Community Conversations
The Roles of a Neurologist and a Nurse Practitioner
Episode 20

Host: Welcome back to the Can Do MS podcast. This episode is part of our community conversation series. Today we will hear from a neurologist, Ben Thrower, and nurse practitioner, Tracy Walker, as they discuss their respective roles within a healthcare team, how their fields can work together, and why they chose to specialize in MS Management.

Ben Thrower, MD: My name is Ben Thrower and I am a neurologist at the Andrew C. Carlos MS Institute at Shepherd Center in Atlanta, Georgia. I have been the medical director here of this program since 2001, and prior to that, I worked at the Holy Family MS Center in Spokane, Washington. I came into the MS world, came through a circuitous route. When I finished my training in general neurology, I was doing exactly that General Neurology in Spokane and came to find that I really enjoyed working with the MS community but also realize that as a neurologist that I was a piece of the puzzle, but a small piece of the puzzle and that to really do MS care right, we needed to have more pieces of the puzzle. That included a comprehensive team of physical therapists, occupational therapists, nurse practitioners, case managers. When I started looking at how that would work, I actually spent quite a bit of time with the Can Do program looking at their wellness model and kind of the philosophy behind, how MS should be managed in a utopian society? That really drove a lot of how I came to be where I am at right now.

Tracy Walker, FNP-C, WOCN: My name is Tracy Walker. I am a nurse practitioner and I have worked here at the Shepherd Center with Dr. Thrower since 2003, I think. Actually, I never planned to work in MS. I worked in our Urology Department and Wound Clinic. I was a wound ostomy continence nurse. I went back to get my nurse practitioner and I was graduating and somebody came and said, "Hey, do you want to work with Dr. Thrower and MS?" I said, "No. Thank you," and they talked to me and they come in, and following him one day and I loved it. So, I never went back, I have been here since then.

Ben: One of the things, again, that I saw very early on was to really manage a complex problem like multiple sclerosis. They took a lot of different individuals and this concept of a comprehensive team. But when we use the word comprehensive, we mean that we have got all of the pieces of the puzzle together. There is another important term that we sometimes forget about and that is integrated. When we say integrated, that means that you don't only have the pieces of the puzzle, but the pieces of the puzzle play well with each other and they

communicate with each other. There are programs that I know of that really have all of the pieces of the puzzle to do wonderful MS Care, but the pieces would not play well with each other, so you end up with a program that is very fragmented or people are protecting their little piece of turf. When we set up our program in Spokane, Washington, other than the administrative person who was sort of doing all the space and the hiring, the very first person that my program director and I hired was a nurse practitioner. We realized that having a nurse practitioner was going to be vital to the success of a well-run MS program.

Ben: If you look across the United States and Canada at the role of the nurse practitioner in MS care, it is huge. A lot of our professional organizations, the Consortium of MS Centers, have a very strong nurse practitioner presence. There are different models for how nurse practitioners sort of integrated into that team, but our model, I think is a fairly common one, which is that the nurse practitioner is the right hand. They are not to be used as secretaries. They are not to be used to do menial tasks. They are a healthcare provider functioning side by side with the physician. One of the things that Tracy and I both believe very strongly in is that the tools that we have to manage MS are finite. Whether you are talking about medications, therapies, different consultants that we use. We have a limited number of treatment options when you are presented with a given problem. If both the nurse practitioner and the physician are thinking on the same page, really in a given setting we should probably come to about the same conclusion and make the same decisions. Nurse practitioners in settings like ours really can see patients independently. We try to alternate visits frequently where the physician would maybe see the patient for the first time and then start alternating visits with the nurse practitioner. I always tell our patients, also, that we sometimes hear resistance from patients and families to say, "I don't want to see the nurse practitioner. I only want to see the physician," and I really try to get the message across as does Tracy, that is a mistake. Because the nurse practitioner brings a different skillset and a different background. As Tracy said, she worked in wound ostomy. She has had a great experience in urology that I don't have and so by not seen the nurse practitioner, I think patients really are cheating themselves out of a wealth of knowledge.

Tracy: I think as nurse practitioners, our training plays a lot into that because nurse practitioners were nurses before they went on to get a master's in their nurse practitioner field. In the nursing model or nursing approach is more one of a holistic kind of looking at the big picture, but also heavily oriented towards empowering patients and educating patients. We tend to learn how to communicate pretty well to survive in our roles. I think those are all things that when I join the MS Clinic, I really enjoyed was, first of all, being able to collaborate with the physician but also to bring something additional to the table and I think that is why there are so many nurse practitioners in the field of MS. It really does lend to our training. There are also a lot of physician assistants in the MS field and in the medical field in general. Typically nurse practitioners and physician assistants operate in very similar roles and very similar ways. I think the difference comes more from our background and in our training. A physician assistant is trained typically in a similar fashion using a medical approach, whereas nurse practitioners have a slightly different background and training. I think it depends on the actual person and what they enjoy and what they feel comfortable with. I think I have learned

a lot from physician assistants that I work with and vice versa. I think we complement each other well and the same with the neurology team and nurse practitioners and PA. I think it is a good mix to contribute to the care of our patients.

Ben: I think Tracy really hit an important point in terms of the different backgrounds between physician assistants and nurse practitioners. Many physician assistants go straight from undergraduate into their PA program and they really have not had time out in the field other than their clinical rotations. That is not true for all physician assistants. This is not to knock PAs. We used to use PAs here and we have wonderful physician assistants, but most nurse practitioners as Tracy said, "We are nurses," before they were nurse practitioners and they may have been nurses for a while before they were nurse practitioners. They had that real-world experience. I can tell you as a physician and my wife would tell you as a physician as a pediatrician, there is a big difference between what you learn in a book and what looks right on paper versus the real world. Most physicians will tell you they are better physicians after they have been out there for a little bit. My wife will tell you she is a better pediatrician after she had kids and had some real-world experience and realized, "You know, some of the things I have been telling moms and dads were pretty dumb. They just did not make sense, and now that I have got kids of my own, I see that it is not always what is written in the book. That is the correct way of doing things."

Ben: I would say as you work with your healthcare team if you have an MS Center or an MS practice setting where our nurse practitioners and physician assistants, learn a little bit about them, find out kind of where they were, like Tracy, what were their areas of specialization. It might give you some cues as to how you utilize those resources most effectively. If you have a nurse practitioner like Tracy who has had a lot of experience with bladder and bowel issues or with wound care, take advantage of that, not to say you can't ask the physician too, but realize behind the scene I may be going and asking Tracy about it, because she may know more about it than I do. The other important part of that team approach as we said earlier is that, that integration, that each of these team members that are helping you out should be communicating with each other and so that everyone gets that full picture. It is always surprising to me in our team meetings, sometimes the physical therapist or occupational therapist will learn little tidbits of information about someone that I just did not get in my visit and sometimes just because they were spending in our hands-on with that individual really working with them, and so there was just more time for that person to talk more about what is going on in their life.

Tracy: Sometimes their support partners are there with them and so they observe more of that interaction of how they go about their daily activities. A lot of times we may only see them in the exam room and for brief periods of time. That is one of the things I love about working with a team is you get so much more information, much bigger perspective on things, and then also you learn from one another. I think working with a team elevates your own knowledge base tremendously.

Ben: Absolutely. Tracy, just a question, when we think about how physician assistants and

nurse practitioners are trained, is there any movement out there for nurse practitioners to go straight from nursing school through NP school and not have that real-world experience that we have been used to within peace?

Tracy: I think there is still a requirement for some work experience. But unfortunately, I think a lot of the training programs are reducing the amount of experience that nurses need to have and they go directly from their Bachelor's in Nursing into their Masters for Nurse Practitioner. When I entered nurse practitioner school, you had to have a minimum of two to four years' experience as a nurse and I really think that was so valuable. I hate to see that, you know, not a part of the programs these days, but I think at least there is some requirement of real-world experience going into the nurse practitioner programs.

Ben: Interesting. For our listeners also, what are some of the things that a nurse practitioner can do that an RN or nurse cannot do?

Tracy: Nurse practitioners actually can prescribe treatments and medications. We can order and interpret laboratory studies and diagnose and treat different conditions. Each state may have a little bit different set of rules, like in many states nurse practitioners cannot prescribe scheduled drugs, but they can in some states. In some states, nurse practitioners can work completely independently, and then in other states, they have to have a physician who is providing supervision. It does differ a little bit, but I think the trend is that nurse practitioners and physician assistants are becoming more and more able to do a lot of things that help provide greater access to care for a lot of patients.

Ben: So you get to travel around the country quite a bit and participate in national meetings? Have you seen MS Centers where nurse practitioners are actually doing the initial history and physical and diagnostic evaluation in the way that our neurologist typically would?

Tracy: There are some nurse practitioners who do that, and I think it depends on the person and what they are comfortable with and also what the neurologist that they work with, how they help train them and how the whole flow of their clinic work. A lot of nurse practitioners or PAs are very independent. I personally enjoy more collaboration and I feel like being able to access one of the neurologists to ask a question right then and there on the spot is great, because then you learn something you did not know. But it varies pretty greatly from place to place.

Ben: One of the things that I think is interesting in watching medical students and neurology residents, neurologists and training came through our program here, they have widely different experiences with exposure to nurse practitioners or physician assistants. Some depending upon the rotations they have been and may have learned to work side-by-side and others just don't have a clue yet and it is sometimes a little concerning to think, "Where are they going to get that experience? How are they going to learn to use the team approach effectively and realize what the role of an effective nurse practitioner is?"

Tracy: Yes, and I think the responsibility for educating other members of the team is partly with us as nurse practitioners and PAs, but I remember when I first graduated from nurse practitioner school, there was not really a nurse practitioner here at Shepherd. I think there was one physician assistant and there was nobody really blazing that trail so to speak. I think it was you who had worked with the nurse practitioner in the past that suggested that and opened up that role for me here, and then now I think we have ten or twelve every center. That is encouraging. I think as nurse practitioners and PAs has become more common and people learn about exactly what we do. There will be more and more opportunities for us.

Ben: I would say hopefully we did not talk as much about kind of what neurologists doing a joke sometimes. When I went into neurology, my parents are both deceased, they had long happy lives, but when my mom was alive, for the entirety of her life, she thought I was a psychiatrist and she was... and I don't know, sometimes we do psychiatry, but neurologists are different from a psychiatrist. We treat problems with the brain, spinal cord, peripheral nerves, and of which multiple sclerosis certainly fits into that realm. One of the things I think that is fascinating is why would a neurologist or a nurse practitioner want to go into a field where we really focus on one problem, multiple sclerosis and a handful of other conditions that can look like MS or being the same family and it really is because of how complex MS is. With MS, you have got a problem that can affect coordination, vision, strength, sensation, bowel and bladder function, cognition and it is not a health condition that affects just the person with MS. It really is something that affects their family members, their friends, their vocational aspirations. I always tell young people if they are thinking about MS as a career, but they are a little afraid of focusing on just one thing, I tell them, "If you will never cease to be challenged and the research is advancing rapidly when I finished neurology training in 1992, we had no FDA approved treatments to manage MS. We have nineteen now. It is a dynamic field." It is challenging for people like Tracy and myself and there is never a dull moment.

Tracy: No. That was one of the things that really attracted me to Multiple Sclerosis is there was an opportunity to specialize yet there was always something new to learn, something always being discovered or are newer treatments being developed. It keeps you on your toes. But, I also love the fact that you build relationships with the same people. It is a chronic illness, so you get to see people over and over again and you get to know their family members and their support partners, and being a part of that kind of interaction and education is very rewarding. I think for all of us that work in that field.

Ben: Yes, I would certainly second that. We have individuals we have worked with that since they were teenagers, thirteen, fourteen years of age who are now married, with children of their own, and just to see them, you know, kind of work through their MS and realize we have enough tools now that hopefully, we can let them pursue their dreams, you know, family and work, and be a part of their life and just look forward to even bigger therapies and discoveries in the future.

Host: Thank you, Ben and Tracy, for the engaging discussion and thanks to our listeners for tuning in to this episode of the community conversations podcast series. We also like to thank

our sponsors Biogen, EMD Serono, Sanofi Genzyme, Celgene, Genentech, and Mallinckrodt Pharmaceuticals for making this series possible. Be sure to check out the other episodes in the community conversation series featuring more discussions between healthcare professionals. To participate in our virtual programs and for additional resources, please visit www.cando-ms.org.