In Reply These letters focus attention on 2 key evidence-based principles of successful interdisciplinary teamwork in healthcare: (1) respecting and understanding roles and (2) ensuring an appropriate mix of competencies. In their seminal work based on survey data and a systematic review of available evidence, Nancarrow and colleagues found that well-functioning teams “value diversity, and clearly need input from a range of staff who bring complementary experience and attributes to the team.” Designating all as “providers” blurs important distinctions and creates confusion among team members as to roles, responsibilities, and specific contributions, compromising effective team functioning.

Such role confusion is evident in the letter from Dr Wald, who notes difficulties experienced by medical students engaged in early intraprofessional training, “grappling with achieving a cohesive professional identity, including negotiating the boundaries of ‘interprofessional identity.’”

In response to Mr Mayer and Dr Newton, I would reiterate that members of a primary care team each bring an important and unique expertise to the care of patients. That expertise is based on the specific content of their education, training, and experience as delineated by their professional titles and certification. It is not the role definition that is disparaging, but the commoditization of expertise by use of the term “provider.” As noted above, a clear recognition of specific competencies and mutual respect for them are essential to effectively functioning as a team and providing the best care to patients.

Allan H. Goroll, MD

Author Affiliation: Division of General Internal Medicine, Massachusetts General Hospital, Boston, Massachusetts.

Corresponding Author: Allan H. Goroll, MD, Division of General Internal Medicine, Massachusetts General Hospital, Harvard Medical School, 15 Parkman St, Ste 645, Boston, MA 02114 (ahgoroll@partners.org).

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.


CORRECTION

Error in Table Row Alignment and No. of Participants: In the US Preventive Services Task Force Evidence Report entitled “Screening for Colorectal Cancer,” published in the June 21, 2016, issue of JAMA,1 the row of data in Table 3 for the study by Nakama et al should have included the second line grouped with the study by Cheng et al. In Table 4, the No. of participants for the gFOBT test should have been 419,966. Also in Table 4 for the gFOBT test, the Summary of Findings column should have read, “Biennial screening with Hemoccult II compared with no screening (404 396)...” This article was corrected online. This article was also corrected in August 2016 to correct the URL for the full USPSTF report.2


Guidelines for Letters

Letters discussing a recent JAMA article should be submitted within 4 weeks of the article’s publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references and may have no more than 3 authors. Letters reporting original research should not exceed 600 words of text and 6 references and may have no more than 7 authors. They may include up to 2 tables or figures but online supplementary material is not allowed. All letters should include a word count. Letters must not duplicate other material published or submitted for publication. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the JAMA article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing. Further instructions can be found at http://jama.com/public/InstructionsForAuthors.aspx. A signed statement for authorship criteria and responsibility, financial disclosure, copyright transfer, and acknowledgment and the ICMJE Form for Disclosure of Potential Conflicts of Interest are required before publication. Letters should be submitted via the JAMA online submission and review system at http://manuscripts.jama.com. For technical assistance, please contact jama-letters@jamanetwork.org.

Section Editor: Jody W. Zylke, MD, Deputy Editor.