Hiring a mid-level provider can have important benefits for a dermatology practice. Numerous articles have outlined the need to recruit the best candidate to meet the needs of a specific practice. There are also numerous resources for information on contracts and even malpractice insurance (covered in last month’s issue of Practical Dermatology). However, one area of uncertainty for many dermatologists is how to effectively train a mid-level provider in order to maximize his or her role in the practice. Based on my own experience and research on the issue, I have identified 10 strategies that can help guide training and enhance the long-term professional development of mid-level providers in a dermatology office.

1. Schedule Regular Clinical Meetings
Regularly scheduled clinical meetings between the PA or NP and physician are essential to keep lines of communication open and avoid problems developing in the future. These meetings should be scheduled at regular intervals, perhaps daily or at least weekly. It may be wise to meet more frequently early on as the mid-level provider is integrated into the practice and then decrease the frequency over time. Lunch times are a great time to meet to discuss clinical issues.

It’s also important to establish an efficient and consistent method by which the physician and mid-level provider can communicate throughout the day. I work extra time into my daily schedule to permit for interaction with my PA. As noted below, there are many times when the dermatologist and mid-level provider will need to collaborate on a case. Have a system in place to efficiently contact and communicate with each other as needed. It is both frustrating and unproductive for care providers to wander about looking for each other or to randomly recruit medical staff to act as messengers. Consider using intercom systems or telephone conferencing features that may connect to each individual’s work-station.

2. Establish Guidelines for Collaboration
Local regulations dictate the scope of practice and degree of oversight required for mid-level providers. Generally, PAs and NPs do not require direct oversight by a physician and may be permitted to see patients even when the physician is not onsite. However, it is essential that the mid-level provider know her or his strengths and limitations and be prepared to call upon the dermatologist for collaboration as needed.

The physician and the mid-level provider must develop, understand, and comply with an appropriate patient care protocol that clearly dictates when and how cases will be handled. Simply put, there may be instances involving specific diagnoses, therapies, co-morbidities, etc. that the dermatologist will always be directly involved with. Alternatively, there might be certain long-term management, follow-up, or patient education issues that the dermatologist will typically turn over to the PA or NP.

Discussing and documenting a protocol offers several benefits. For one, both parties understand exactly what is expected. Furthermore, the protocol may serve as a framework for future mid-level education. This includes structuring the time

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10 tips guide training and professional development to ensure the best care for your patients.
the dermatologist/mid-level will spend together as the PA or NP is integrated into the practice as well as guiding selection of other educational opportunities, such as conferences and preceptorships.

3. Require a “Shadow” Period
Perhaps because it seems so obvious, this advice bears explicit comment. The PA or NP must spend sufficient time side-by-side with the dermatologist as he or she is integrated into the practice. Even if the mid-level provider has previous experience in dermatology, she or he must have the opportunity to observe and experience the physician’s style of interaction and patient care. The mid-level provider must be familiar with the physician’s approach to medical care and medical decision-making. As a delegate of the physician, the mid-level provider should approach medical-decision making, therapeutic selection, and all around patient care in a manner that is similar to the physician’s. This ensures continuity of care. A three to six month shadowing period is generally adequate, depending on the mid-level provider’s prior experience and comfort level. Remember, though, that education will be constant and continue throughout the mid-level provider’s tenure.
in the practice. Schedule time on a weekly or bi-weekly basis for educational exchanges, such as to review/discuss interesting cases, slides, or diagnostic challenges. Lunch times are a good time for these sessions.

Spending time shadowing the physician will also give the mid-level provider an opportunity to learn office protocols and clerical/billing procedures. It also allows time to develop rapport with patients and staff.

4. Emphasize Education on Coding and Documentation

It is well worth it to set aside ample time—perhaps a full day or more—for the mid-level provider to spend one-on-one with the billing staff. This provides an opportunity for the mid-level provider to learn the nuances of appropriate coding and billing and to better understand procedures in the practice. Each provider has a responsibility to accurately effectively report patient encounters, document to support coding, and help ensure accurate billing. Failure to accurately describe the patient encounter on the superbill can lead to under-billing and underpayment (lost money for the practice). Regular coding updates from the billing staff will only benefit all providers and the practice.

It’s also important to establish policies for new patient visits. You can check specifics with your local Medicare carrier, but generally speaking, if the physician is not onsite, Medicare reimburses a PA or NP for a new patient visit at a percentage of the physician fee schedule. However, the PA or NP may be reimbursed at the full physician fee schedule when providing follow-up care to an established patient who was originally seen by the physician, even if the physician is not on-site at the time of follow-up. Since, depending on local regulations, a PA or NP may see patients in the office while the physician is off-site, it may be wise to limit such appointments to follow-ups only.

5. Encourage Effective Leadership

Having a good working relationship with support staff is critical for any clinician. Staff members who trust and respect you will be more dedicated to you and more diligent in working to assist you. Yet one of the toughest challenges for any leader is to develop rapport with those who work for you while simultaneously setting appropriate boundaries. As “mid-level providers,” PAs and NPs are in a unique position to bridge the gap between medical/nursing staff and the physician.

A leader should not attempt to be everyone’s “best friend.” If support staff view the mid-level provider as a leader, they will respect him or her and work harder. As a physician, I expect my PA to supervise the support staff working with them—those people who work for me but do not work directly with me. I depend on the PA to properly supervise, monitor, and discipline staff working for them and to quickly and appropriately bring to attention any matters that require the involvement of me or the office manager.

Mid-level providers must assert their role as supervisor of those working with and for them. They should inform support staff of their personal patient care needs and preferences (for example, the mid-level provider may not use the same type of bandage or exact “surgical set-up” as the dermatologist) so that staff can anticipate those needs and help them more efficiently serve patients.

6. Review Records Together

By law, the physician is ultimately responsible for all patients treated by his or her delegate and must sign off on all patient charts. You must meet the requirements of the law with regard to chart review. Reviewing charts along with the mid-level provider can present a great learning opportunity. While it would be too time-consuming to thoroughly review all charts together, it is helpful for the physician and the mid-level

[Box: Each provider has a responsibility to effectively report patient encounters, document to support coding, and help ensure accurate billing. Failure to accurately describe the patient encounter on the superbill can lead to under-billing and underpayment.]
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provider to meet on a regular basis to review charts and discuss select cases. The exchange of ideas as well as the self-evaluation by the mid-level provider offer opportunities for learning.

7. Establish and Document Expectations for Training and CME
Beyond general dermatology education, physician shadowing, and the process of integrating into the practice, the physician and the mid-level provider should discuss and develop clear, written expectations for ongoing training and education. PAs have a significant CME requirement in order to maintain their licensure. Discuss whether there are certain areas in which you feel the mid-level provider should focus his or her education (i.e., clinical/surgical or cosmetic). Also discuss preceptorships and procedure-specific training that may be appropriate. If regulations allow it and you wish to have a mid-level provider offer certain cosmetic services, then together you should establish a timeline for the provider to acquire the necessary training and accreditation.

Obviously, providers must keep abreast of all the relevant literature.

8. Support CME and Training That Enhance the Practice
Practices should consider offering an educational stipend to support the mid-level provider’s CME or other appropriate training. It may be appropriate to stipulate what the practice will and will not cover. If your practice does not currently and likely will not ever offer laser services, then funding laser training for the mid-level provider is obviously unwise.

9. Establish Expectations for Out-of-Office Activities
Good training should emphasize the overall professional development of the mid-level provider. Among activities that encourage personal and professional enrichment, you might encourage the mid-level provider to participate in clinical trials, collaborate on research, publish articles and case reports, lecture, or participate in community health events. If the practice can provide financial or other support, consider doing so. The practice should be informed in advance and approve any activity in which the PA or NP is representing or acting on behalf of the practice.

Mid-levels may have opportunities to work per diem or “moonlight,” on weekends or days off. Usually this will involve taking on weekend hours at the local ER or providing services at a nearby medical clinic. This “extra-curricular activity” is something that the physician and provider should discuss during the interview and hiring/contract period. To some extent, the additional patient care experience may be considered educational for the provider and ultimately beneficial to the practice. But a mid-level provider employed by one dermatologist should certainly not work for a competitor or use his or her knowledge and experience to provide dermatologic services through a non-dermatologist’s office.

10. Celebrate Accomplishment/Address Problems Pro-Actively
One of the easiest and sometimes most important things a dermatologist can do to support and encourage the educational and professional development of a staff member is to recognize and celebrate important achievements. Always take the time to acknowledge a job well done and, for a particularly momentous achievement, consider public recognition (a sing in the waiting room, a staff announcement, or a blurb in the practice newsletter) or even a reward (gift certificate, dinner, time off).

Equally important is the need to address problems early on in a direct and appropriate manner. Immediately address any concerns rather than provide opportunities for more significant problems to develop.