrees all signify the successful completion of a medical school curriculum of at least four years of study. As part of their medical school curriculum, Residents may have had variable amounts of direct clinical experience. This will have included the rudiments of taking a medical history; performing and interpreting physical examination; and communicating with patients, families, and other members of the health care team. They may also have had some experience with ordering and interpreting diagnostic studies and may have performed some medical or surgical procedures under close supervision. Some Residents, particularly medical graduates, may have had prior training or practice in the same or another specialty or may have had extensive clinical practice experience in another country. Residents also may have completed clerkships, electives, or observerships in the specialty they are currently pursuing or in related specialized areas while still in medical school or, in the case of IMGs, after completing medical school. Therefore, perhaps the only thing that can be said with certainty regarding the experience that Residents bring with them when they begin their training is that it is highly variable and the safest course is to make no assumptions.

How and by whom is a Resident Physician supervised?

Residents are supervised by more senior Residents and by attending physicians. Consistent with the principle of graduated responsibility, first-year Residents are most closely supervised, but as Residents progress in their training they are granted more autonomy and begin to assume responsibility for supervising junior Residents. The ultimate responsibility for supervision of Residents lies with attending physicians, who may also be referred to as faculty physicians. Supervision of junior Residents by more senior Residents is more constant, while supervision by the attending physician is generally more sporadic, occurring mainly during daily rounds and patient case presentations. An exception to this would be surgical Residents who are directly supervised by attending physicians while working in the operating room.

What are the typical day-to-day activities of a Resident Physician?

Residents provide direct patient care and participate in ongoing educational activities, including teaching rounds, morning report, and formal conferences. They take medical histories, perform physical examinations, order and interpret diagnostic studies, and perform medical procedures appropriate to their level of training and experience.

Residents typically first interact with newly admitted patients either in the Emergency Department, on the ward, in a special care unit, or in an operating room. An admitting Resident, often the more junior Resident, does a comprehensive admission history and physical exam, develops a differential diagnosis or problem list, and proposes a diagnostic workup and treatment plan. These plans are generally reviewed and refined by more senior Residents or attending physicians before implementation.

Much of Residents' work, as well as much of their education, occurs during rounds. During rounds, the team of physicians and sometimes other members of the health care team proceed from patient to patient to assess progress, response to treatment, and diagnostic developments, and to refine treatment plans. When not rounding, Residents may be involved in performing diagnostic or treatment procedures or conferring with consultants and other members of the health care team. Surgical Residents spend significant amounts of time in the operating room; time in the operating room increases with advancement in the surgical residency.

Residents spend much of their time seeing patients in outpatient clinics or in supervising physicians' offices. Primary care Residents usually see patients over an extended period of time, developing an ongoing physician-patient relationship, which often involves communication with the patient's family and coordination of care and services with other members of the health care team.

Finally, Residents spend a great deal of time taking part in educational activities. Although rounds are a primary venue for education, Residents are also required to attend formal educational conferences such as morning report, noon conferences, and morbidity and mortality conferences. These duties require that Residents be absent temporarily from clinical areas, but Residents should always be available by cell phone or beeper if emergencies develop with their patients.

Must a Resident Physician be licensed or certified to function in his or her role as part of the health care team?

In most states, Resident Physicians must be granted a license from the state or jurisdiction in which they practice in order to provide patient care. As physicians-in-training, junior Residents may have restricted "training" licenses. At some point they must obtain full unrestricted licensure if not to advance in their training then to enter practice.

Residents may receive certification in a medical or surgical specialty after completing accredited training and passing a specialty board examination. Surgical Residents may also be required to submit logs of surgeries performed or in which they have participated. Specialty certification is granted by the appropriate member board of the American Board of Medical Specialties.

What types of patients would benefit from the care of a Resident Physician?

All types of patients benefit from the care of Residents in a hospital or clinic setting.

How and when does a Resident Physician become involved in the care of a particular patient?

Residents assume care of inpatients when patients are admitted to the inpatient physician team. Residents assume care of outpatients in clinics as patients are assigned to them or in Emergency Departments as patients present for care.

Medical Student

Who is a Medical Student?

Medical Students are students training to become physicians. In the United States, undergraduate medical education consists of four years of study in an allopathic (MD degree) or osteopathic (DO degree) school of medicine.

What does a Medical Student do?

In most U.S. medical schools, students spend the first two years of study primarily in classrooms, seminar sessions, and laboratories, and only enter the clinical setting for basic training in medical history taking or physical examination or as observers. Generally, beginning in the third year of medical school, Medical Students participate in clerkships in various clinical departments and medical and surgical specialties. During these clerkships, sometimes called externships, subinternships, or rotations, they continue to function primarily as students, but their role is more hands-on at the bedside or in an operating room setting.

What education, training, and experience must one have to function as a Medical Student?

Entry into medical school requires completion of a bachelor's degree, which may be in virtually any discipline offered at an accredited college or university. Medical Students are not permitted to begin clinical clerkships until they have successfully completed the first two years of medical school, during which they study basic sciences, including anatomy, physiology, pathology, and pharmacology. Some schools require their students to pass the USMLE Step 1 or COMLEX-USA Level 1 Basic Science examination before proceeding into their third year. They should also have at least an introduction to the clinical skills of medical history taking and physical examination before entering the clinical setting.

How and by whom is a Medical Student supervised?

Ultimate responsibility for Medical Students rests with a clinical faculty member who is designated as the clerkship director. However, on an ongoing basis Medical Students are supervised by members of the clinical physician teams to which they are

assigned. This may be the attending physician, but more often it will be the resident physicians with whom the student works closely.

What are the typical day-to-day activities of a Medical Student?

Medical Students' day-to-day activities depend on the clinical department or area to which they are assigned. Much of their time is spent "shadowing" the resident physicians to whom they are assigned. Under direct supervision, they may perform or assist in some procedures.

Although Medical Students will generally participate in rounds and educational conferences along with residents, there may also be special educational conferences and activities designed specifically for students. For that reason, they may not be as consistently available or visible in the clinical areas or clinics as residents.

During clerkships, Medical Students' schedules may vary and reflect to some degree the schedule of the residents to whom they are assigned, although students' schedules are rarely as demanding. However, Medical Students on some rotations will be expected to be on call for some nights.

Must a Medical Student be licensed or certified to function in his or her role as part of the health care team?

Since Medical Students do not provide any patient care other than under direct supervision, they do not need to be licensed or certified. The only requirement for them to function in their role in clinical settings is that they be in good standing with and assigned by their medical schools.

What types of patients would benefit from the care of a Medical Student?

Since Medical Students do not provide unsupervised care, it is difficult to speculate on the benefits patients experience from being exposed to them. However, many patients are receptive to having a role in the training of future physicians and experience some satisfaction in helping them learn to be good doctors.

In some cases, because Medical Students are not as busy as resident physicians, they can spend a bit more time communicating with patients. Often, these communications can result in better care and patient satisfaction. It is critical, however, that patients be aware that the individual they are communicating with is a Medical Student. It is imperative that Medical Students clearly articulate their role as students when they first meet a patient.

How and when does a Medical Student become involved in the care of a particular patient?

Medical Students essentially "come with the team" or go where they are assigned. Often patients with particularly classical or unique findings, or with other aspects that provide special learning opportunities, will be identified to Medical Students for their particular attention.

Osteopathic Physician

Who is an Osteopathic Physician?

An Osteopathic Physician is a physician who has received a Doctor of Osteopathic Medicine (DO) degree. Osteopathic medicine as it is taught and practiced in the United States should be distinguished from osteopathy in other countries where the spectrum of osteopathic practice may be more focused. Osteopathic medical practice in the United States is in many ways identical to the more common allopathic practice of physicians who are awarded the Doctor of Medicine (MD) degree.

What does an Osteopathic Physician do?

Osteopathic Physicians practice medicine in the same comprehensive range of medical and surgical specialties and subspecialties as their allopathic physician colleagues. In hospitals and other clinical settings, Osteopathic Physicians and allopathic physicians function identically. Expectations of them and their assigned level of responsibility are commensurate with their level of graduate medical education (GME) training rather than the title of their undergraduate medical degree.

What education, training, and experience must one have to function as an Osteopathic Physician?

Osteopathic Physicians must be graduates of osteopathic medical schools that are accredited by the Commission on Osteopathic College Accreditation of the American Osteopathic Association. The course of study is four years and is very similar to the curriculum of allopathic medical schools. However, osteopathic medicine places special emphasis on osteopathic manipulative treatment (O.M.T.) for the treatment of musculoskeletal disorders; this training has a prominent role in the osteopathic medical curriculum. Additionally, osteopathic principles emphasize prevention as well as holistic and patient-centered concepts.

After graduation from an osteopathic medical school, Osteopathic Physicians pursue GME. Osteopathic Physicians may apply for and obtain positions in osteopathic GME programs accredited by the American Osteopathic Association, allopathic GME programs accredited by the Accreditation Council for Graduate Medical Education, or programs with dual accreditation.

How and by whom is an Osteopathic Physician supervised?

Osteopathic Physicians in GME programs are supervised by senior resident physicians and attending physician faculty. At the GME level, the MD degree and the DO degree are considered equivalent. Supervising attending physicians and senior residents may also be either MDs or DOs.

What are the typical day-to-day activities of an Osteopathic Physician?

The daily activities of Osteopathic Physicians are essentially identical to the activities of their allopathic physician counterparts. As residents, Osteopathic Physicians perform the same general tasks as resident allopathic physicians. The same is true at the attending physician level and in continuing medical practice.

In contrast to allopathic physicians, Osteopathic Physicians may spend part of their practice activity performing O.M.T. on patients. The Osteopathic Physician's focus will typically incorporate osteopathic principles in patient care, though this may not always be evident to observers.

Must an Osteopathic Physician be licensed or certified to function in his or her role as part of the health care team?

Osteopathic Physicians must be licensed by the state or jurisdiction in which they practice. They must successfully complete the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), similar to the United States Medical Licensing Examination (USMLE) required of allopathic physicians. Many states have a single medical licensing board that licenses both allopathic and Osteopathic Physicians, while others have separate allopathic and osteopathic licensing boards.

Osteopathic Physicians who successfully complete osteopathic GME programs are eligible for specialty certification by the corresponding osteopathic specialty board. Those who successfully complete allopathic GME programs are eligible for board certification by the appropriate American Board of Medical Specialties member specialty board.

Osteopathic GME programs only accept graduates of osteopathic medical schools accredited by the Commission on Osteopathic College Accreditation; graduates of international medical schools are not eligible to enter these programs.

What types of patients would benefit from the care of an Osteopathic Physician?

Since Osteopathic Physicians practice comprehensive medical care in a similar manner to allopathic physicians, any patient may benefit from their care. Patients with certain musculoskeletal disorders may particularly benefit from the Osteopathic Physician's O.M.T. skills.

How and when does an Osteopathic Physician become involved in the care of a particular patient?

Osteopathic Physicians in training are assigned patients just as their allopathic colleagues are. In practice, patients may select an Osteopathic Physician as their primary care doctor or for specialty care.

Dentist

Team Members - Dentist

Who is a Dentist?

A Dentist is a doctor who provides primary dental care and accepts professional responsibility for the evaluation (including examination), diagnosis, treatment, management, and overall coordination of services to meet his or her patient's oral health needs consistent with the American Dental Association Principles of Ethics and Code of Professional Conduct.

More than 80% of Dentists are general practitioners, while about 20% are dental specialists who limit their practices to one of the nine American Dental Association-recognized dental specialties (endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, public health, and prosthodontics).

What does a Dentist do?

In accordance with his or her education, training, and experience, a Dentist evaluates, diagnoses, prevents, and treats diseases, disorders, and conditions of the oral cavity, maxillofacial area, and adjacent and associated structures.

Dentists can work in private practices, public health facilities, hospitals, the military, or other settings. They also can have careers in teaching, research, and dental industry.

What education, training, and experience must one have to function as a Dentist?

In order to practice as a Dentist, an individual must meet three main requirements: graduation from an American Dental Association Commission on Dental Accreditation-accredited pre-doctoral dental education program, which grants a Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree upon completion of the program. A Dentist must complete three to four years of undergraduate study prior to attending the four-year dental education program. Successful completion of the National Board of Dental Examinations Parts I and II administered by the American Dental Association Joint Commission on National Dental Examinations Successful completion of a clinical licensing examination administered by a state or regional testing agency that meets the requirement of the state board of dentistry where the Dentist wishes to practice State dental boards may have additional requirements, such as proof of malpractice insurance, completion of a jurisprudence examination, or current certification in Basic Life Support for Healthcare Providers.

How and by whom is a Dentist supervised?

Dentists are independent practitioners who practice under the rules and regulations of the state board of dentistry in the state where they are licensed.

What are the typical day-to-day activities of a Dentist?

On a typical day, Dentists may provide routine or emergency surgical or non-surgical dental care. For example, a Dentist may place amalgam or composite fillings, prepare teeth for crowns and bridges, provide root canal treatments, treat infection in the tooth or its supporting structures, or provide routine examinations.

Dentists work with other members of the dental health care team in order to provide efficient, cost-effective care to patients. Other dental team members include dental assistants, dental hygienists, and dental laboratory technicians.

Must a Dentist be licensed or certified to function in his or her role as part of the health care team?

Dentists must obtain a state license in order to practice and provide patient care. Most states require Dentists to obtain a minimum number of continuing education credits to renew their licenses in accordance with the state's renewal cycle (every two to five years, depending on the state).

Some Dentists become specialists in one of the nine American Dental Association-recognized dental specialties which include endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, public health, or prosthodontics. Less than half of all states require specialty licensure in addition to the general dental license. Though not required, specialists can become certified by that specialty's American Dental Association-recognized dental specialty certifying board.

What types of patients would benefit from the care of a Dentist?

All patients should seek care from a Dentist in order to maintain optimal oral health. Oral health is a key factor in overall health.

How and when does a Dentist become involved in the care of a particular patient?

Most Dentists function in private practice settings. Patients typically seek them out or are referred to them by relatives, friends, other patients, or other health care professionals.

Nurses and Nursing Staff

The people in this group provide direct, hands-on patient care, most often carrying out doctors' orders but also initiating care based on their own clinical judgment and observation at the patient's bedside. They provide near continuous monitoring of a patient's progress and response to treatment and have a strong tradition of patient advocacy. At the highest level (Registered Nurses) they are required to have a bachelor's degree, though many hold a master's degree. Others in this group (Licensed Practical/Vocational Nurses, Medical Assistants) train in certificate programs.

Registered Nurse

Team Members - Registered Nurse

Who is a Registered Nurse?

A Registered Nurse (RN) is someone who provides nursing care. Nursing care is defined as "the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, communities, and populations" (Nursing's Social Policy Statement: Second Edition, American Nurses Association).

What does a Registered Nurse do?

Registered Nurses provide nursing care in a variety of settings, including ambulatory health centers, clinics, homes, hospice, hospitals, physician offices, independent practice, correctional facilities, nursing homes, occupational settings, nursing education, research, schools, and community health centers. Using the nursing process, a Registered Nurse will assess and treat patients and clients. The nursing process includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation.

In a hospital setting, Registered Nurses deliver primary clinical bedside care to the patient. This may include nursing assessments, medication administration, delivery of blood products, changing dressings, and alerting physicians to changes in a patient's medical status. Often Registered Nurses are aided in the collection of vital signs and provision of personal care by patient care technicians. Registered Nurses must provide shift-to-shift communication on a patient's clinical status. When a patient is transferred from one area of care to another within the hospital setting, such as a transfer from the ER to a telemetry unit, Registered Nurses must provide clinical communication to the new Registered Nurses assuming care of the patient.

What education, training, and experience must one have to function as a Registered Nurse?

There are three levels of education that qualify an individual to take the Registered Nurse examination:

- Associate's degree - two years of education
- Diploma - three years of education
- Bachelor's degree - four to five years of education

In addition, postgraduate nursing education is also available. This usually leads to achieving an advanced practice registered nurse designation (Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist, and Nurse Practitioner). Additional education (master's or doctoral level) can lead to a specialist role such as management, education, informatics, case management, or research.

Most state boards of nursing require that candidates for licensure hold a degree from an accredited school of nursing.

Specific requirements regarding training and experience are established by the facility that is seeking to hire the Registered Nurse.

How and by whom is a Registered Nurse supervised?

Registered Nurses are licensed professionals and are accountable for their own practice. Supervision is related to a Registered Nurse's employment location. In hospitals, most units are managed by a head nurse who oversees the unit and its employees. Typically, Registered Nurses are not supervised by a physician or other health provider. An Advanced Practice Registered Nurse (APRN) is considered to be an independent practitioner whose supervision will depend on the practice setting.

What are the typical day-to-day activities of a Registered Nurse?

A typical day for a Registered Nurse is very much dependent on the practice setting. The day typically involves treatment of patients, collaboration with other Registered Nurses and health professionals, and critical thinking with regard to the needs of the patient, family, and/or community.

Must a Registered Nurse be licensed or certified to function in his or her role as part of the health care team?

All RNs must be licensed to practice. To be licensed, candidates must pass a state-based national licensure examination. After passing the exam and meeting any other state requirements, candidates then may apply to the individual state board of nursing for their license to practice as a Registered Nurse. Information on the state boards of nursing can be found at the website of the National Council of State Boards of Nursing.

For foreign-educated nurses, there is an additional prescreening process of the foreign-educated nurse's home country license and education. The Commission on Graduates of Foreign Nursing Schools is responsible for this prescreening process.

To maintain licensure, Registered Nurses must participate in approved continuing nursing education.

Specialty certification in nursing is, for the most part, voluntary. Some employers may require specialty certification, but this is not typical. Certification can be pursued through the specialty nursing organizations or through the American Nurses Credentialing Center.

What types of patients would benefit from the care of a Registered Nurse?

Nursing care is provided to all types of patients, their families, and their communities.

How and when does a Registered Nurse become involved in the care of a particular patient?

How and when a Registered Nurse becomes involved in the care of a patient depends largely on the Registered Nurse's place of employment. For example, in a hospital, the Registered Nurse may receive a patient from the emergency department, following surgery or another diagnostic event, or directly from hospital admissions.

Licensed Practical/Vocational Nurse

Team Members - Licensed Practical/Vocational Nurse (LP/VN)

Who is a Licensed Practical/Vocational Nurse (LP/VN)?

The Licensed Practical/Vocational Nurse (LP/VN) provides direct nursing care to individuals who are in stable condition. The LP/VN also works with other health care team members in rendering care in complex situations. The LP/VN uses the Nursing Process of assessment, planning, intervention, and evaluation in the delivery of care to individuals. The term Licensed Vocational Nurse (LVN) is the recognized title in Texas and California. All other states use the title of Licensed Practical Nurse (LPN). The LP/VN designation includes both.

What does an LP/VN do?

The LP/VN provides care to individuals in many health care settings. These include acute and sub-acute care settings, long-term care facilities, physicians' offices, public health organizations, free-standing clinics, walk-in centers, home care, and rehabilitation organizations.

What education, training, and experience must one have to function as an LP/VN?

The LP/VN graduates from a state-approved educational program, which is most often a one-year program. These programs can be located in community colleges, vocational/technical schools, or hospitals. Some programs are conducted by proprietary organizations.

Additional certifications are available for the LP/VN in areas such as Pharmacology, Long-Term Care, and Infusion Therapy.

Proof of continued competency is required by many states in order for the LP/VN to maintain licensure. However, it is the responsibility of the LP/VN to maintain competency by engaging in continuing education.

How and by whom is an LP/VN supervised?

The LP/VN works at the direction of a registered nurse, licensed physician, and/or dentist.

What are the typical day-to-day activities of an LP/VN?

The LP/VN provides direct care to individuals. Thus, the typical day will reflect the health care setting. The LP/VN may render total patient care, administer medications, perform treatments, communicate with other health care team members, report information,

assess individuals, plan for the delivery of care, contribute to the care plan, direct aspects of care as appropriate to unlicensed assistive personnel, and participate in patient teaching.

Must an LP/VN be licensed or certified to function in his or her role as part of the health care team?

The LP/VN must pass a licensing examination upon completion of the educational program in order to be licensed. Licensure is granted by the state. Each state has a Board of Nursing, which regulates all nursing practice within that state.

What types of patients would benefit from the care of the LP/VN?

Those who benefit from the care of the LP/VN are individuals in need of nursing care in a variety of settings, from acute care hospitals to home health care. The LP/VN provides direct, hands-on care to individuals at the direction of the registered nurse, licensed physician, or dentist.

How and when does the LP/VN become involved with the care of a particular patient?

The manner in which the LP/VN becomes involved with the care of individuals is determined by the employment setting, but would be at the direction of the supervising nurse, physician, or dentist.

Other Direct Care Providers

The people in this group provide direct patient care in particular settings or areas of medicine. Some function as physician extenders (Nurse Practitioners, Physician Assistants) and practice in settings and areas of medicine as diverse as physicians do. Within variable constraints of physician supervision and protocols, their practice is based on their own clinical judgment and is relatively independent. Others practice within specialized areas of medicine (Certified Nurse-Midwives, Certified Registered Nurse Anesthetists) or in prehospital settings (Emergency Medical Technicians/Paramedics). Education and training varies by discipline but often requires professional medical or nursing degrees.

Physician Assistant

Team Members - Physician Assistant

Who is a Physician Assistant?

Physician Assistants (PAs) are health care professionals licensed to practice medicine with physician supervision. The profession began in the United States in the mid-1960s. Today there are close to 70,000 Physician Assistants in clinical practice.

What does a Physician Assistant do?

Within the physician-Physician Assistant relationship, Physician Assistants exercise autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. A Physician Assistant's practice may also include education, research, and administrative services.

What education, training, and experience must one have to function as a Physician Assistant?

Physician Assistants are trained in intensive education programs accredited by the Accreditation Review Commission on Education for the Physician Assistant. Because of the close working relationship Physician Assistants have with physicians, Physician Assistants are educated in the medical model designed to complement physician training. Like [medical students](#), Physician Assistant students are taught to diagnose and treat medical problems. Physician Assistant education consists of classroom and laboratory instruction in the basic medical and behavioral sciences (such as anatomy, pharmacology, pathophysiology, clinical medicine, and physical diagnosis), followed by clinical rotations in internal medicine, family medicine, surgery, pediatrics, obstetrics and gynecology, emergency medicine, and geriatric medicine. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure.

How and by whom is a Physician Assistant supervised?

Physician Assistants are supervised by physicians. State laws allow Physician Assistants to act as representatives of the physician, treating the patient in the style and manner developed and directed by the supervising physician. The physician and Physician Assistant practice as members of a medical team, with the scope of the Physician Assistant's responsibilities corresponding to the supervising physician's practice. In general, a Physician Assistant will see many of the same types of patients as the physician, but the supervising physician may treat patients who have more complex or advanced conditions. Physician Assistants practice with physicians in nearly every medical and surgical specialty.

What are the typical day-to-day activities of a Physician Assistant?

As part of their comprehensive responsibilities, Physician Assistants conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions. Physician Assistants coordinate patient care, conduct hospital rounds, handle follow-up care, and prescribe medications. They practice in both outpatient and inpatient settings.

Must a Physician Assistant be licensed or certified to function in his or her role as part of the health care team?

Upon graduation from an accredited program, Physician Assistants take a national certification examination developed by the National Commission on Certification of Physician Assistants in conjunction with the National Board of Medical Examiners. To maintain their national certification, Physician Assistants must complete 100 hours of continuing medical education every two years and obtain recertification every six years.

Graduation from an accredited Physician Assistant program and passage of the national certifying exam are required for state licensure. All 50 states license and regulate Physician Assistants, typically through state Boards of Medicine. Physician Assistants who work for the federal government are credentialed by their employing agency, instead of being state-licensed.

What types of patients would benefit from the care of a Physician Assistant?

Because Physician Assistants see and treat patients in almost all medical and surgical specialties, a wide variety of patients can benefit from a Physician Assistant's care.

How and when does a Physician Assistant become involved in the care of a particular patient?

Physician Assistants can see patients on their first visit or provide follow-up care after the patient has had an initial visit with the supervising physician. Each physician-Physician Assistant team determines the way in which patients will be seen, and by whom.

Nurse Practitioner**Team Members - Nurse Practitioner****Who is a Nurse Practitioner?**

Nurse Practitioners are licensed independent practitioners who practice in ambulatory, acute, and long-term care as primary and/or specialty providers. They are advanced practice nurses who provide high quality health care services similar to those of a doctor.

What does a Nurse Practitioner do?

Nurse Practitioners order, conduct, supervise, and interpret diagnostic studies and diagnose and manage a range of health conditions. Their management includes prescribing of both pharmacologic and non-pharmacologic therapies. Teaching and counseling are major components of Nurse Practitioner practice.

What education, training, and experience must one have to function as a Nurse Practitioner?

Entry-level preparation for Nurse Practitioner practice is at the master's, post-master's, or doctoral level. There are currently more than 330 universities and colleges offering Nurse Practitioner preparation in the United States.

How and by whom is a Nurse Practitioner supervised?

Nurse Practitioners are independently licensed providers who practice autonomously and in collaboration with other health care professionals. They practice under the rules and regulations of the state in which they are licensed. The need for collaborative agreements is specified, if applicable, by state rules/regulations.

What are the typical day-to-day activities of a Nurse Practitioner?

The Nurse Practitioner's daily activities are dependent upon the practice setting. The majority of Nurse Practitioners are primary care providers in ambulatory care settings. In these settings, Nurse Practitioners typically manage their own panel of patients, by appointment.

Must a Nurse Practitioner be licensed or certified to function in his or her role as part of the health care team?

Nurse Practitioners must maintain a license to function in their advanced practice role. Most states require certification, and almost all Nurse Practitioners maintain national board certification. Nurse Practitioners must also maintain their registered nurse (RN) license.

What types of patients would benefit from the care of a Nurse Practitioner?

Patients in any setting would benefit from the care of a Nurse Practitioner. The largest Nurse Practitioner specialties are family and adult health. However, Nurse Practitioners serve in other specialties, including gerontology, neonatology, pediatrics, mental health, women's health, oncology, and acute care. They practice in private Nurse Practitioner and physician practices, school and college health programs, rural and community health centers, hospital inpatient and outpatient practices, employee/occupational health services, long-term care settings, and emergency/urgent care settings. A number of Nurse Practitioners provide care in subspecialties.

How and when does a Nurse Practitioner become involved in the care of a particular patient?

The majority of the time, the Nurse Practitioner is a patient's primary provider. The patient either seeks the Nurse Practitioner as his or her provider or is referred to the Nurse Practitioner by other providers.

Certified Registered Nurse Anesthetist

Team Members - Certified Registered Nurse Anesthetist

Who is a Certified Registered Nurse Anesthetist?

Certified Registered Nurse Anesthetists are master's prepared advanced practice nurses who provide anesthesia to patients in every practice setting, and for every type of surgery or procedure. They are the sole anesthesia providers in two-thirds of all rural hospitals and the main providers of anesthesia to expectant mothers and to men and women serving in the U.S. Armed Forces.

What does a Certified Registered Nurse Anesthetist do?

Certified Registered Nurse Anesthetists administer anesthesia and anesthesia-related care in four general categories:

- pre-anesthetic preparation and evaluation
- anesthesia induction, maintenance, and emergence
- post-anesthesia care
- perianesthetic and clinical support functions

What education, training, and experience must one have to function as a Certified Registered Nurse Anesthetist?

In order to be a Certified Registered Nurse Anesthetist (CRNA) one must graduate from a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor and pass the certification examination administered by the Council on Certification of Nurse Anesthetists or its predecessor. The credential CRNA came into existence in 1956.

Education and experience required to become a CRNA include:

- A Bachelor's of Science in Nursing (BSN) or other appropriate baccalaureate degree
- A current license as a registered nurse
- At least one year of experience in an acute care nursing setting
- Graduation from an accredited graduate school of nurse anesthesia. These educational programs range from 24 to 36 months, depending upon university requirements, and offer a master's degree
- Clinical training in university-based or large community hospitals
- Passing a national certification examination following graduation

It takes a minimum of seven years of education and experience to become a CRNA. The average student nurse anesthetist works at least 1,694 clinical hours and administers more than 790 anesthetics.

How and by whom is a Certified Registered Nurse Anesthetist supervised?

Certified Registered Nurse Anesthetists provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified health care professionals.

What are the typical day-to-day activities of a Certified Registered Nurse Anesthetist?

The typical day-to-day activities of a Certified Registered Nurse Anesthetist include:

- Performing and documenting a pre-anesthetic assessment and evaluation of the patient, including requesting consultations and diagnostic studies; selecting, obtaining, ordering, and/or administering pre-anesthetic medications and fluids; and obtaining informed consent for anesthesia
- Developing and implementing an anesthetic plan

- Selecting and initiating the planned anesthetic technique, which may include general, regional, and local anesthesia and intravenous sedation
- Selecting, obtaining, or administering the anesthetics, adjuvant drugs, accessory drugs, and fluids necessary to manage the anesthetic, to maintain the patient's physiologic homeostasis, and to correct abnormal responses to the anesthesia or surgery
- Selecting, applying, or inserting appropriate non-invasive and invasive monitoring modalities for collecting and interpreting patient physiological data
- Managing a patient's airway and pulmonary status using endotracheal intubation, mechanical ventilation, pharmacological support, respiratory therapy, or extubation
- Managing emergence and recovery from anesthesia by selecting, obtaining, ordering, and/or administering medications, fluids, or ventilatory support in order to maintain homeostasis, to provide relief from pain and anesthesia side effects, or to prevent or manage complications
- Releasing or discharging patients from a post-anesthesia care area, and providing post-anesthesia follow-up evaluation and care related to anesthesia side effects or complications
- Ordering, initiating, or modifying pain relief therapy through the utilization of drugs, regional anesthetic techniques, or other accepted pain relief modalities, including labor epidural analgesia
- Responding to emergency situations by providing airway management, administering emergency fluids or drugs, or using basic or advanced cardiac life support techniques

The functions listed above are a summary of Certified Registered Nurse Anesthetist practice and are not intended to be all-inclusive. A more specific list of functions and practice parameters is detailed in the American Association of Nurse Anesthetists' Scope and Standards for Nurse Anesthesia Practice.

Must a Certified Registered Nurse Anesthetist be licensed or certified to function in his or her role as part of the health care team?

In order to practice as a Certified Registered Nurse Anesthetist, the practitioner must be licensed and certified. CRNA credentials cannot be used until a graduate of an accredited nurse anesthesia program has passed the initial certifying exam offered by the Council on Certification of Nurse Anesthetists. In order to continue practicing as a Certified Registered Nurse Anesthetist, recertification must be obtained every two years. In order to become recertified, Certified Registered Nurse Anesthetists must participate in a minimum of 40 hours of approved continuing education every two years, document substantial anesthesia practice, maintain current state licensure, and certify that they have not developed any conditions that could adversely affect their ability to practice anesthesia.

What types of patients would benefit from the care of a Certified Registered Nurse Anesthetist?

Certified Registered Nurse Anesthetists care for all patient populations ranging from the premature infant to the elderly, and for all types of surgical and diagnostic procedures.

How and when does a Certified Registered Nurse Anesthetist become involved in the care of a particular patient?

This varies according to the specific needs of the patient. As soon as the need for anesthesia services is determined, the Certified Registered Nurse Anesthetist may become involved in a patient's care.

Certified Nurse-Midwife/Certified Midwife

Team Members - Certified Nurse-Midwife/Certified Midwife

Who is a Certified Nurse-Midwife/Certified Midwife?

Certified Nurse-Midwives and Certified Midwives are primary health care providers who focus on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecologic needs of women. Certified Nurse-Midwives/Certified Midwives consult with, collaborate with, or refer to physicians as indicated by the health status of the patient.

Midwifery care is based upon a clearly defined philosophy, focused on prevention and education. Midwives view pregnancy and birth, menses, and menopause as normal physiologic processes rather than disease states. They are committed to providing compassionate, family-centered care that is culturally appropriate, respects the right to human dignity and self-determination, and encourages active participation in decision-making. Midwives incorporate scientific evidence into clinical practice. Although Midwives advocate for non-intervention in the absence of complications, technology and other interventions are used when indicated.

High quality midwifery practice is defined by the The American College of Nurse-Midwives' Standards for the Practice of Midwifery and Core Competencies for Basic Midwifery Practice.

What does a Certified Nurse-Midwife/Certified Midwife do?

Certified Nurse-Midwives and Certified Midwives independently manage women's health care. Their practice is different from that of a women's health or obstetrics and gynecology (OB/GYN) nurse practitioner. In addition to the primary women's health care that women's health or OB/GYN nurse practitioners provide, Midwives have the ability to manage labor and delivery, write orders, and prescribe medications. Some Midwives have expanded their scope of practice to serve as first surgical assistant at cesarean sections, as well as perform circumcisions, colposcopy, ultrasonography, and other procedures. In addition to clinical practice, Midwives are members of university faculty in medical, nursing, and nurse midwifery education programs. They also work in public health fields.

Certified Nurse Midwives are less likely to use continuous fetal monitoring and epidural anesthesia. They are less likely to induce labor and perform fewer episiotomies. Women cared for by Midwives had 39% fewer cesarean sections than physician patients with no statistical difference in neonatal outcomes¹.⁽¹⁾

The number of births attended by Nurse-Midwives has doubled since 1991. Midwives attend births in a variety of settings; 99% of births take place in a hospital and 1% in free-standing birthing centers or as planned home births.²⁽²⁾

What education, training, and experience must one have to function as a Certified Nurse-Midwife or Certified Midwife?

A Certified Nurse-Midwife (CNM) has been educated in the two disciplines of nursing and midwifery; a Certified Midwife (CM) is not a nurse but has met the same standards for midwifery education and certification as the CNM. The certification of a CNM/CM is conferred through a national examination and verified by the American Midwifery Certification Board. To obtain certification, applicants must successfully complete a graduate program in midwifery from one of 40 schools of midwifery accredited by the The American College of Nurse-Midwives Division of Accreditation and pass a national certification examination. Beginning in 2010, entry into clinical practice will require completion of a master's or doctoral degree.

How and by whom is a Certified Nurse-Midwife/Certified Midwife supervised?

Certified Nurse-Midwives and Certified Midwives practice independently and work collaboratively with physicians to provide the best possible health care to all women.

What are the typical day-to-day activities of a Certified Nurse-Midwife/Certified Midwife?

Certified Nurse-Midwives and Certified Midwives in clinical practice see patients during office hours; cover postpartum rounds; take call for labor and delivery; triage patients who come in for evaluation; and manage antepartum, intrapartum, and postpartum delivery of patients in their caseload. In addition, they often teach nurses, student nurses, residents, and midwifery students.

Must a Certified Nurse-Midwife/Certified Midwife be licensed or certified to function in his or her role as part of the health care team?

A Certified Nurse-Midwife/Certified Midwife must be certified nationally by the American Midwifery Certification Board and must be licensed by the state in which care is given. Certified Nurse-Midwives are licensed in all 50 states. Certified Midwives are licensed in three states: New Jersey, New York, and Rhode Island.

What types of patients would benefit from the care of a Certified Nurse-Midwife/Certified Midwife?

All females can benefit from the care of a Midwife.

How and when does a Certified Nurse-Midwife/Certified Midwife become involved in the care of a particular patient?

Patients self select midwifery care or may be referred by physicians or other health care providers.

Emergency Medical Technician

Team Members - Emergency Medical Technician

¹ Rosenblatt RA, Dobie SA, Hart LG, Schneeweiss R, Gould D, Raine TR, et al. Interspecialty differences in the obstetric care of low-risk women. *Am J Public Health* 1997;87(3):344-351.

² Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S. Births: Final data for 2004. *CDC National Vital Statistics Reports*. 2006;55(1):1-101.

Who is an Emergency Medical Technician?

An Emergency Medical Technician (EMT) is an individual trained to deliver first aid or care to patients in the pre-hospital setting. Currently, there are three recognized levels of training of the EMT: Basic, Intermediate, and Paramedic.

What does an Emergency Medical Technician do?

The role of the EMT varies depending on the nature of employment. EMTs are trained to assess, treat, stabilize, and transport sick or injured individuals to more definitive advanced care. Often, the EMT is the first member of the health care team encountered by a sick or injured individual.

What education, training, and experience must one have to function as an Emergency Medical Technician?

The United States Department of Transportation, the federal regulatory agency for all Emergency Medical Services, has developed a national standard curriculum for each of the three levels of EMT training. The nature and amount of training is specific to the level. All emergency responders begin at the EMT Basic level. The EMT Basic curriculum requires approximately 120 to 130 hours of classroom and clinical education. The Intermediate level requires approximately 700 hours, and the Paramedic level approximately 1,300. These figures are estimates, as the actual amount of education is regulated on a state-by-state basis.

How and by whom is an Emergency Medical Technician supervised?

The nature of an EMT's supervision is dependent on the employer, which may be private, third party, or municipal. All EMTs work under the supervision of a medical director who oversees protocol, quality assurance, quality improvement, and continuing education.

What are the typical day-to-day activities of an Emergency Medical Technician?

Many EMTs work part time or on an on-call basis. Some volunteer as part of their community's Emergency Medical Services team. For those EMTs who are employed full time, the typical day begins by checking out the ambulance's equipment and supplies to make sure everything is in proper order. The rest of the day is typically spent responding to emergency calls that come in to the 911 Emergency Dispatch Center. Often, the EMT attends training sessions to practice skills or participates in classroom work for continuing education credit. EMTs work a variety of shift hours.

Must an Emergency Medical Technician be licensed or certified to function in his or her role as part of the health care team?

EMTs must be either licensed or certified, depending on the state. The laws and requirements for licensure and certification vary greatly from state to state.

What types of patients would benefit from the care of an Emergency Medical Technician?

Any person with an acute medical condition or injury that occurs outside the hospital environment might benefit from the care of an EMT.

How and when does an Emergency Medical Technician become involved in the care of a particular patient?

EMTs are usually dispatched to a patient's home or to an accident scene in response to a call to 911, the telephone number widely used for emergency medical care. When they arrive at the patient's location, EMTs may provide emergency medical care according to protocols, or they may contact hospital base stations for more advanced direction. If indicated, they will stabilize and promptly transport patients to the nearest appropriate medical facility.

Since EMTs typically leave the hospital Emergency Department as soon as their patients have been safely delivered, they have limited interaction with residents. However, they may be a source of vital information regarding a patient's initial presentation and response to treatment, so residents working in the Emergency Department should make a habit of asking them for reports of the patient's pre-hospital course.

Therapists

The people in this group provide direct patient care in specialized areas, usually at the request of primary caregivers. Some concentrate on helping patients regain or retain their ability to function with respect to daily activities (Physical Therapists, Occupational Therapy Practitioners) while others provide therapy to patients with problems in specific areas (Respiratory Therapists, Speech-Language Pathologists). While they exercise independent judgment, they also often provide services based on established and proven protocols. All are required to have bachelor's or associate's degrees; most also are required to have education and training at the postgraduate level.

Physical Therapist

Team Members - Physical Therapist

Who is a Physical Therapist?

Physical Therapists are experts in movement and function of the body.

What does a Physical Therapist do?

Physical Therapists provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities associated with injury or disease.

Physical Therapists practice in a variety of settings, including hospitals, clinics, private physical therapy offices, home health agencies, skilled nursing facilities, rehabilitation centers, school systems, sports medicine facilities, industrial settings, academic settings (education and research), wellness facilities, hospice care, pediatric centers, emergency care, and government agencies. About two-thirds of Physical Therapists are employed in private outpatient offices or group practices, health system or hospital-based outpatient facilities, hospitals, or academic institutions.

What education, training, and experience must one have to function as a Physical Therapist?

Today, Physical Therapists must graduate from an accredited postbaccalaureate professional physical therapist program to be eligible to sit for the national licensure examination. Currently, the vast majority of physical therapist professional degree programs award the Doctor of Physical Therapy (DPT) degree and the remainder award the master's degree in physical therapy; and within the next few years, all will award the DPT degree. The DPT program requires three years of classroom, laboratory, and clinical practice components with a required minimum of 30 weeks of full-time clinical education. Curricular content includes foundational, behavioral, and clinical sciences; patient/client management, including medical screening and diagnosis; evidence-based practice; professionalism and ethics; radiology/imaging; pharmacology; physical therapy interventions; business and practice management; lifespan-based issues; communication and interpersonal skills; and supervised and mentored clinical practice.

How and by whom is a Physical Therapist supervised?

Physical Therapists are licensed to practice autonomously, so direct supervision by another health professional is not required. Physical Therapists may be responsible for the behavior, conduct, and performance of their colleagues and engage in peer review and assessment as a part of their responsibilities. Physical Therapists may be supervised administratively or with respect to their business management depending upon their employer's organizational structure.

What are the typical day-to-day activities of a Physical Therapist?

A Physical Therapist's responsibilities include examination, evaluation, diagnosis, prognosis, and the development, implementation, or adjustment of a plan of care for patients and clients across the lifespan. Patient examinations in physical therapy include, but are not limited to, testing of muscle function, strength, joint flexibility, range of motion, balance and coordination, posture, respiration, skin integrity, motor function, quality of life, and activities of daily living. Physical Therapists also determine a patient's ability to reintegrate into the workforce, community, or school after illness or injury.

Once an examination and evaluation is complete and a diagnosis has been determined, the Physical Therapist designs a customized plan of care that includes short- and long-term functional goals and interventions. These interventions may include:

- therapeutic exercise
- functional training in self-care
- home management
- work, community, and leisure integration and reintegration
- manual therapy/mobilization techniques
- prescription and application of devices and equipment
- electrotherapeutic modalities
- physical agents and mechanical modalities
- vestibular training
- motor learning and development
- patient and family education
- Interventions will often include the use of assistive and adaptive devices, such as crutches, wheelchairs, orthotics, and prosthetics. These interventions are frequently performed for the following conditions:
- musculoskeletal management of orthopedic injuries
- post-surgical rehabilitation and pain syndromes

- neurological intervention to assist with gait, transfers, fall prevention, and recovery
- balance and vestibular/dizziness dysfunctions
- integumentary management of wounds using modalities such as selective sharp debridement, dressings, and positioning
- cardiopulmonary intervention to assist with aerobic/cardiac conditioning, ventilation, and respiration

An important component of a Physical Therapist's patient management involves teaching the patient appropriate ways to move or perform particular tasks to prevent further injury and to promote health and wellness.

Must a Physical Therapist be licensed or certified to function in his or her role as part of the health care team?

All states require Physical Therapists to have graduated from an accredited physical therapist professional education program and to pass a national licensure examination. The practice of physical therapy is governed by state licensure laws, so there may be additional fees and requirements beyond the national licensure examination to practice in a specific state or jurisdiction.

The American Board of Physical Therapy Specialists oversees and manages all areas associated with the eight areas of board specialty certification for Physical Therapists: cardiovascular and pulmonary, clinical electrophysiologic, geriatrics, neurology, orthopaedics, pediatrics, sports, and women's health. Additional areas of focused clinical practice for Physical Therapists where board certification is not currently offered include acute care, aquatic physical therapy, education (academic and clinical teaching), hand rehabilitation, health policy and administration, home health, oncology, research, private practice, and veterans affairs.

What types of patients would benefit from the care of a Physical Therapist?

Physical Therapists provide care within a broad spectrum of practice settings to patients across the lifespan experiencing a wide variety of conditions. These conditions may include injury, congenital and chronic problems, and conditions that result in compromised movement and function. Physical Therapists also assist patients in the prevention of future conditions and with programs for improving the overall health and wellness of the individual and society. Patients struggling with pain, movement, and functional limitations, especially due to injury or disease, are particularly likely to benefit from physical therapy.

How and when does a Physical Therapist become involved in the care of a particular patient?

Currently, in 48 states, a patient may seek physical therapy services directly from a Physical Therapist without a physician's referral. Following an initial examination, the Physical Therapist may refer the patient or consult with another health professional, depending upon the results of the initial screening and examination.

The Physical Therapist may become involved in the care of a patient as a primary care provider as a result of pain, injury, functional limitation, chronic health condition, or to address a health issue or prevent future injury. A patient may also be referred to physical therapy from another health professional, such as a family physician, geriatrician, pediatrician, oncologist, dentist, gynecologist, or internist, as a result of a medical diagnosis that warrants follow up with physical therapy.

Occupational Therapy Practitioner

Team Members - Occupational Therapy Practitioner

Who is an Occupational Therapy Practitioner?

Occupational Therapy Practitioners are Occupational Therapists and Occupational Therapy Assistants. They are skilled professionals whose education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological effects of illness, injury, and other disabling conditions. Occupational therapy focuses on enabling people to do the activities of daily life. The very word "occupation" means an activity that "occupies" our time. A child in grade school has the occupation of learning. An adult may need to learn how to write after a traumatic injury. A senior may want to continue driving safely in order to stay active in the community. All of these things are occupations, and participating in them is vital to maintaining overall health and wellness.

What does an Occupational Therapy Practitioner do?

Services provided by Occupational Therapy Practitioners include:

- customized treatment programs to improve one's ability to perform daily activities
- comprehensive home and job site evaluations with adaptation recommendations
- performance skills assessments and interventions
- adaptive equipment recommendations and usage training
- guidance to family members and caregivers

What education, training, and experience must one have to function as an Occupational Therapy Practitioner?

The Occupational Therapist enters the field with a master's or doctoral degree in occupational therapy. The Occupational Therapy Assistant generally earns an associate's degree in occupational therapy. Practitioners must complete supervised clinical internships in a variety of health care settings and pass a national examination.

How and by whom is an Occupational Therapy Practitioner supervised?

In traditional settings such as hospitals, skilled nursing facilities, and clinics, depending on facility policy and state regulatory guidelines, Occupational Therapists may work autonomously. They may or may not require physician orders to provide occupational therapy services. Occupational Therapy Assistants must be supervised by Occupational Therapists, although the nature and frequency of supervision is variable and dependent upon the skills and experience of the assistant, as well as state regulations.

What are the typical day-to-day activities of an Occupational Therapy Practitioner?

Occupational Therapists evaluate clients, plan and implement interventions to meet individual client goals, and measure outcomes. Occupational Therapy Assistants implement interventions planned by the therapist and may participate in aspects of evaluation and outcome measurement, including data collection and administration of tests. Occupational Therapy Practitioners provide direct services, consultation, and consumer education. They access evidence to guide best practice and work within the team approach, coordinating services with other disciplines. Occupational Therapy Practitioners may also be researchers, academicians, fieldwork educators, managers, administrators, private practitioners, and entrepreneurs.

Must an Occupational Therapy Practitioner be licensed or certified to function in his or her role as part of the health care team?

Occupational Therapists and Occupational Therapy Assistants become certified when they pass their respective National Board for Certification in Occupational Therapy certification examinations. Every three years, they may apply for voluntary recertification. Though continued certification is voluntary, licensure is mandatory, and the majority of states require evidence of continuing professional development/continuing education. Occupational therapy is regulated in all 50 states, the District of Columbia, Puerto Rico, and Guam. Different states have various types of regulation that range from licensure, the strongest form of regulation, to title protection or trademark law, the weakest form of regulation.

What types of patients would benefit from the care of an Occupational Therapy Practitioner?

Some of the health conditions that benefit from occupational therapy include:

- work-related injuries including lower back problems or repetitive stress injuries
- limitations following a stroke or heart attack
- arthritis, multiple sclerosis, or other serious chronic conditions
- birth injuries, learning problems, or developmental disabilities
- mental health or behavioral problems including Alzheimer's, schizophrenia, depression, and post-traumatic stress
- problems with substance use
- burns, spinal cord injuries, or amputations
- fractures or other injuries from falls, sports injuries, or accidents
- vision, feeding/swallowing, or cognitive problems

How and when does an Occupational Therapy Practitioner become involved in the care of a particular patient?

Depending on facility policy and state regulatory guidelines, Occupational Therapists may or may not require physician orders to initiate occupational therapy services. Though physician referral may be required for evaluation and treatment, therapists may screen clients without a referral in order to determine whether they might benefit from further occupational therapy intervention. At what point the practitioner becomes involved in care is dependent on the client's condition and capacity to benefit from occupational therapy services.

Respiratory Therapist

Team Members - Respiratory Therapist

Who is a Respiratory Therapist?

Respiratory Therapists provide hands-on care to people with pulmonary problems.

What does a Respiratory Therapist do?

Respiratory Therapists diagnose and treat respiratory problems in:

- hospitals, giving breathing treatments to people with asthma and other respiratory conditions
- intensive care units, managing ventilators that keep the critically ill alive
- emergency rooms, delivering life-saving care
- newborn and pediatric units, helping children with conditions ranging from premature birth to cystic fibrosis
- patients' homes, providing regular check-ups and making sure people have what they need to stay out of the hospital
- sleep laboratories, helping to diagnose disorders like destructive sleep apnea
- skilled nursing facilities and pulmonary rehabilitation programs, helping patients to breathe easier and get more out of life
- doctors' offices, conducting pulmonary function tests and providing patient education
- asthma education programs, helping children and adults learn to manage their asthma
- smoking cessation programs, assisting those who want to kick the habit for good
- air transport and ambulance services, rushing to rescue people in need of immediate medical attention
- case management programs, helping devise long-term care plans for patients

What education, training, and experience must one have to function as a Respiratory Therapist?

Respiratory Therapists may enter the field and obtain a license to practice with an associate's degree, a bachelor's degree, or a master's degree.

How and by whom is a Respiratory Therapist supervised?

All Respiratory Therapists work under the direction of a physician. In hospitals, most work in a respiratory care department that has a Respiratory Therapist acting as the director of the department and a physician who is the medical director.

What are the typical day-to-day activities of a Respiratory Therapist?

On a typical day, a Respiratory Therapist may:

- diagnose lung and breathing disorders and recommend treatment methods
- interview patients and perform chest physical exams to determine what kind of therapy is best for their conditions
- consult with physicians to recommend a change in therapy, based on evaluation of the patient
- analyze breathing ability and blood specimens to determine levels of oxygen and other gases
- manage ventilators and artificial airway devices for patients who cannot breathe normally on their own
- respond to "Code Blue" (cardiopulmonary arrest) or other urgent calls for care
- educate patients and families about lung disease to help maximize their recovery

Must a Respiratory Therapist be licensed or certified to function in his or her role as part of the health care team?

All states except Alaska and Hawaii have requirements for state licensure. Most hospitals require Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) credentials. These credentials, awarded by the National Board for Respiratory Care, are recognized nationally.

What types of patients would benefit from the care of a Respiratory Therapist?

Respiratory Therapists treat patients of all ages with many different health conditions. If there is a breathing problem associated with a patient's condition, he or she might be seen by a Respiratory Therapist. Patients with asthma and Chronic Obstructive Pulmonary Disease (COPD), patients recovering from surgery, and those who are acutely ill and on ventilators would most likely be treated by a Respiratory Therapist.

Speech-Language Pathologist

Team Members - Speech-Language Pathologist

Who is a Speech-Language Pathologist?

A Speech-Language Pathologist is a professional who is educated and trained to assess and treat speech, language, cognitive-communication, and swallowing disorders.

What does a Speech-Language Pathologist do?

A Speech-Language Pathologist:

- evaluates, diagnoses, and treats speech, language, cognitive-communication, and swallowing disorders in individuals of all ages
- engages in research to enhance knowledge about human communication processes, as well as swallowing physiology and functioning
- teaches in college and university programs
- manages agencies, clinics, organizations, or private practices
- supervises and directs clinical programs
- develops new methods and products to evaluate and treat speech, language, cognitive-communication, and swallowing disorders.

What education, training, and experience must one have to function as a Speech-Language Pathologist?

Speech-Language Pathologists certified by the American Speech-Language-Hearing Association (ASHA) hold a master's or doctoral degree. They have earned 75 credit hours (at least 36 at the graduate level) from an accredited program in communication sciences and disorders. They have completed a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact. In addition, they have passed a national examination and completed a nine-month supervised clinical fellowship.

How and by whom is a Speech-Language Pathologist supervised?

During the clinical fellowship, the Speech-Language Pathologist is supervised by a Speech-Language Pathologist who holds a current Certificate of Clinical Competency (CCC-SLP) from ASHA. Certified Speech-Language Pathologists practice independently.

What are the typical day-to-day activities of a Speech-Language Pathologist?

In health care settings, Speech-Language Pathologists provide and document screenings, assessments, and treatments for individuals with speech, language, cognitive-communication, and swallowing problems. They may perform instrumental assessments, such as videofluoroscopic swallowing studies, in collaboration with radiologists. They may also perform endoscopy or other procedures as part of the assessment of voice and swallowing disorders. Treatment may be provided individually or in groups. Speech-Language Pathologists participate in team and family conferences and collaborate with other professionals, including physicians, nurses, physical therapists, occupational therapists, psychologists, and social workers. They may also conduct research.

Must a Speech-Language Pathologist be licensed or certified to function in his or her role as part of a health care team?

Speech-Language Pathologists must hold state licensure in order to provide services in health care settings in the 47 states that offer licensure currently. State licensure typically is based on the requirements for ASHA's Certificate of Clinical Competence (CCC).

Requirements for the CCC include:

- graduating from an accredited master's degree program in communication sciences and disorders
- passing a national examination
- completing a nine-month clinical fellowship under the supervision of a certified Speech-Language Pathologist

What types of patients would benefit from the care of a Speech-Language Pathologist?

Infants, children, adults, and senior citizens with speech, language, cognitive-communication, or swallowing disorders could benefit from the care of a Speech-Language Pathologist. Medical diagnoses frequently associated with these disorders in adults include:

- stroke
- traumatic brain injury
- Parkinson's disease
- amyotrophic lateral sclerosis
- dementia
- other degenerative neurologic conditions

Communication disorders include aphasia, dysarthria, apraxia, and cognitive-communication disorders such as impairments in memory, attention, judgment, social pragmatics, and executive functioning.

In children, causes of communication and swallowing disorders include premature birth; craniofacial or other anomalies; and neurological, respiratory, or gastrointestinal disorders. These can include autism, cleft palate, cerebral palsy, and developmental delays.

How and when does a Speech-Language Pathologist become involved in the care of a patient?

In a health care setting, a Speech-Language Pathologist is consulted by the referring physician when a patient exhibits speech, language, cognitive-communication, or swallowing difficulties. This may be determined by routine screenings, incoming reports, or medical evaluations. In some cases, patients may self-refer for evaluation by a Speech-Language Pathologist or be referred by an external source, such as an early intervention agency.

Care and Psychosocial Support Coordinators

The people in this group assist patients and caregivers with the coordination of the complex and variable range of services that may be required for patients and their families. Some deal primarily with logistical issues, continuity of care, post-discharge support and resources, and financial issues (Care Managers, Medical Social Workers). Others address spiritual needs and support (Chaplains) or complex issues involving difficult ethical decisions (Bioethicists). Education and training are generally at the doctoral or master's level.

Care/Case Manager

Team Members - Care/Case Manager

Who is a Care/Case Manager?

The terms Care Manager and Case Manager are used interchangeably depending upon the particular setting and/or facility. Care/Case Managers work in a variety of health care settings, including acute inpatient hospitals, managed care organizations, home care agencies, community agencies, workers' compensation, disability, skilled nursing facilities, and occupational health. This summary addresses the hospital-based Care/Case Manager in the acute care setting.

The hospital Care/Case Manager works closely with the patient and his or her family, along with the physician and the interdisciplinary health care team, to move the patient from one phase of care to the next. This facilitating/coordinating role may include discharge, transitional planning, or utilization management.

The definition of case management as outlined in the Case Management Standards of Practice and approved by the Case Management Society of America is "a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes."

What does a Care/Case Manager do?

Hospital care/case management models can vary from facility to facility. One of the more common models used in acute care facilities is the integrated care/case management model of utilization management, discharge planning, outcomes management, and variance analysis.

The hospital Care/Case Manager assesses the patient's needs, typically for a home discharge or to another health care facility, develops a plan of care based on his or her assessment, facilitates the plan of care, and advocates for the patient.

What education, training, and experience must one have to function as a hospital Care/Case Manager?

The hospital Care/Case Manager is typically a licensed registered nurse with previous hospital and/or home care experience. Medical social workers can also be found in acute care settings. This type of care management may focus on the long-term care of patient populations at risk for re-hospitalizations or long-term care placement.

How and by whom is a Care/Case Manager supervised?

Hospital Care/Case Managers are supervised by the director or manager of Care/Case Management.

What are the typical day-to-day activities of a Care/Case Manager?

A typical day for a hospital Care/Case Manager may include:

- reviewing the charts of a caseload of patients (approximately 20 to 30)
- reviewing for appropriate length of stay and appropriate care and services (utilization review)
- if delays are identified, proactively working to coordinate tests, therapy, etc.
- making rounds with the physician, residents, or other members of the health care team
- communicating with the interdisciplinary health care team and patient to facilitate transitional planning
- communicating with the patient and/or family for home care or transitional planning

- performing outcomes monitoring and variance analysis
- communicating with the payors, for example, calling managed care organizations for authorizations

Must a Care/Case Manager be licensed or certified to function in his or her role as part of the health care team?

The hospital Care/Case Manager is typically a licensed registered nurse. Some hospital facilities may also employ licensed social workers as Care/Case Managers. Certification in case management is preferred. Certifications in case management include, but are not limited to:

- CCM (Certified Case Manager) by the Commission for Case Manager Certification
- Cm (Nurse Case Manager) by the American Nurses Credentialing Center

What types of patients would benefit from the care of a Care/Case Manager?

- Patients who would benefit from the care of a Care/Case Manager include:
- geriatric patients
- patients with chronic care needs
- patients requiring transitional planning to home care, nursing homes, assisted living facilities, etc.

How and when does a Care/Case Manager become involved in the care of a particular patient?

Depending upon the particular hospital's policies, a Care/Case Manager can get involved with the patient admission or when the patient is stable enough for discharge or transitional planning.

Medical Social Worker

Team Members - Medical Social Worker

Who is a Medical Social Worker?

A Medical Social Worker is a social worker who works in a medical setting such as a hospital, outpatient clinic, at hospice, long-term care facility, or community health agency. It is important to note that Medical Social Workers are most often referred to as "social workers," but occasionally may have other titles, including Case Manager or Care Manager.

What does a Medical Social Worker do?

Medical Social Workers assist patients and their families with health-related problems and concerns. The Medical Social Worker performs a comprehensive assessment of a patient's social, emotional, environmental, financial, and support needs and informs other members of the health care team about these factors, which may affect the patient's health and well-being. Medical Social Workers work with the patient's family or support systems as well as other service provider agencies to develop a plan for the care of the patient in his or her home or other living arrangement.

Patient counseling is an important part of the Medical Social Worker's role. Medical Social Workers lead support group discussions, provide individual counseling, help patients determine appropriate health care and other health services, and provide support to patients with serious or chronic illnesses.

In the hospital setting, Medical Social Workers play an important role in coordinating patient discharge planning. They assist patients and families, access in-home health care services, arrange for in-home medical equipment, provide for transportation, coordinate follow-up treatments, and refer patients to a wide variety of community social service agencies. Medical Social Workers are often also responsible for helping patients access financial assistance and health insurance coverage. In some settings, Medical Social Workers work closely with public and private health insurers to determine the patient's benefits and advocate for the patient.

What education, training, and experience must one have to function as a Medical Social Worker?

The large majority of Medical Social Workers have a master's degree in social work (MSW). The MSW program provides both fundamental social work knowledge and the opportunity to focus on a special area. Most Medical Social Workers have specific training in health and behavioral health conditions, health care policy, and systems of providing health care services. All MSW training includes a significant amount of time in a practicum experience known as a field placement. The field placement experience is usually two to three days per week (16 to 24 hours/wk.) over the course of the two-year master's degree program. Occasionally, a social worker in a health care setting may have a bachelor's degree in social work (BSW), an undergraduate degree in which social work courses are undertaken in the last two years of study. BSW students also must complete a practicum experience as part of their degree requirements.

How and by whom is a Medical Social Worker supervised?

The Medical Social Worker in a hospital or health clinic often works as part of a social work department. The Medical Social Worker is supervised by experienced Medical Social Workers who are supervisors or department directors. In hospitals and larger health care facilities, the director of the social work department is usually a member of the medical center's administrative team. In some instances, Medical Social Workers may report to the administrator of a particular department within a hospital. For instance, the Medical Social Worker who works on the psychiatry unit may report directly to the administrator of the psychiatry department, not to the social work department. In smaller community health agencies, and often in long-term care facilities, the Medical Social Worker may be the only social worker employed at the agency. In this instance, the Medical Social Worker is generally supervised by a health care administrator.

What are the typical day-to-day activities of a Medical Social Worker?

The typical day-to-day activities of a Medical Social Worker vary considerably depending on the health care setting. In the hospital, the Medical Social Worker has a critical role in the area of discharge planning. It is the Medical Social Worker's responsibility to ensure that the services the patient requires are in place in order to facilitate a timely discharge and ensure that the patient's needs will be cared for at home. The Medical Social Worker does a complete psychosocial assessment on all patients referred for social work services by the physician (in some units of the hospital, all patients receive social work services due to the nature of their health care issues, age, etc.). After the assessment has been completed, the Medical Social Worker works with the patient, his or her family, and other health professionals to develop a discharge plan. When the doctor determines that the patient will be ready for discharge soon, it is the Medical Social Worker's job to implement the plan by arranging for the home care services, coordinating transportation, working with the family to facilitate the discharge, and providing other appropriate services/referrals for the patient's care at home.

Due to the high number of patients for whom the Medical Social Worker is responsible and the tight deadlines required to avoid delays in discharge, medical social work is a highly demanding job. In addition, the Medical Social Worker often is confronted with complex cases involving patients with multiple psycho-social issues. For instance, the Medical Social Worker often works with patients who are homeless, lack health insurance coverage, have multiple chronic medical and psychiatric conditions, are unemployed, have just been released from incarceration, or have substance abuse problems.

In addition to these activities, a Medical Social Worker usually participates as a member of an interdisciplinary health care team to identify the patient's needs and develop a treatment plan. Medical Social Workers also provide counseling services to individual patients and their families; provide support groups for patients and/or caregivers; collaborate with other social service provider agencies; link individuals to resources; and help restore individuals, families, and groups to successful social functioning. A major role of the Medical Social Worker is to be an advocate for the patient and, at times, an advocate for broader social causes.

Must a Medical Social Worker be licensed or certified to function in his or her role as part of the health care team?

Each state has different licensing, certification, or registration requirements regarding social work practice and the use of professional titles. Although standards for licensing vary, a growing number of states are placing greater emphasis on communication skills, professional ethics, and sensitivity to issues of cultural diversity. Most states require two years (3,000 hours) of supervised clinical experience for licensure of clinical social workers. Although not required in order to practice, many health care agencies require Medical Social Workers to be licensed, and most insurance providers require a Medical Social Worker to be licensed in order to reimburse for services.

The National Association of Social Workers offers voluntary credentials. Social workers with an MSW may be eligible for the Academy of Certified Social Workers (ACSW), the Qualified Clinical Social Worker (QCSW), or the Diplomate in Clinical Social Work (DCSW) credential, based on their professional experience. Credentials are particularly important for those in private practice; some health insurance providers require social workers to have them in order to be reimbursed for services.

What types of patients would benefit from the care of a Medical Social Worker?

Many, if not all, patients could benefit from the care of a Medical Social Worker. In particular, targeted groups include individuals with chronic degenerative illnesses; the terminally ill; individuals with mental illness; transplant patients; homeless individuals; and individuals with multiple social, financial, emotional, or housing problems.

How and when does a Medical Social Worker become involved in the care of a particular patient?

In many health care settings, the physician requests social work services. In some settings, all patients receive social work services, or any patient who desires can see the social worker.

Chaplain

Team Members - Chaplain

Who is a health care Chaplain?

A health care Chaplain is a religious professional endorsed or in good standing in his or her faith tradition, who works in a health care setting.

What does a health care Chaplain do?

The health care Chaplain provides spiritual care to persons in physical, mental, spiritual, or social need in diverse health care settings. Such persons may include the health care professionals that offer care to patients/clients.

What education, training, and experience must one have to function as a professional health care Chaplain?

The Common Standards for Professional Chaplaincy outline the qualifications of a professional Chaplain. Qualifications include: (1) endorsement or good standing in accordance with the requirements of his or her faith tradition; (2) an undergraduate degree from a college, university, or theological school accredited by a member of the Council for Higher Education Accreditation, and a graduate-level theological degree from an accredited college, university, or theological school; (3) a minimum of four units of Clinical Pastoral Education accredited by the Association for Clinical Pastoral Education, the United States Conference of Catholic Bishops Commission on Certification and Accreditation, or the Canadian Association for Pastoral Practice and Education.

How and by whom is a health care Chaplain supervised?

The size of the health care organization and the Chaplain's position usually determine to whom the Chaplain reports. If the organization is large enough to support a department of spiritual care, then the staff Chaplain reports to a Chaplain who is the department director. In a smaller organization with only one or two Chaplains, the Chaplain may report directly to the organization's vice president or president. A department of Chaplains is likely to report to the vice president of nursing, clinical services, or ancillary services.

What are the typical day-to-day activities of a health care Chaplain?

A typical day for a Chaplain encompasses a variety of activities. The Chaplain visits patients. If the Chaplain is one of several Chaplains in a department, he or she is likely to have a clinical specialization and function as a member of the corresponding interdisciplinary team. Such specialties can include oncology, palliative care, surgery, neurology, cardiovascular care, coronary care, women's services, pediatrics, neonatology, organ transplant service, gene and cell transplantation, and renal disease. The Chaplain makes rounds, attends team meetings, consults on cases, and responds to all referrals and crises in the respective clinical units. The Chaplain may serve on hospital committees, such as the ethics committee, the Institutional Review Board, or the Joint Commission readiness committee. The Chaplain plans and conducts worship services in the facility chapel; services may include special religious holidays, memorial services, and other special occasions, as well as weekly worship. The Chaplain may also contact community clergy at the request of the patient.

Many Chaplains rotate in the on-call schedule for Chaplains in their facility. For example, a Chaplain might carry the on-call pager while Clinical Pastoral Education residents are in seminars. Some organizations provide 24/7 spiritual care with students on call overnight; other organizations employ an evening and/or night Chaplain.

Must a health care Chaplain be licensed or certified to function in his or her role as part of the health care team?

A professional Chaplain is certified by one of the certifying bodies for Chaplains. Currently, these professional associations include the Association of Professional Chaplains, the National Association of Catholic Chaplains, and the National Association of Jewish Chaplains.

What types of patients would benefit from the care of a health care Chaplain?

The Code of Ethics of the Association of Professional Chaplains states that "the spiritual dimension of a person is an essential part of an individual's striving for health, wholeness and meaning in life." Certified Chaplains treat all persons with dignity and respect, serving them without discrimination. Chaplains affirm the religious and spiritual freedom of all persons and refrain from imposing doctrinal positions or spiritual practices on persons whom they encounter in their professional role as Chaplain.

Viewing persons as spiritual, a Chaplain can assist the patient in addressing emotional and relational concerns, as well as overtly religious ones. Often, the Chaplain ministers to persons in emotional and/or spiritual distress or despair, and these issues may relate to or impact medical treatment or treatment decisions. The Chaplain has the ability to:

- triage and manage crises
- provide spiritual care to persons experiencing loss and grief or dealing with end of life or chronic illness
- formulate and utilize spiritual assessments to contribute to plans of care

How and when does a health care Chaplain become involved in the care of a particular patient?

Physicians, nurses, and other health care professionals often refer patients or family members to the Chaplain. A Chaplain may follow up on a patient after making routine rounds. Patients or their significant others may request a visit from a Chaplain.

Bioethicist

Team Members - Bioethicist

Who is a Bioethicist?

A Bioethicist is a professional with an advanced degree in one of many fields who addresses questions about the “right” thing to do when there are conflicting values and uncertainty about ethically justifiable decisions or actions. Bioethics is a broad category of ethics that encompasses all fields of science and health care. Ethicists who work specifically in health care may refer to themselves as “medical ethicists,” “health care ethicists,” or “ethics consultants.”

What does a Bioethicist do?

A Bioethicist analyzes ethical components of a real or potential health care action or decision and provides an ethical justification supporting specific actions or decisions over others. Bioethicists may assist scientists in considering the ethical implications of their research, provide insight into unintended consequences of new technology, write scholarly books and articles on these topics, and facilitate communication or mediate conflicts when competing values point to different courses of action. In a hospital, a Bioethicist may be consulted in cases where there is uncertainty about the right course of action for a patient due to conflicting values.

What education, training, and experience must one have to function as a Bioethicist?

Most individuals who work as Bioethicists have an advanced degree in a field such as philosophy, medicine, nursing, social work, genetics, or law. They may also pursue a specific advanced degree in bioethics, or they may take a certification course in bioethics. The American Society for Bioethics and Humanities outlines the basic competencies that individuals functioning as Health Care Ethics Consultants must have to engage in that work. Currently, there is no certification or licensure for Bioethicists.

How and by whom is a Bioethicist supervised?

Supervision of Bioethicists varies depending on the setting. Many work in academic settings and report to academic department chairs. Those working in health care settings report to whomever oversees the work of the ethics committee or ethics consult service.

What are the typical day-to-day activities of a Bioethicist?

The day-to-day activities of a Bioethicist vary widely. Bioethicists typically engage in scholarship (writing, reviewing literature), conduct research studies, take part in patient consults, participate in research reviews (as Institutional Review Board members), give lectures, teach, mentor, and contribute to public policy debates. There is a wide range of activities that can fall under the scope of bioethics.

Must a Bioethicist be licensed or certified to function in his or her role as part of the health care team?

There is currently no license or certification required for Bioethicists. This is a source of debate in the field.

What types of patients would benefit from the care of a Bioethicist?

Typically, Bioethicists dealing with broad issues don't interact with patients at the bedside. Patients who would benefit from interaction with Bioethicists would be those facing a conflict or ethical dilemma where the skills and knowledge of a health care ethics consultant would help resolve the conflict or dilemma. For example, if a baby is born prematurely and has a poor prognosis, the parents may have conflicting views about what efforts should be made to keep the baby alive. The Bioethicist could be consulted to help work through this conflict.

How and when does a Bioethicist become involved in the care of a particular patient?

Usually the Bioethicist becomes involved in a patient's care at the request of another member of the health care team. Additionally, in most health care settings, patients or family members can request an ethics consult.

Consultative Resource Providers

The people in this group are less often involved in direct patient care, but provide highly specialized professional consultative input to primary caregivers. Some may be routinely involved in providing recommendations for hospitalized patients (Clinical Pharmacists, Registered Dietitians), while others are consulted only with respect to patients with particular types of problems (Audiologists). All require significant postgraduate training and master's or doctoral degrees.

Registered Dietitian

Team Members - Registered Dietitian

Who is a Registered Dietitian?

A Registered Dietitian is a food and nutrition expert who has met the minimum academic and professional requirements to qualify for the RD credential. In addition to RD credentialing, many states have regulatory laws for dietitians and nutrition practitioners. State requirements frequently are met through the same education and training required to obtain the RD credential.

What does a Registered Dietitian do?

The majority of Registered Dietitians work in the treatment and prevention of disease by administering medical nutrition therapy in hospitals, HMOs, private practice, or other health care facilities. In addition, a large number of Registered Dietitians work in community and public health settings, academia, and research. A growing number of Registered Dietitians work in the food and nutrition industry, in business, journalism, sports nutrition, corporate wellness programs, and other non-traditional work settings.

What education, training, and experience must one have to function as a Registered Dietitian?

Students wishing to become Registered Dietitians study such subjects as food and nutrition sciences, food service systems management, business, economics, computer science, culinary arts, sociology, communications, biochemistry, physiology, microbiology, anatomy, and chemistry. Registered Dietitians must meet the following criteria to earn the RD credential:

- receive a bachelor's degree from a regionally accredited U.S. university or college, including course work approved by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association
- complete a CADE-accredited supervised practice program at a health care facility, community agency or food service corporation, or some combination of undergraduate or graduate studies. Typically, the practice program is six to 12 months in length.
- pass a national examination administered by the Commission on Dietetic Registration, the credentialing agency for the American Dietetic Association and other medical and nutrition organizations.
- Registered Dietitians must also complete continuing professional educational requirements to maintain registration.

Some Registered Dietitians hold additional certifications in specialized areas of practice, such as pediatric or renal nutrition, nutrition support, or diabetes education. These certifications are awarded through the Commission on Dietetic Registration. Though recognized within the profession, these certifications are not required.

How and by whom is a Registered Dietitian supervised?

Supervision differs depending upon the Registered Dietitian's practice location. Many Registered Dietitians are self-employed in private practice, while others work alongside a health care team in a hospital or other health care facility.

What are the typical day-to-day activities of a Registered Dietitian?

The duties of Registered Dietitians vary from office to office, depending upon where they are employed. (See

"What types of patients would benefit from the care of a Registered Dietitian?" below)

Must a Registered Dietitian be licensed or certified to function in his or her role as part of the health care team?

To maintain registered status, Registered Dietitians must participate in the Commission on Dietetic Registration's mandatory Professional Development Portfolio recertification system and remit an annual registration maintenance fee. The Commission on Dietetic Registration protects the public through credentialing of dietetics practitioners. Registration is mandatory for Dietitians.

Each state differs in its provisions regarding professional regulation of Dietitians and/or Nutritionists.

What types of patients would benefit from the care of a Registered Dietitian?

Since Registered Dietitians have a variety of areas of expertise, a broad range of patients could benefit from their care:

- patients who have diabetes, cardiovascular problems or high blood pressure. A Registered Dietitian serves as an integral part of the health care team by helping safely change eating plans without compromising taste or nutrition.
- patients who are thinking of having or have had gastric bypass surgery. A Registered Dietitian will help these patients learn to eat again. Since their stomachs can only manage small servings, it's a challenge to get the right amount of nutrients. A Registered Dietitian will work with the patient and the physician to develop an eating plan for the patient's new needs.
- patients who have digestive problems. A Registered Dietitian will work with physicians to help fine-tune the patient's diet to avoid aggravating the condition with fried foods, too much caffeine, or carbonation.
- patients who are pregnant or trying to get pregnant. A Registered Dietitian can help make sure these patients get enough nutrients like folate, especially during the first three months of pregnancy.
- patients who are breastfeeding. A Registered Dietitian can help make sure these patients ingest enough iron, vitamin D, fluoride, and B vitamins for the health of mother and child.
- teenagers who have issues with food and eating healthfully. A Registered Dietitian can assist with eating disorders like anorexia, bulimia, and overweight issues.
- patients who need to gain or lose weight. A Registered Dietitian can suggest additional calorie sources for healthy weight gain or a restricted-calorie eating plan plus regular physical activity for weight loss.
- family members caring for an aging parent. A Registered Dietitian can help with food or drug interaction, proper hydration, and special diets for hypertension.

How and when does a Registered Dietitian become involved in the care of a particular patient?

In a hospital setting, a Registered Dietitian is a part of the health care team and can work with other health care providers to care for a patient. Often, patients are referred by their doctors to a Registered Dietitian for care. Also, patients may seek out a Registered Dietitian directly for consultation on their diets.

Clinical Pharmacist

Team Members - Clinical Pharmacist

Who is a Clinical Pharmacist?

The Clinical Pharmacist is the medication expert within the U.S. health care system responsible for providing patient care that ensures optimal medication therapy outcomes. The Clinical Pharmacist is responsible for the rational use of medications; the promotion of wellness and disease prevention; and the design, implementation, and oversight of safe, accurate, and timely medication distribution systems.

What does a Clinical Pharmacist do?

Within a health care institution or system, Pharmacists fill a number of roles. The Staff/Dispensing Pharmacist works in the central or satellite pharmacies within the facility and is responsible for medication order fulfillment, including verification and clarification, safety and quality assurance, timely distribution of medications, and inventory management. The Clinical Pharmacist works in the patient care areas of the institution and focuses on the clinical aspects of medication therapy. The Clinical Pharmacist works with other members of the health care team to design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient-specific and evidence-based. Depending on hospital policies and protocols, Clinical Pharmacists may be involved automatically in the care of certain categories of patients or the administration of certain drug therapies. However, other members of the health care team should consult them whenever they have a question about drug therapy, such as dosing, drug interactions, or efficacy.

What education, training, and experience must one have to function as a Clinical Pharmacist?

Student Pharmacists in the United States complete two years of college-level, pre-professional study and four years of study in a professional degree program to earn the doctor of pharmacy (PharmD) degree. The PharmD curriculum is designed to prepare Pharmacists for providing patient-specific and population-based pharmaceutical care, managing and using the resources of the health care system, and promoting health improvement and disease prevention. Programs leading to the PharmD degree are the only pharmacy education programs that may be accredited in the United States. The accrediting body for these programs is the Accreditation Council for Pharmacy Education. Colleges and schools of pharmacy offering the PharmD degree must meet rigorous standards to be accredited.

After obtaining the PharmD degree, a Clinical Pharmacist will likely complete postgraduate residency training in the form of a one-year pharmacy practice residency. The Clinical Pharmacist may then complete a one-year residency in a specialized area of practice. Postgraduate residencies are accredited by the American Society of Health-System Pharmacists.

How and by whom is a Clinical Pharmacist supervised?

Pharmacy services are coordinated and supervised within an institution by a leadership team that often includes an assistant and/or associate director of pharmacy and a director of pharmacy. Depending on the size of the institution, there may be one or more assistant or associate directors with differing areas of responsibility, such as clinical services (including the work of the Clinical Pharmacist) and pharmacy operations (including inventory management and medication distribution).

What are the typical day-to-day activities of a Clinical Pharmacist?

The Clinical Pharmacist works on a daily basis in cooperation with patients, prescribers, and other members of the health care team to optimize the outcomes of medication therapy. In the course of a day, the Clinical Pharmacist may:

- round with a care team
- answer patient-specific or medication-specific questions
- calculate doses
- provide advice related to drug therapy decisions
- educate patients on health-impacting behaviors and medication use
- respond to drug information questions from other health care providers and the public
- develop disease management and drug use protocols
- conduct medication use reviews
- serve on various hospital committees, such as the Pharmacy and Therapeutics Committee

Must a Clinical Pharmacist be licensed or certified to function in his or her role as part of a health care team?

A Clinical Pharmacist must be licensed in the state where he or she practices. Licensure processes are implemented by each state board of pharmacy. To be eligible for licensure, an individual must:

- have graduated from an accredited college or school of pharmacy
- have documented a specified number of hours of experience, which may or may not be included as part of the educational curriculum (requirement varies by state)
- pass the licensure examination (the North American Pharmacist Licensure Examination™, developed by the National Association of Boards of Pharmacy)
- pass the Multistate Pharmacy Jurisprudence Examination® (requirement varies by state)
- pass a state-specific law examination

Clinical Pharmacists also may seek voluntary certification through the Board of Pharmaceutical Specialties (BPS). BPS recognizes five specialties within pharmacy: nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, psychiatric pharmacy, and pharmacotherapy.

Audiologist

Team Members - Audiologist

Who is an Audiologist?

An Audiologist is a professional who is educated and trained to evaluate hearing and balance disorders.

What does an Audiologist do?

Audiologists:

- evaluate and diagnose hearing and balance disorders for people of all ages
- diagnose Auditory Processing Disorders
- select, evaluate, and recommend amplification systems such as hearing aids or assistive listening devices
- counsel patients and family members on the effects of hearing loss on communication
- work in the area of prevention by fitting hearing protective devices and offering consultation on the effects of noise on hearing
- engage in research on hearing loss, tinnitus, and balance system dysfunction
- work in industry or with the military to manage hearing conservation programs

- design hearing instruments and testing equipment

What education, training, and experience must one have to function as an Audiologist?

By 2012, Audiologists entering the profession will need to have a Doctorate of Audiology (AuD) or equivalent degree. Presently, Audiologists who apply for certification by the American Speech-Language-Hearing Association must have a minimum of 75 semester credit hours of post-baccalaureate education culminating in a doctoral or other recognized graduate degree. The course of study must address the knowledge and skills pertinent to the field of audiology. The Audiologist should develop skills in the foundations of practice, prevention and identification, evaluation, and treatment.

How and by whom is an Audiologist supervised?

During the fourth year of an audiology academic program, the Audiologist participates in a year of specialized training. The audiology student is supervised by an Audiologist who holds a current license to practice. If the audiology student is interested in obtaining certification by the American Speech-Language-Hearing Association, he or she must be supervised by an Audiologist who holds an American Speech-Language-Hearing Association Certificate of Clinical Competence. Certified and licensed Audiologists practice independently.

What are the typical day-to-day activities of an Audiologist?

In health care settings, Audiologists provide and document screenings, assessments, and treatment of patients' hearing, auditory processing, or balance problems. They perform diagnostic audiologic evaluations and balance assessment for patients of all ages using specialized, calibrated equipment. In some health care settings, Audiologists manage the newborn hearing screening program for the facility or work on the cochlear implant team. In addition, Audiologists can be a part of the cranio-facial (cleft palate) and vestibular (inner ear) evaluation and treatment teams. They recommend and fit hearing aids and other assistive listening equipment or alerting devices. They participate in team and family conferences and collaborate with other professionals, including speech-language pathologists, physicians, nurses, physical therapists, occupational therapists, psychologists, and social workers. They may also conduct research.

Must an Audiologist be licensed or certified to function in his or her role as part of the health care team?

Audiologists must hold state licensure in order to provide services in health care settings. The requirements for state licensure or state education certification are very similar or identical to the The American Speech-Language-Hearing Association's Certificate of Clinical Competence requirements.

Requirements for the certificate include:

- graduation from an accredited master's degree or doctoral degree program in communication sciences and disorders
- a passing score on a national exam in audiology
- completion of a practicum/training experience that is equivalent to a minimum of 12 months of full-time, supervised experience
- skills in oral and written communication and demonstrated knowledge of ethical standards, research principles, and current professional and regulatory issues.

What types of patients would benefit from the care of an Audiologist?

Infants, children, adults, and senior citizens with suspected or known hearing or balance problems would benefit from the care of an Audiologist. Hearing problems are often unrecognized by the person who experiences them but may be noted by the family, health care providers, or others working closely with the patient. Symptoms of hearing loss include not responding when spoken to, frequently asking for repetition from the speaker, complaints of tinnitus (ringing in the ears), problems hearing with background noise, or turning up the volume of the TV or radio.

Medical diagnoses frequently associated with hearing or balance problems in adults include Meniere's disease, acoustic schwannoma, syphilis, stroke, or head trauma. The majority of hearing problems in older adults, however, are the result of presbycusis (hearing loss from aging). In children, medical diagnoses that can be associated with hearing loss include ear or other cranio-facial anomalies; recurrent otitis media; post-natal infections, such as meningitis; syndromes associated with progressive hearing loss, such as neurofibromatosis, osteopetrosis, or Usher's syndrome, or with in utero infections, such as toxoplasmosis, rubella, cytomegalovirus infection, herpes, or syphilis; and head trauma.

Untreated hearing loss can affect speech and language development in infants and young children and can also affect academic achievement. In adults, hearing loss can lead to communication difficulties and result in social and emotional difficulties, such as

problems communicating with health care workers, family, and friends, withdrawal from social interactions, anger and frustration, anxiety, and depression. Appropriate evaluation, counseling, and treatment can help the hearing impaired individual to overcome or reduce the effects of the hearing loss.

How and when does an Audiologist become involved in the care of a particular patient?

In a health care setting, an Audiologist is consulted by the referring physician when a patient exhibits a hearing or balance problem. This may be determined by routine screenings, reports from other professionals, or medical evaluations. In some health care settings, the patient may self refer for a hearing evaluation.

Diagnostic Technologists

The people in this group provide technical services in support of diagnostic or therapeutic aspects of patient management. Some are primarily involved in collecting and analyzing biological patient samples (Phlebotomists, Medical Technologists, Medical Laboratory Technicians), while others are involved in gathering diagnostic data (images) and carrying out treatment protocols (Radiologic Technologists). Depending on the discipline and specific areas of activity, education and training may be at the bachelor's, associate's, or certificate level.

Medical Technologist/Medical Laboratory Technician

Team Members - Medical Technologist/Medical Laboratory Technician

Who is a Medical Technologist/Medical Laboratory Technician?

Medical Technologists and Medical Laboratory Technicians, also referred to as clinical laboratory personnel, play a crucial role in the detection, diagnosis, and treatment of disease by performing tests in laboratories.

What does a Medical Technologist/Medical Laboratory Technician do?

Medical Technologists and Medical Laboratory Technicians examine and analyze body fluids, such as blood and cells. The difference between Medical Technologists and Medical Laboratory Technicians is the complexity of tests performed, the level of judgment needed, and the amount of responsibility each has. It is the difference in the amount of education and experience that allows one to perform at the Medical Technologist or Medical Laboratory Technician level.

What education, training, and experience must one have to function as a Medical Technologist/Medical Laboratory Technician?

The usual requirement for an entry-level position as a Medical Technologist is a bachelor's degree with a major in Medical Technology or in one of the life sciences. However, regulations allow Medical Technologists who have an associate's degree to perform high complexity testing. Medical Laboratory Technicians generally have an associate's degree with an emphasis in life science courses from a community or junior college.

How and by whom is a Medical Technologist/Medical Laboratory Technician supervised?

Medical Technologists and Medical Laboratory Technicians are typically supervised by a laboratory supervisor or administrator; in some instances they are supervised by a pathologist.

What are the typical day-to-day activities of a Medical Technologist/Medical Laboratory Technician?

Medical Technologists perform complex chemical, biological, hematological, immunologic, microscopic, and bacteriologic tests. They look for bacteria, parasites, and other microorganisms; analyze the chemical content of fluids; match blood for transfusions; and test for drug levels in the blood to show how a patient is responding to treatment.

Medical Laboratory Technicians perform less complex tasks and laboratory procedures than Medical Technologists. Technicians may prepare specimens and operate automated analyzers or may perform manual tests in accordance with detailed instructions.

Must a Medical Technologist/Medical Laboratory Technician be licensed or certified to function in his or her role as part of the health care team?

Certification is a voluntary process offered by nongovernmental organizations, such as professional societies or certifying agencies that grant recognition to an individual whose professional competence meets prescribed standards. Though mostly voluntary, certification is widely accepted by employers in the health care industry and is a prerequisite for most jobs. In addition, some states require laboratory personnel to be licensed or registered.

What types of patients would benefit from the care of a Medical Technologist/Medical Laboratory Technician?

Most diagnoses rendered by physicians are based on laboratory procedures or analyses performed by a Medical Technologist/Medical Laboratory Technician.

How and when does a Medical Technologist/Medical Laboratory Technician become involved in the care of a particular patient?

A Medical Technologist/Medical Laboratory Technician often interacts with the physician to explain a result or to report an abnormal value. A Technologist/Technician does not typically interact directly with a patient unless it is to draw blood or to perform a test directly on the patient.

Phlebotomist

Team Members - Phlebotomist

What is a Phlebotomist?

The primary function of a Phlebotomist, also known as a Phlebotomy Technician, is the collection of blood samples from patients by venipuncture or microtechniques.

What does a Phlebotomist do?

A Phlebotomist facilitates the collection and transportation of laboratory specimens. He or she is often the patient's only contact with the medical laboratory.

What education, training, and experience must one have to function as a Phlebotomist?

A Phlebotomist must have a high school diploma or GED with acceptable training. Phlebotomy programs are available at various colleges and career schools. Phlebotomy training courses vary in length and usually lead to a certificate of completion and in some cases a diploma. However, most phlebotomists are trained directly by the facility for which they work.

How and by whom is a Phlebotomist supervised?

Typically, a Phlebotomist is supervised by a manager in the area, often an individual who is associated with the laboratory.

What are the typical day-to-day activities of a Phlebotomist?

Phlebotomists draw blood from patients in hospitals, blood banks, clinics, or doctor's offices. They also label and store blood containers for processing.

Must a Phlebotomist be licensed or certified to function in his or her role as part of the health care team?

Some states require Phlebotomists to be certified or have a state license. California requires all Phlebotomists to be certified and have a state license. Employers prefer to hire experienced workers and may prefer certified applicants who have passed a national examination, indicating that the Phlebotomist meets certain standards of competence.

What types of patients would benefit from the care of a Phlebotomist?

All patients who need to have their blood drawn may interact with a Phlebotomist and benefit from his or her expertise.

How and when does a Phlebotomist become involved in the care of a particular patient?

A patient who arrives at a hospital or doctor's office may be required to have blood drawn for diagnostic purposes. This patient would then proceed to a special area where a Phlebotomist would draw the blood. For inpatients, the Phlebotomist would come to the patient's bedside to draw blood samples.

Radiologic Technologist

Team Members - Radiologic Technologist

Who is a Radiologic Technologist?

Radiologic Technologists are the medical personnel who perform diagnostic imaging examinations and administer radiation therapy treatments. They are educated in anatomy, patient positioning, examination techniques, equipment protocols, radiation safety, radiation protection, and basic patient care.

What does a Radiologic Technologist do?

Radiologic Technologists use diagnostic and therapeutic imaging equipment to produce images of the tissue, organs, bones, and vessels of the body. They operate magnetic resonance imaging (MRI) units, computed tomography (CT) scanners, gamma cameras, and other types of medical equipment. Some types of Radiologic Technologists include:

- Radiographers, who commonly use x-ray and fluoroscopy equipment. Some Radiographers specialize in mammography, CT scans, MRI, or other types of imaging.
- Sonographers, who use high frequency sound waves to create images of anatomy
- Nuclear Medicine Technologists, who use radiopharmaceuticals and special cameras to produce images of organs and reveal their function

Radiation Therapists, who administer highly focused forms of radiation to treat cancer and other diseases

What education, training, and experience must one have to function as a Radiologic Technologist?

Students follow many paths into radiologic technology. Some attend two-year programs based in hospitals, which issue certificates to graduates. Others enroll in two-year programs at community colleges or technical schools, which award associate's degrees. Others choose to attend four-year programs at universities and colleges, graduating with bachelor's degrees. Recently, a new career level for Radiologic Technologists was established: the Radiologist Assistant. Radiologist Assistants are experienced, registered Radiologic Technologists who have obtained additional education and certification that qualifies them to work under the supervision of a radiologist to provide patient care in the diagnostic imaging environment. The addition of Radiologist Assistants to the radiology team helps improve productivity and efficiency.

How and by whom is a Radiologic Technologist supervised?

Supervision of the Radiologic Technologist depends on the facility and specialty area. Radiologic Technologists may be supervised by other Radiologic Technologists, physicians, managers with no medical education or clinical experience, or health care workers with training outside radiology, such as pharmacists or nurses.

What are the typical day-to-day activities of a Radiologic Technologist?

The day-to-day activities of a Radiologic Technologist depend on his or her facility or specialty area, but direct patient contact is a common element in all areas. They prepare patients for imaging studies by appropriately draping, shielding, and positioning them and explain the procedures that are about to be performed. As they do so, they also monitor the condition of patients, some of whom may be unstable, and are prepared to call for emergency medical assistance if necessary. They also process images appropriately for electronic or other storage for review by Radiologists or other team members.

For patients receiving radiation therapy, they position the patient and deliver appropriate doses of radiation as prescribed by the Radiation Oncologist.

Must a Radiologic Technologist be licensed or certified to function in his or her role as part of the health care team?

Each state has different licensure or certification requirements for Radiologic Technologists. Some states do not require licensure. Because of accreditation requirements, most hospitals will employ only Radiologic Technologists who are certified or licensed. Currently, the American Society of Radiologic Technologists is working with other organizations to pass federal legislation that would require basic educational and certification standards for Radiologic Technologists in every state.

What types of patients would benefit from the care of a Radiologic Technologist?

Radiologic Technologists work closely with physicians in a variety of medical settings, ranging from imaging departments and cardiac catheterization labs in hospitals to outpatient x-ray clinics and cancer treatment facilities. In the diagnostic setting, the images that Radiologic Technologists produce can be the best tool a physician has to diagnose disease and detect injury. In the oncology setting, Radiation Therapists work closely with other members of the oncology team to treat and cure cancer. All patients undergoing any kind of diagnostic imaging or receiving radiation therapy can benefit from the care of a Radiologic Technologist.

How and when does a Radiologic Technologist become involved in the care of a particular patient?

Physicians refer patients to Radiologic Technologists for diagnostic imaging or radiation therapy. This is usually done in the radiology department but sometimes their services are needed in emergency departments or operating rooms where they use portable equipment to take x-rays or perform other imaging studies.

Administrators and Information Managers

The people in this group are not involved in hands-on patient care but provide critical resources to ensure the smooth operation of the health care team. Some have responsibility for the overall operation of a hospital or institution (Hospital Executives), some provide or process the gamut of information necessary to ensure efficient and safe patient management (Medical Librarians, Health Information and Management Professionals, Ward Clerks), and others ensure the security of the physical facility (Hospital Security

Officers) or work to minimize the liability of the institution (Risk Managers). Depending on their discipline, they may have a range of administrative or technical degrees and training.

Hospital Executive

Team Members - Hospital Executive

Who is a Hospital Executive?

Today, hospitals are the largest and most complex organizations where health care is provided. Like all organizations, hospitals need to obtain resources, distribute them, and process them. In the case of hospitals, safe and effective patient care services rely on the efficient processing of these resources. The task of the Hospital Executive is to ensure that the organization:

- can provide high quality patient care services
- has appropriately trained caregivers who are team oriented
- has sufficient resources to purchase equipment and supplies and to modernize its facilities
- has all required licenses and certifications
- provides care to all community members

Hospital Executives of governmental and not-for-profit hospitals have a special responsibility to provide care to those who cannot afford to pay for it through private insurance or through their own funds. "Investor owned" hospitals, which constitute only 18% of all community hospitals, do not have an obligation to provide such care to everyone, but they must take care of anyone in their community who needs emergency care.

What does a Hospital Executive do?

The main task of the Hospital Executive is to lead the organization to fulfill its mission. This can involve any number of activities, including:

- recruiting physicians and other caregivers
- planning and seeking financing for new buildings and services
- negotiating with insurers to obtain adequate reimbursement for the care given to persons who are insured
- making certain that there are written policies in place to ensure a smooth running organization
- making sure that the hospital passes inspections by The Joint Commission (a private independent accrediting agency), as well as federal, state, and local governmental organizations
- informing the community about the hospital's current activities and future plans to educate and to raise additional funds for new projects

What education, training, and experience must one have to function as a Hospital Executive?

Most successful Hospital Executives have a master's degree, many with a specialization in health care management. Other Hospital Executives may have had educational majors in business, law, and other disciplines. Today, an increasing number of clinically trained individuals are being promoted to management positions. In contrast to many other nations, few physicians are chief executive officers (CEOs) of U.S. hospitals. For example, of the 6,346 hospitals in the United States in 2008, only 34 were headed by CEOs who are physicians.

How and by whom is a Hospital Executive supervised?

The Hospital Executive, as the CEO of a hospital, can be supervised by different people depending on the type of hospital he or she is leading. In "independent" or "freestanding" hospitals, the CEO usually reports to a Board of Trustees, people who usually live in the community and volunteer their time to oversee the strategic initiatives and policies of the hospital. But if the CEO leads a hospital that is part of a health system, he or she will more often be supervised by a regional executive of the system or by the CEO of the system. In hospitals that are publicly owned or operated, the CEO reports to the appropriate governmental agency responsible for health care in the state, county, or municipality.

What are the typical day-to-day activities of a Hospital Executive?

Hospital Executives have to relate to every department within the hospital and with many community groups outside of it. Moreover, they often serve as spokespersons for hospitals to local, state, and federal legislators and regulators. They also serve as resources for educators and professional standard setting organizations, such as professional societies of Hospital Executives, The Joint Commission, and trade associations, such as the American Hospital Association.

A Hospital Executive typically starts his or her day early and may begin with a meeting with leaders of the medical staff. Then, he or she may move on to meetings with management, vendors, prospective hires, his or her supervisor, the hospital's Board, or corporate officials. Because of the importance of hospitals to health care in the community, Hospital Executives are often asked to give speeches and to be interviewed by the media on health-related issues.

Must a Hospital Executive be licensed or certified to function in his or her role as part of the health care team?

Hospital Executives are not required to be either licensed or certified. However, more than half of the nation's hospital CEOs are members of the American College of Healthcare Executives, a society that offers a credential to those who pass an examination, maintain continuing education requirements, and abide by its code of ethics.

Risk Manager

Team Members - Risk Manager

Who is a Risk Manager?

A health care Risk Manager develops and enforces a risk management program plan and enacts the changes in clinical practice, policy and procedure, and employee and medical staff behavior necessary to fulfill that plan. The purpose of the plan is to preserve the assets, reputation, and quality of care of an organization through a process that identifies and reduces or eliminates the risk of loss. The risk management program is designed to identify, assess, prevent, and control losses that can arise from employee work-related injury, liability, property, regulatory compliance, and other loss exposures.

Risk management is defined as the process of making and carrying out decisions that will assist in the prevention of adverse consequences and minimize the adverse effects of accidental losses upon an organization. It also encompasses the evaluation and monitoring of clinical practice to recognize and prevent patient injury.

What does a Risk Manager do?

The roles and responsibilities of Risk Managers vary widely. The Risk Manager's functional areas of responsibility include loss prevention and reduction (clinical and non-clinical), claims management, risk financing, patient safety, and regulatory and accreditation compliance. Risk Managers work in a variety of health care settings, including acute care medical centers, integrated delivery systems, academic medical centers, behavioral care (substance abuse, mental health), ambulatory care, long-term care, and the insurance industry. Risk Managers are responsible for coordinating risk management activities with the medical staff, managers, and employees at all levels of the organization. This includes fostering an awareness of risk management practices and techniques through education and communication among senior management and the governing body, medical staff members, and employees at all levels.

What education, training, and experience must one have to function as a Risk Manager?

To be successful, Risk Managers must develop a variety of skills necessary for performing a difficult job in a complex environment. A Risk Manager is someone who can communicate effectively (verbally and in writing), negotiate, remain objective, maintain confidentiality, organize, and prioritize.

Education and training vary for Risk Managers, in part because of the way in which the profession has evolved. The professional and educational backgrounds of Risk Managers include nursing, law, administration, quality assurance, and insurance. Risk Managers may hold a bachelor's degree, a master's degree, or a juris doctor. They often have clinical training as a registered nurse. Other clinical training backgrounds include social work, medical technology, physician, physical or respiratory therapy, and pharmacy.

How and by whom is a Risk Manager supervised?

A Risk Manager may report to the chief executive officer, senior officer/vice president, director of risk management, or director of quality. The reporting relationship varies depending upon the Risk Manager's position in the organizational hierarchy.

What are the typical day-to-day activities of a Risk Manager?

On a daily basis, a Risk Manager must deal with sensitive and confidential information that directly affects the organization's public image and financial status. Day-to-day activities may include:

- managing claims against the organization
- communicating with defense legal counsel
- managing and analyzing risk management data
- conducting risk management educational programs
- triaging complaints and claims related to professional and general liability
- coordinating insurance coverage and risk financing

- complying with risk management standards established by The Joint Commission and other accrediting and regulatory agencies

The objective always is to enhance patient safety while promoting quality care.

Must a Risk Manager be licensed or certified to function in his or her role as part of a health care team?

Licensure requirements for Risk Managers vary by state. Risk Managers should be aware of and understand the state-specific statutes and regulations that govern their work environments. Professional designations held by a Risk Manager may include:

- Certified Professional in Healthcare Risk Management (CPHRM)
- Associate in Risk Management (ARM)
- Certified Professional in Healthcare Quality (CPHQ)

What types of patients would benefit from the care of a Risk Manager?

Though Risk Managers are not engaged in patient care, any type of patient who has experienced an adverse event or medical error may have this information disclosed by a Risk Manager. Disclosure is defined as the communication of information regarding the results of a diagnostic test, medical treatment, or surgical intervention.

How and when does a Risk Manager become involved in the care of a patient?

Generally, Risk Managers are not directly engaged in patient care. A Risk Manager may provide support to a patient or family, as well as members of the health care team, after an adverse event or medical error. They may also provide support when there are concerns involving the quality of care rendered to a patient or general patient safety concerns. Such support may include facilitating effective communication between the patient/family and other members of the health care team relative to the disclosure of the event. Risk Managers may assist with making an apology, managing patient and family emotions, and dispute resolution. Residents should contact the Risk Manager (and their attending physician) as soon as possible whenever there is an adverse patient care outcome as a result of an error in management, or even when the patient or family express concern that an error may have occurred.

Medical Librarian

Team Members - Medical Librarian

Who is a Medical Librarian?

Medical Librarians are information professionals who specialize in health resources and provide medical information for physicians, allied health professionals, patients, consumers, students, and corporations.

What does a Medical Librarian do?

Using materials ranging from traditional print sources to electronic databases, Medical Librarians devise and use innovative strategies to access and deliver information to their clients. Physicians sometimes call on Medical Librarians to provide life-saving information for patient care.

What education, training, and experience must one have to function as a Medical Librarian?

Medical Librarians must have a master's of library and information science degree from a program accredited by the American Library Association. Programs are one to two years in length. An undergraduate degree in any field is necessary for admission to the master's program. Undergraduate courses in biology, medical sciences, medical terminology, computer science, education, and management are helpful. Medical Librarians may also apply for membership in the Academy of Health Information Professionals, a credentialing program sponsored by the Medical Library Association.

How and by whom is a Medical Librarian supervised?

Medical Librarians are usually supervised by a staff director or supervisor in the medical library of a hospital, academic medical center, or other health care facility.

What are the typical day-to-day activities of a Medical Librarian?

In a large academic biomedical library, a day may involve staffing the reference desk for several hours. The Medical Librarian may give orientations to students on how to use the licensed electronic library resources; teach classes on how to search bibliographic databases such as PubMed or to use software such as EndNote; handle reference questions via e-mail, the Internet, or phone; and attend meetings in the department. A solo Librarian may be asked to multi-task and take charge of managing the entire operation of the medical library, from cataloging to answering reference questions.

Must a Medical Librarian be licensed or certified to function in his or her role as part of the health care team?

There are no certification, licensure, or registration requirements for Medical Librarians.

What types of patients would benefit from the care of a Medical Librarian?

All types of patients may benefit indirectly from the expertise of a Medical Librarian, since he or she provides access to vital information to other members of the health care team.

How and when does a Medical Librarian become involved in the care of a particular patient?

Medical Librarians help physicians, medical students, and other health professionals by providing medical literature searches using evidence-based medicine techniques and by teaching health professionals how to most effectively search medical databases for the best information for patients. Medical Librarians sometimes serve patients directly by providing access to health care information at consumer health libraries, hospitals, or academic medical center libraries.

Health Information Management Professional

Team Members - Health Information Management Professional

Who is a Health Information Management Professional?

Health Information Management Professionals are the stewards and guardians of patient health information. They represent the patient's interests in matters of privacy and security, information release, issues and guidelines regarding record access, and general consumer education about personal health records.

They specialize in managing patient health information and medical records, administering computer information systems, and classifying using standard coding systems, the diagnoses, and procedures for health care services provided to patients. Committed to the timely and accurate collection of health information and its maintenance, storage, retention, and disclosure, Health Information Management Professionals ensure that such information is kept private, secure, and in accordance with federal and state laws.

Health Information Management Professionals fall into many job categories with varied titles, including:

- Health Information Management Department Director
- Health Information Management System Manager
- Information Security Officer
- Chief Privacy Officer
- Health Data Analyst
- Health Record Technician Specialist
- Clinical Coding Specialist
- Patient Information Coordinator
- Physician Practice Manager
- Health Information Administrator
- Revenue Cycle Specialist
- Director of Quality Management
- Health Information Manager
- Health Information Technologist/Technician

What does a Health Information Management Professional do?

Those with health information management and health information technology careers manage all aspects of the content of patient medical records and patient information systems. Job responsibilities can include aspects of clinical information documentation capture and maintenance, data analytics and interpretation, as well as designing, implementing, and maintaining health information technology systems.

What education, training, and experience must one have to function as a Health Information Management Professional?

There are several academic options to pursue a career in health information management and health informatics. Choices include a baccalaureate or master's degree in health information management, or health informatics, as well as health information technical training at the two-year associate degree level and pre-degree certificate programs in clinical coding.

What are the typical day-to-day activities of a Health Information Management Professional?

The typical day-to-day activities of a Health Information Management Professional include:

- collecting, aggregating, analyzing, and disseminating patient health information for doctors' offices, hospitals, managed care organizations, insurance companies, research and policy agencies, and other health care facilities and related industries
- providing accurate coding of diagnoses and procedures from patient visits with health care providers, ensuring accurate patient billing and proper reimbursement to health care providers
- compiling and analyzing health care data from patients, assisting with the identification of ways to better utilize health care resources, uncovering public health patterns, improving patient care, and providing critical information for health care research
- developing policies to support the delivery of high quality health care by ensuring the availability of quality information for accurate health care decision making

Must a Health Information Management Professional be licensed or certified to function in his or her role as part of a health care team?

Health Information Management Professionals may possess associate, baccalaureate, or graduate degrees, and are certified by the American Health Information Management Association, the national association of Health Information Management Professionals. They earn credentials through a combination of education, experience, and performance on national certification exams.

Certifications include:

- Registered Health Information Administrator (RHIA): RHIAs hold a bachelor's or postgraduate degree and are skilled in the collection, interpretation, and analysis of patient data. In addition, they often serve in managerial positions related to these functions.
- Registered Health Information Technician (RHIT): RHITs hold a minimum of an associate's degree and are health information technicians who ensure the quality of medical records by verifying their completeness, accuracy, and proper entry into computer systems.
- The following specialty certifications are also offered by the American Health Information Management Association.
- Certified Coding Specialist (CCS): The CCS is skilled in classifying medical data from patient records, generally in the hospital setting.
- Certified Coding Specialist-Physician-based (CCS-P): The CCS-P is a coding practitioner with expertise in physician-based settings, such as physician offices, group practices, multispecialty clinics, or specialty centers.
- Certified Coding Associate (CCA): The CCA is a coding practitioner with an understanding of entry-level coding applications, including medical terminology, disease processes, pharmacology, and ICD-9-CM and CPT medical coding.
- Certified in Healthcare Privacy (CHP): The CHP demonstrates competency in designing, implementing, and administering comprehensive privacy protection programs in all types of health care organizations.
- Certified in Healthcare Privacy and Security (CHPS): The CHPS denotes advanced competency in designing, implementing, and administering comprehensive privacy and security protection programs in all types of health care organizations.

Hospital Security Officer

Team Members - Hospital Security Officer

Who is a Hospital Security Officer?

Unlike other health care employees, the Hospital Security Officer makes no product and provides no treatment to patients. However, the Security Officer is a very visible hospital employee. Most people entering a hospital for the first time feel uneasy, if not scared. This fear can be lessened considerably when they are greeted by professional Security Officers who offer help, clear directions, and, most importantly, a safe environment where they can receive care.

What does a Hospital Security Officer do?

Hospital Security Officers are charged with protecting:

- people
- property
- information
- reputation

Preventive patrol or inspectional service is the method employed by Security Officers to determine that conditions are normal in a given area and to provide a visible deterrent factor. This function takes on greater importance at night by providing a feeling of safety for staff, patients, and visitors. While on patrol, Security Officers routinely turn lights off as an energy conservation measure. They also check windows and doors to afford better protection to building occupants and to safeguard unoccupied buildings.

An especially important function of Security Officers with respect to hospital staff is their rapid response to security emergencies within the hospital. Whether for psychiatric or medical reasons, patients sometimes become violent or threaten medical or nursing staff. Residents should never put themselves or other staff at risk in these situations but should immediately call for Security Officers' assistance in subduing or restraining such patients. Security Officers may also be called upon for external emergencies, such as assisting in providing aid for disaster victims.

Security Officers give directions to hospital patients and visitors. They may also help people into and out of their cars, or assist them with dead car batteries. Security Officers may also be involved in receiving hospital deliveries at night and escort duties.

Security Officers spend a good deal of their time enforcing the rules and regulations of the hospital, which is one of their primary responsibilities.

What education, training, and experience must one have to function as a Hospital Security Officer?

Most Hospital Security Officers complete at least a basic security officer's program. These programs can run as long as 24 hours and cover subjects ranging from laws of arrest to weapon safety.

Many of the basic training courses are tailored to individual hospital needs. In recent years, a number of states have mandated requirements for Security Officers, and most states have mandated requirements for weapon training.

How and by whom is a Hospital Security Officer supervised?

The Hospital Security Officer may report to a shift supervisor, operations chief, or hospital security supervisor. All security staff ultimately report to a hospital's security director.

What are the typical day-to-day activities of a Hospital Security Officer?

A typical day at the hospital for a Security Officer will include:

Post/patrol duty:

- providing protection, assistance, and control
- monitoring activity in and around an assigned area
- being alert for suspicious activity
- enforcing access to the property and regulating removal of equipment
- patrolling the hospital and reporting findings
- Information reporting:
 - gathering, compiling, recording, and reporting information
 - reporting security or safety hazards
 - treating all information as confidential and respecting everyone's right to privacy
- Situation response:
 - responding appropriately to routine and emergency situations in a timely manner
 - evaluating a situation and taking appropriate steps to resolve it in a professional manner
 - using only necessary force, as appropriate to the situation
 - providing traffic control, when necessary
 - monitoring a given situation until completed
 - acting with restraint, not allowing emotions to dictate actions and/or reactions.

Must a Hospital Security Officer be licensed or certified to function in his or her role as part of a health care team?

Various states have created Security Officer Certification programs, but none are required for the Hospital Security Officer. However, any type of weapon used by that Security Officer must be licensed, and the Officer must be certified to carry that weapon (baton, firearm, etc.).

What types of patients would benefit from the care of a Hospital Security Officer?

The Hospital Security Program is an element of the hospital that supports professional care of all patients. All patients, staff, and visitors benefit from a well structured security program, and the Hospital Security Officer is the "backbone" of that program.

How and when does a Hospital Security Officer become involved in the care of a patient?

Security Officers become involved with patients when their assistance is requested by medical or nursing staff or when patients or their families approach them for some form of assistance or information.

Other Support Staff

The people in this group provide a variety of services. Some are in direct contact with patients, often assisting them as they move through the processes involved in accessing and interacting with the healthcare system. Others provide services primarily to other members of the health care team. Since they are often governed by policies and procedures that are unique to the particular institution in which they work, their education and training is primarily provided in-house in the form of on-the-job training.

Medical Assistant**Team Members - Medical Assistant****Who is a Medical Assistant?**

A Medical Assistant is a trained member of the health care team who assists physicians and other health care professionals in numerous capacities. A Medical Assistant should not be confused with a physician assistant, who examines, diagnoses, and treats patients under the direct supervision of a physician.

What does a Medical Assistant do?

Medical Assistants perform routine administrative and clinical tasks to keep the offices of numerous health professionals running smoothly.

What education, training, and experience must one have to function as a Medical Assistant?

Some Medical Assistants are trained on the job, but many complete one- or two-year academic programs. Applicants to post-secondary medical assisting programs typically have a high school diploma. Courses in the program cover anatomy, physiology, and medical terminology as well as typing, transcription, record keeping, accounting, and insurance processing. Students learn laboratory techniques, clinical and diagnostic procedures, pharmaceutical principles, the administration of medications, and first aid. They study office practices, patient relations, medical law, and ethics. Accredited programs often include an internship that provides practical experience in physician offices, hospitals, or other health care facilities.

How and by whom is a Medical Assistant supervised?

In small practices, Medical Assistants usually handle both administrative and clinical duties and report to an office manager, physician, or other health practitioner. Those in larger practices tend to specialize in a particular area, and are typically under the supervision of department administrators.

What are the typical day-to-day activities of a Medical Assistant?

The duties of Medical Assistants vary from office to office, depending on the location and size of the practice and practitioner's specialty. For administrative duties, Medical Assistants may update and file patients' medical records, fill out insurance forms, and arrange for hospital admission and laboratory services. They may also answer phones, greet patients, handle correspondence, schedule appointments, and handle billing and bookkeeping. For clinical duties (depending on what is allowed by state law), Medical Assistants may take medical histories and record vital signs, explain treatment procedures to patients, prepare patients for examination, and assist physicians during examinations. They may also collect and prepare laboratory specimens, perform basic laboratory tests on the premises, prepare and administer medications as directed by a physician, authorize drug refills as directed, telephone prescriptions to a pharmacy, draw blood, prepare patients for x-rays, take electrocardiograms, remove sutures, and change dressings.

Must a Medical Assistant be licensed or certified to function in his or her role as part of the health care team?

There are various associations that award certification credentials to Medical Assistants. Although not required, certification indicates that a Medical Assistant meets certain standards of competence. Employers prefer to hire experienced workers or those who are certified. No states currently require licensure.

What types of patients would benefit from the care of a Medical Assistant?

Medical Assistants work and interact with patients in a variety of different settings. The most common setting, however, is the physician's office.

How and when does a Medical Assistant become involved in the care of a particular patient?

A Medical Assistant is often the first member of the health care team that interacts with a patient. The Medical Assistant may greet the patient and take the patient's history or vital signs.

Ward Clerk**Team Members - Ward Clerk****Who is a Ward Clerk?**

A Ward Clerk is a person who provides general administrative, clerical, and support services for a clinical unit like a medical or surgical ward, an intensive care unit, or an emergency department. Ward Clerks may also be referred to as Ward Secretaries, Floor Clerks, Unit Clerks, Unit Assistants, or Unit Secretaries.

What does a Ward Clerk do?

A Ward Clerk's primary responsibility is to ensure that medical records, laboratory reports, radiological images, and other related patient records are properly completed and securely stored but readily available to physicians, nurses, and other health care providers.

Although they do not have the same medical or professional credentials as most of the other members of the health care team, Ward Clerks' importance should not be underestimated. They have a critical role in ensuring optimal and safe patient care, and they enable medical and nursing staff to do their work efficiently and in compliance with hospital policies and procedures. Establishing a good relationship with a Ward Clerk can make the difference between a clinical rotation that runs smoothly and where opportunities for learning are maximized and one that is chaotic and frustrating. Ward Clerks have a great deal of practical knowledge about how things get done in a unit or hospital, and they are eager to share that knowledge with professional staff.

What education, training, and experience must one have to function as a Ward Clerk?

There is no standard training for Ward Clerks, but the basic skills required include typing; computer literacy; knowledge of medical terminology; filing; customer service; and knowledge of scheduling, registration, and admission procedures. Many will have taken technical courses, but much of their training occurs on the job since procedures in each unit are often unique.

How and by whom is a Ward Clerk supervised?

Ward Clerks are supervised by the nurse manager of the unit.

What are the typical day-to-day activities of a Ward Clerk?

Ward Clerks perform receptionist and clerical duties in hospital nursing units. They set up records for new patients; transcribe physicians' orders from patient records; and copy information such as temperature, pulse rate, and blood pressure onto patients' medical records. They prepare requisition forms for laboratory tests, therapy, drugs, and supplies for their unit. They record patient diagnoses on the appropriate medical forms, arrange for the transfer of patients within the unit or to other units, process patient discharge forms for the business office, and may compile the daily census of patients. Ward Clerks answer telephones and direct calls to medical staff and patients and relay messages as appropriate. They distribute mail, newspapers, and flowers to patients. They also greet visitors and direct them to patient rooms.

In some facilities, Ward Clerks may be required to provide minor medical assistance. Many Ward Clerks are now being cross-trained as nursing assistants. In these cases, the duties of these two occupations are performed by one person when the number of patients in a unit is low. The skill levels and knowledge needed for these "blended" workers are greater than those needed for traditional Ward Clerks.

Must a Ward Clerk be licensed or certified to function in his or her role as part of the health care team?

There are no licensure or certification requirements for Ward Clerks.

What types of patients would benefit from the care of a Ward Clerk?

Although every patient who comes through the Ward Clerk's unit benefits from having his or her medical records properly and expeditiously managed, the real beneficiaries of a Ward Clerk's work are the other members of the health care team.

How and when does a Unit Clerk become involved in the care of a particular patient?

When a patient first arrives at a clinical unit, the Ward Clerk receives his or her medical records and begins the process of entering patient information into order sheets, medication records, laboratory requests, and other components necessary to ensure the safety and accuracy of the patient's management.

Patients and Families

The people in this group are the most unique of all because they are not only part of the health care team, they are the reason that the health care team exists. Being aware of and keeping in mind the needs and contributions of Patients and Families helps to ensure that the work of the health care team remains patient-centered and that the appropriate input is continuously solicited from these unique team members.

Patient Team Members - Patients

The U.S. health care system is a patient-centered system. Likewise, the Health Care Team is patient centered. Patients are not only at the center of health care, they are, in fact, vital members of the health care team.

Patients can be a valuable source of information on their own medical history, essential information for all team members. Though there can be great variability in the accuracy of individual patients' histories, a well-posed question may elicit critical information. In addition to information about symptoms, the patient also communicates important information regarding concerns, fears, and other factors that may greatly affect his or her participation in medical treatment.

Physicians and other members of the team must always remember that each patient, assuming he or she is competent to do so, makes the final decision about his or her own medical care and treatment options. In order to participate in the decision-making process, patients need to be given the clearest and most complete information possible. To assist patients in their decisions, it is necessary for team members to explain what they are doing and why, offer alternatives when available, respond clearly to patient questions, and have the patience to let patients process information, giving them the time they need to make critical decisions.

Once a decision has been made and a treatment plan initiated, the patient still has a crucial role on the team. While there are many objective ways of monitoring response to treatment, a patient's report of his or her own experience must always be considered when evaluating outcomes. Hence, there is a need for ongoing, regular, and clear communication between the patient and the other members of the health care team.

It may be difficult for team members, especially physicians, when patient preferences are not consistent with the physician's decision for the best evidence-based course of treatment. In these situations, it is important to explore cultural, religious, and other factors that may be influencing the patient's decision. Other members of the health care team, including nurses, social workers, chaplains, and family members, may be of great help in understanding the patient's concerns and ensuring that these concerns are addressed.

An exception to the patient being in control of his or her medical care is a patient who has been determined to be mentally incompetent. Such patients present unique challenges. While they may not be able to make major decisions regarding their treatment and care, lack of competency should never be used as an excuse to ignore their contribution to the care process. To the degree that they are able, all patients should continue to be heard with respect to important issues such as their comfort and convenience. They should be encouraged to engage in even minor decision making. These principles apply equally to minor children. While they may not be able to make decisions regarding the best course of treatment, they certainly can provide valuable input and should have their requests and preferences addressed and, as far as possible, accommodated.

Family Team Members - Families

Just as the most comprehensive and inclusive notion of the health care team must include the patient, for many of the same reasons, it must include the patient's family. Although most patients retain final responsibility for making decisions regarding their own care, family members are often deeply involved in those decisions.

Family members are often an excellent source of information regarding the patient. They may be able to provide information on the patient's medical situation and how he or she has been coping with the activities of daily living, including the psychological stress of his or her medical conditions. Getting accurate, unbiased information from family members may often require special sensitivity and good interviewing skills. The role of other health care team members, especially nursing staff, in eliciting such information should never be underestimated.

Family members can be an important resource by helping the team to communicate more effectively with the patient. Family can also assist by explaining cultural concerns or other obstacles the team may encounter in communicating with the patient. In cases where English is not a patient's first language, bilingual family members can help the team overcome issues related to language barriers, although hospital translators should be called upon if needed for taking medical histories.

One of the most critical roles family members can play is in helping the patient to make a difficult decision. Patients who are faced with an essential but frightening procedure or course of treatment may be persuaded of the necessity of that treatment by a family member. Family members can also be an important source of emotional support for the patient throughout a difficult treatment or procedure.

Although family members are often an important source of support for a patient, it should not be assumed that decisions regarding the patient's care will be made by, or shared with, the family. The family is not entitled to information about the patient without the patient's knowledge and explicit consent. It is always important to ascertain from the patient what role he or she wishes family members to play in his or her care. It is of equal importance to respect and abide by that decision.

Situations may also arise in which family members may try to make health care-related decisions for a patient who is perfectly capable of making his or her own decisions. In such cases, it may be necessary for team members to communicate with the patient without family members present to ensure that the patient is not pressured or intimidated by the family.

In the case of the patient who has been determined to be mentally incompetent, family members may play an even more critical role. They often will have power of attorney or some other legal ability to make decisions on behalf of the patient. In such situations, the health care team should engage in regular and clear consultations with family members, recognizing and conveying to them their role as part of the team. In this way, family members can ensure that the best decisions are made for their loved one, while being relieved of some of the burden of making those critical decisions alone. Occasionally you may encounter a situation in which there may be differing opinions among the patient's family members about which courses of treatment to pursue or abandon. It is desirable to try to reconcile these differences by providing accurate and clear information. However, if one of the family members has legal power of attorney, that family member's decision must be respected.

Consultants

Consultants play a special role within the U.S. health care team model. In contrast to the medical systems of some countries, such as the United Kingdom, where the term "Consultant" is a title for a fully trained and certified medical specialist, in the U.S. medical system, the term "Consultant" refers to a particular role that a member of the health care team assumes.

In the U.S. medical system, a Consultant is someone with special expertise and/or experience who is called upon by a primary caregiver to advise on the diagnosis or management of a medical problem in the Consultant's area of expertise or to assist in answering questions that are beyond the primary caregiver's expertise. Most often, Consultants are physicians who are fully trained and certified in their specialties; however, non-physician members of the health care team may also serve as Consultants.

It is important to understand that when a Consultant is called to consult on a patient, the primary caregiver retains primary responsibility for the patient's management. The Consultant provides expert advice, but it is up to the primary caregiver to take and implement that advice. In rare instances, the primary caregiver may choose not to accept the Consultant's advice. Since the Consultant's advice represents the highest level of expertise, the decision not to follow the Consultant's recommendations should be discussed with senior residents, attending physicians, the Consultant, and, if appropriate, the patient or family, before proceeding (or not proceeding). Notations should also be entered into the medical record reflecting the rationale for rejecting the Consultant's recommendations and documenting any conversations regarding the decision.

In most hospitals, Consultants are not permitted to directly write orders for patients on whom they are consulting. It is up to the primary caregiver to actually write the orders. However, in some hospitals or in certain situations, Consultants may be able to write orders directly, so it is important to learn local policy.

There may also be local protocols that automatically trigger a consultation in certain clinical situations. For example, in some hospitals stroke patients may be admitted to a general internal medicine service but routinely be consulted upon by a neurologist or speech-language pathologist.

Requests for consultations are usually made by completing and submitting an appropriate form, which should include the reason for the requested consultation and any specific questions needing answers. Such written requests should be followed up with or occur simultaneously with direct conversation between the primary caregiver and the Consultant. Direct conversation after the consultation has been provided is also highly desirable. Due to the busy schedules in most hospitals, it is wise to submit routine consultation requests and make phone calls to Consultants as early in the day as possible. Obviously, requests for emergency consultations can be made at any time.

Although the ultimate responsibility for consultation generally lies with the fully trained and certified specialist, it is common practice for initial consultations to be carried out by residents or fellows who are in training under the supervision of the specialist. The individual may be a resident or fellow specifically training in that specialty or, in some cases, a resident or fellow training primarily in another specialty but who is rotating through the specialty service being consulted. It is important to understand the experience level of the Consultant and his/her level of expertise (i.e., a fully trained and certified specialist, a resident or fellow in training in the specialty, or a resident or fellow rotating through the specialty service). If the primary caregiver is uncomfortable with the Consultant's recommendations, it is entirely appropriate to request that the supervising Consultant review and endorse the junior Consultant's recommendations or even come and see the patient. Before proceeding along these lines, however, it may be prudent to first consult with senior residents and attending physicians.

It is also critical that Consultants properly document their consultation and recommendations in the patient's medical record. In emergency situations it may be necessary for the primary caregiver to verbally receive the Consultant's recommendations and begin implementation, but it is important that such conversations be documented in the medical record and that the Consultant subsequently make his or her own entry into the medical record as well.

Although most Consultants will be physicians, consultations may also be requested and received from other members of the health care team who have particular expertise. Although most of the discussion above refers primarily to consultations on inpatients, outpatients may also be sent to Consultants. The same general principles and rules applicable to inpatient consultations by physicians also apply to outpatient settings and consultations by non-physician providers.