

Editor-in-Chief's call for collaboration is hailed

The American College of Nurse Practitioners (ACNP) applauds your insightful editorial, "It's time to collaborate—not compete—with NPs" (*J Fam Pract.* 2010;59:672).

For more than 17 years, ACNP has worked to educate our physician colleagues and others regarding the role of advance practice nurses (APNs) in hopes of removing unnecessary regulatory and interdisciplinary barriers. We have always considered our role to be unique in the health care delivery system, rather than a "replacement" for physicians. Furthermore, the use of the word "independent," a frequently cited source of contention, was never meant to imply that we work in isolation. We recognize that an interdisciplinary, nonhierarchical team approach results in the highest quality care and would welcome a dialogue on how we can facilitate a paradigm shift that provides a win-win situation for providers and patients.

Marsha Siegel, EdD, FNP-BC
President, ACNP Board of Directors

Janet Selway, DNSC, CRNP, A/P
President Elect, ACNP Board of Directors

After 14 years of fairly independent practice taking care of heart failure patients with multiple morbidities in a VA medical center, I am profoundly respectful of the education, expertise, and excellent care rendered by the vast majority of my physician colleagues. I am honored to work with them and appreciate the intellectual interchange we often share. Because I am trained in the care of the chronically ill and specialists such as cardiologists are not, our collaboration makes it possible to give these patients the best of both worlds.

That said, my heart sinks when I walk into an institutional review board (IRB) meeting and hear a new proposal being derided



because the principal investigator is a PhD rather than an MD. I am the token nurse on our IRB. Although I have written research, have a funded study, and am pursuing a PhD, some still view me as a second-class citizen. Your article is brave, timely, and honest, and I congratulate you for writing it.

Lee Ann Hawkins, RN, MSN, FNP
Loma Linda, Calif

Your recent editorial regarding family physicians' relationship with nurse practitioners (NPs) demonstrated thoughtful leadership. I applaud you for taking this position and encouraging others to do the same. Health care is at a crossroads, and we all need to put our energies toward envisioning a better future for our patients and ourselves.


Risa Lavizzo-Mourey, MD, MBA
President and CEO
The Robert Wood Johnson Foundation

Thank you for your eloquent editorial about health care providers joining forces to provide the best possible care for patients. Your insightful analysis of how collaborating rather than competing will benefit all should resonate with providers, as well as patients. As the chief executive officer of the American Academy of Nurse Practitioners (AANP), representing the 140,000 NPs practicing in the United States today, I look forward to discussing ways we can work together in the future.

Timothy Knetter, MBA
Chief Executive Officer, AANP

I hope your perspective catches on here in Arizona—one of the 16 states in which NPs are licensed independent professionals, and where there is still considerable resistance from the Arizona Academy of Family Physicians to the

> I am the token nurse on our institutional review board. Although I have written research, have a funded study, and am pursuing a PhD, some still view me as a second-class citizen.

 Check out this month's audiocast:
5 things you can do to improve your practice this year

**You'll find it at
jfonline.com**

acceptance of NPs in the ways you describe.

I have been an NP since 1979. I now have hope that I will see the day when the guild wars are over and we can all focus our full attention on promoting the health of the people we serve. Together.

Denise Link, PhD, WHNP-BC, CNE, FNAP
Phoenix, Ariz

Partner with NPs? Another perspective

After reading your thoughtful editorial urging physicians to embrace a full partnership with APNs, I would like to express my reservations.

As a physician assistant (PA), I have to take a difficult national exam every 6 years in order to keep my privileges at the hospitals in which I round and fulfill the national certifying body's requirements for continuing medical education in order to renew my license. It recently came to my attention that most APNs do not face the burden of having to retake such an exam. I see no good reason for the leaders of the NP profession not to fall in

line with the way physicians and PAs recertify.

It is also true that when a question arises about the abilities or behavior of a PA, he or she may have to go before a state board of medical examiners and answer to a panel made up almost entirely of physicians. APNs, on the other hand, face the scrutiny of other nurses. I submit that there has been a history of greater leniency shown by the nursing profession toward its members than that which PAs receive from state medical boards.

Finally, I am concerned about APNs who hold doctoral degrees and refer to themselves as "doctor." When you visit a veterinarian, dentist, or chiropractor, there is no mistaking the credentials of the professional you see. In a hospital, however, patients will not realize that "Dr. Smith" is an APN unless that is made clear. Even then, sedated patients or distracted family members may find the repeated use of the title confusing. Patients have a right to know whether they are being seen by a doctor, an NP, or a PA.

Seth Wittner, PA-C
Henderson, Nev

AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES



DOWNLOAD TODAY!

FREE HBV Speciality Based Slide Sets

Explore the latest issues in hepatitis B diagnosis and management practices through downloadable PowerPoint slide sets. Slide sets are available for nurses, OB-GYNs, oncologists, primary care providers, gastroenterologists, and rheumatologists.

For more information or questions about downloading, visit our website at, www.aasld.org.