



Competencies for the physician assistant profession

Preamble

In 2003, the National Commission on Certification of Physician Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, "Competencies for the Physician Assistant Profession," is a foundation from which each of those four organizations, other physician assistant organizations, and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

Introduction

The purpose of this document is to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team, and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies* for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient

A new beginning

In 1995, AAPA initiated the first of three studies to identify the "core competencies" of the PA profession. These studies, together with the work done by other medical professions, laid the foundation for the consensus now reached on this statement of competencies. This statement, however, is not an end point but a beginning. The challenge now facing the profession and individual PAs is how best to use these competencies to improve patient care and further the profession. As your professional association, AAPA commits to helping each PA attain his or her highest possible level of competence, on a voluntary, self-directed basis, in all areas identified in this statement. There are opportunities here for everyone to learn and improve.

care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning and professional growth, and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the setting.

PHYSICIAN ASSISTANT COMPETENCIES

The PA profession defines the specific knowledge, skills, and attitudes required and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

Medical knowledge

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions

*In 1999, the Accreditation Council for Graduate Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA's Eligibility Committee, with substantial input from representatives of AAPA, APAP, and ARC-PA, has modified the ACGME's list for physician assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA's EVP/CEO, Dr. Steve Crane; and NCCPA's own examination content blueprint.

of pharmacologic agents and other relevant treatment modalities

- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomy, physiology, laboratory findings, and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions.

Interpersonal and communication skills

Interpersonal and communication skills encompass verbal, nonverbal, and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Physician assistants are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
- Apply an understanding of human behavior
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

Patient care

Patient care includes age appropriate assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

- Work effectively with physicians and other health care professionals to provide patient-centered care
- Demonstrate caring and respectful behaviors when

interacting with patients and their families

- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Competently perform medical and surgical procedures considered essential in the area of practice
- Provide health care services and education aimed at preventing health problems or maintaining health.

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- Professional relationships with physician supervisors and other health care providers
- Respect, compassion, and integrity
- Responsiveness to the needs of patients and society
- Accountability to patients, society, and the profession
- Commitment to excellence and ongoing professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- Self-reflection, critical curiosity, and initiative.

Practice-based learning and improvement

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic

methodology in concert with other members of the health care delivery team

- Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access on-line medical information, and support their own education
- Facilitate the learning of students and/or other health care professionals
- Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

Systems-based practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

- Use information technology to support patient care decisions and patient education
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Use information technology to support patient care decisions and patient education
- Apply medical information and clinical data systems to provide more effective, efficient patient care
- Utilize the systems responsible for the appropriate payment of services.

arose from that work, ARC-PA, NCCPA, AAPA, and APAP are playing critical roles in this profession's response to the public call for greater accountability in health care. The "Competencies" is a significant milestone in the evolution of the PA profession. However, this shared definition of competencies is just the first step in a much farther reaching effort to refine the way the profession instills, hones, maintains, and assesses the competencies of its practitioners.

During the next phase of this work, each of the four organizations will explore opportunities to refine or even reinvent their various programs to reflect the shared definition. The cross-organizational communication will continue with discussions about questions such as who has (or should assume) responsibility for fostering the development of each competency, which of the competencies should be assessed, how, when, and by whom.

The four organizations have joined together to answer the public's call for improved quality and accountability in health care and ultimately elevate the profession. So, too, can individual PAs—by seeking opportunities to enhance personal development in these competencies, supporting the PA educational process (by teaching, precepting, mentoring new graduates, or giving financially to educational institutions), earning and maintaining certification, and participating in PA membership associations. The profession is once again positioned to assume a leadership role in competency development and assessment, which should bring new opportunities and growth as we work together not to *cross* or *bridge* the "quality chasm" but to *close* it.

REFERENCES

1. Pew Health Professions Commission. *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century*. Report of the Taskforce on Health Care Workforce Regulation. December 1995.
2. Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err Is Human: Building a Safer Health System*. Washington, DC: Committee on Quality of Health Care in America, Institute of Medicine; 2000.
3. Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.
4. Greiner AC, Knebel E, eds. *Health Professions Education: A Bridge to Quality*. Washington, DC: Committee on Health Professions Education Summit, Institute of Medicine; 2003.
5. The Leapfrog Group. *How and Why Leapfrog Started*. Available at: http://www.leapfroggroup.org/about_us/how_and_why. Accessed June 10, 2005.
6. Kaiser Family Foundation, Agency for Healthcare Research and Quality, and Harvard School of Public Health. *National Survey on Consumers' Experiences With Patient Safety and Quality Information*. 2004. Available at: <http://www.kff.org/kaiserpolls/7210.cfm>. Accessed June 10, 2005.
7. Citizen Advocacy Center. *Maintaining and Improving Health Professional Competence*. 2004. Available at: <http://www.cacenter.org/new.htm>. Accessed June 10, 2005.
8. Ballweg R, Stolberg S, Sullivan EM. *Physician Assistant: A Guide To Clinical Practice*. 3rd ed. Philadelphia, Pa: Saunders; 2003.
9. Hooker RS, Cawley JF. *Physician Assistants in American Medicine*. 2nd ed. New York, NY: Churchill Livingstone; 2003.
10. Bliss AA, Cohen ED. *The New Health Professionals: Nurse Practitioners and Physician Assistants*. Germantown, Md: Aspen Publishers; 1977.
11. ACGME General Competencies, 2000. Available at: <http://www.acgme.org/outcome/comp/compFull.asp>. Accessed June 10, 2005.
12. ABMS Maintenance of Certification, 2000. Available at: <http://www.abms.org/MOC.asp>. Accessed June 10, 2005.