Physician Assistant Post Graduate Training Program in Psychiatry

Policies and Curriculum

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OVERVIEW AND RATIONALE:

The Physician Assistant Post-Graduate Training Program in Psychiatry is a 1 year post-graduate training program for Physician Assistants (PA) in psychiatry within the University of Iowa Department of Psychiatry.

Iowa, like most of the rest of the U.S., is in the midst of a crisis in terms of a shortage of psychiatrists and other providers of psychiatric services. A recent study by the Iowa Department of Public Health suggests that this crisis will become worse over time, as Iowa’s current psychiatrists are aging out of service faster than they are being replaced. Several broad strategies to address this crisis have been proposed. One involves making greater usage of “mid-level professionals” including physician assistants.

There are numerous post-graduate programs across a variety of specialties: The Association of Post-Graduate PA Programs (APPAP) currently lists 35 programs nationally, across 14 specialty areas. At the time this program started, only one of these programs was in psychiatry. The University of Iowa has one of the premier PA programs in the country from which good candidates could likely be recruited, as well as a highly regarded psychiatry residency program.

RESOURCES

Sponsorship
The postgraduate physician assistant program shall be sponsored by the University of Iowa Psychiatry Department.

Program Director
Program director shall be Don St.John PA, of the Department of Psychiatry.

Responsibilities:
The director of the educational program shall be responsible for the organization, administration, continuous review, planning, development and general effectiveness of the program.

Qualifications:
• Have a graduate degree in a health-related field.
• Practicing physician assistant with at least 1 year of post-graduate experience.
• Employee of the University of Iowa.
• Member of the Department of Psychiatry.

Medical Director
The Medical Director shall be Dr. Michael Flaum.
Responsibilities:
The medical director shall provide continuous competent medical guidance for the clinically-related program components, so that both didactic and clinical instruction meet current acceptable standards. The medical director shall elicit actively the understanding and support of practicing physicians and physician assistants.

Qualifications:
- Licensed physician in the state of Iowa.
- Board-certified in psychiatry.
- Employee of the University of Iowa
- Member of the Department of Psychiatry

Faculty and Instructional Staff
Responsibilities:
- The faculty and teaching staff are responsible for establishing an atmosphere that is conducive to learning and presenting their material in an organized and thoughtful manner. The faculty must be qualified through academic preparation and experience to teach assigned subjects. Faculty for the clinical portion of the education program must include physicians, and may include physician assistants and other health professionals, all of whom are experienced in the provision of patient care services. The program shall not rely solely on resident physicians.
- Faculty are responsible for evaluating PA fellow performance promptly, identifying and counseling PA fellows who are not achieving the defined course objectives, providing remedial instruction and for informing the program administration about the nature of PA fellow performance that is less than satisfactory.
- In each location where a PA fellow is assigned for didactic or clinical instruction, there must be a qualified individual designated, to provide supervision and assessments of the PA fellow’s progress in achieving acceptable program requirements. Clinical supervision shall be such that a progressive increase in PA fellow responsibility and skill is attained.

Qualifications:
The instructors must be knowledgeable in course content and effective in teaching their assigned subjects.

Number:
There shall be a sufficient faculty to provide PA fellows with adequate attention, instruction and supervised practice to acquire knowledge and competence.

Clerical and Support Staff:
Adequate and competent clerical and other support staff shall be available.

Other Staff:
Jim Sherman shall provide administrative support.
Other clerical and support staff shall be available on each training unit.
Professional Development:
Programs shall encourage program staff and faculty to pursue continuing professional
growth, to assure that program faculty and officials can fulfill their responsibilities.

Facilities:
Office space shall be provided for fellows.
Fellows shall have access to appropriate clinical units.

Equipment and Supplies:
Appropriate and sufficient equipment, supplies and storage space shall be provided for
PA fellow use and for teaching the didactic and clinical components of the curriculum.
Instructional aids, such as laboratory specimens, documents or related materials,
reference materials, equipment, or demonstrated aids, shall be provided when required
by the types of learning experiences delineated for either the didactic or clinical
components of the curriculum.

Learning Resources:
PA fellows shall have ready access to the Hardin Medical Library, Department of
Psychiatry library, and other required reference sources.

Financial Resources:
Financial resources to operate an educational program shall be ensured to fulfill
obligations to matriculating and enrolled PA fellows.

Funding mechanism:
Trainees shall be identified to third-party payers (e.g. obtaining provider numbers, etc)
and services provided by trainees shall be billed following standards of PA’s practicing in
the State of Iowa. Payment shall be made to the billing agent. Additional funding may
come from a contract with the Iowa Department of Public Health, through a legislative
appropriation. Funding for ongoing years to be determined.

OPERATIONAL POLICIES

Fair Practices:
PA fellow and faculty recruitment and PA fellow admission and faculty employment
practices shall be non-discriminatory with respect to race, color, creed, sex, age,
disabling conditions and national origin.
An employment contract shall stipulate grievances and disciplinary processes, salary,
benefits, etc, through the University of Iowa Hospitals and Clinics.

Records:
PA Fellow Records:
Records documenting PA fellow admission, educational participation and evaluations
shall be permanently maintained by the program director.
Faculty Records:
A copy of the qualifications of each principal faculty member shall be maintained, with emphasis on their qualifications for teaching that segment of the curriculum, by the Department of Psychiatry.

PROGRAM EVALUATION

The program and medical director shall meet regularly, along with other invited participants as indicated, to evaluate the post-graduate program. Notes from each meeting shall be maintained by the program director.
CURRICULUM

General Information:
The Physician Assistant Psychiatry Post-Graduate Fellowship shall occur over a 12 month period, beginning approximately July 1, and ending approximately June 30. Fellows shall have local and remote access to the University of Iowa Health Library.

Didactic Training
Fellows shall attend psychiatry resident lectures, as follows:
Research Seminar (optional)
Inpatient morning report
Resident Seminars
PG 1-4 lecture (summer)
Grand Rounds (fall - spring)
Chairman's Rounds
Psychotherapy R 1-2 lecture
Psychopharmacology Lecture (fall - spring)

Psychopharmacology Didactics
Following is a description of the Psychopharmacology lecture:
Two doctoral level psychopharmacologists present a series of lectures for psychiatry residents in the first and second years on psychotropic medication. Lectures review the neurochemistry, efficacy, side effects, contraindications, and long term effects of various classes of drugs.
The seminar in psychopharmacology meets weekly for one hour for nine months each year. Its purpose is to present up-to-date information about currently available and soon-to-be-available medications and to emphasize general principles of pharmacologic management. An updated syllabus utilized in the seminar is distributed to residents each year. Drugs that have been marketed within the last year are given special attention. Approximately 35 topics are covered, including acute and maintenance treatment of psychosis, mania, affective disorders, and anxiety disorders. Issues in pediatric and geriatric pharmacology are also considered. Additional topics include treatment of refractory schizophrenia with atypical antipsychotics and non-neuroleptic agents and the treatment of refractory affective disorders. Management of drug-induced illness, such as acute extrapyramidal reactions, tardive dyskinesia, antidepressant side effects, and lithium toxicity are discussed. In addition, treatments of drug overdose as well as sedative-hypnotic and opioid withdrawal are presented. In addition to this extensive and well-taught seminar, faculty members of the College of Pharmacy, who specialize in the area of psychiatric drugs, are available for consultation. They participate in inpatient staffings and review rounds and collaborate in drug-related research within the department.

Psychotherapy Didactics
Following is a description of the Psychotherapy lectures:
The seminar in psychotherapy meets weekly. During this weekly seminar formal presentations include instruction in psychodynamic psychotherapy, cognitive therapy, interpersonal psychotherapy, behavior therapy, family therapy, and marital therapy. Opportunities are also available for training in relaxation therapy.

Grand Rounds
Residents and hospital staff present interesting and challenging patients. During rounds, the history is reviewed and the patient interviewed. Relevant literature, including the natural history and current treatment of the disorder, is presented, reviewed, and discussed. Guest lecturers of national stature are often featured in this seminar as well.

Resident Seminars
Two series of courses are provided concurrently. One series is for residents in their first and second years. Introductory material is provided on the psychopathology of major psychiatric disorders encountered in inpatient services, including schizophrenia, mood disorders, anxiety disorder, somatoform disorder, eating disorders, and personality disorder. The series also provides an introduction to the mental status examination, the handling of psychiatric emergencies, psychological testing, involuntary commitment procedures, and utilization review. Other courses include introductory material on psychotherapy, including individual and group psychotherapy, psychodynamic theory, interviewing techniques, comparative models of psychiatry, alcoholism and substance abuse, the history of psychiatry, ethics in psychiatry, and psychiatric epidemiology.

The second series of courses is for residents in their third and fourth years, and reflects their added sophistication and advancement through the program. One of the courses, Topics in Neuroscience, presents in-depth material on neurotransmitter systems, neuroanatomy, neuroimaging, and molecular genetics. Other courses include Psychological Testing, their procedures and applications; Growth and Development, which reviews cognitive and psychological development through the life cycle; Child Psychiatry, including description of common disorders and their management; Medical Psychiatry, including psychosomatic disorders and their management; Forensic Psychiatry, including commitment procedure and competency evaluation; Cross-Cultural and Minority Issues; Careers in Psychiatry; Ethics in Psychiatry; and Research Methods in Psychiatry. The two series are both flexible enough that new or topical information can be included as the need arises.

Case Conference
Each week a different resident presents an interesting case to the department head. The patient's history is reviewed and the patient is interviewed. The department head then leads a discussion in which each resident is asked to comment on some aspect of the case.

Educational objectives for child psychiatry rotations include
The fellows develop skill in interviewing acutely ill youngsters and their families.
The fellows develop proficiency at synthesizing large amounts of clinical information to arrive at an appropriate diagnosis and make day-to-day clinical decisions in patient management. The fellows learn to do this with an appropriate balance of thoroughness and efficiency.

The fellows learn to manage caseloads and recognize the importance of timely attention to details in this endeavor.

The fellows learn about the specialty areas of the non-medical members on the multidisciplinary team and the assessments and therapies that they provide.

The fellows learn when consultation with other medical specialties is appropriate, and conducts the consultation in a professional and efficient manner.

The fellows learn about the appropriate use of diagnostic testing (lab, imaging, EEG, etc.) in child psychiatry.

The fellows develop understanding of the Iowa child welfare system and the various services and levels of care available to assist children and their families.

The fellows learn about the legal aspects of inpatient psychiatric care of minors.

The fellows learns to communicate effectively with all involved regarding methods of payment for services.

The fellows learns to manage crises and emergencies in the outpatient setting.

**Other Continuing Medical Education**

**CME requirements**

Fellows shall obtain 100 category I Continuing Medical Education (CME) credits in the specialty of psychiatry. These shall be documented with the National Commission on the Certification of Physician Assistants (NCCPA).

**Other CME resources**

Other potential sources of category I CME in psychiatry will be provided.

**CLINICAL TRAINING**

A calendar of rotations shall be provided to each fellow by the clinical director.

Fellows shall train alongside psychiatry residents, that both may learn about the physician-PA team.

Fellows shall use patient-reported symptom checklists or other measures during patient encounters.

**Clinical Rotations**

Clinical rotations may include (durations approximate):

- Adult inpatient
  - Mood disorders (3 weeks)
  - Thought disorders (4 weeks)
  - Eating disorders (2 weeks)
  - Geriatrics (3 weeks)

- Child psychiatry
  - Inpatient (4 weeks)
  - Outpatient (4 weeks)

- Adult outpatient psychiatry (20 weeks)
Diagnostic evaluations
Follow-ups
Geriatric specialty clinic weekly
Schizophrenia specialty clinic weekly
Chemical Dependency (outpatient, 2 weeks))
Consultation/liaison service (2 weeks)
Psychotherapy
  STEPPS training (with weekly supervision) (group therapy for persons with Borderline Personality Disorder)
  Interpersonal Psychotherapy during adult outpatient rotation (with weekly individual supervision)
  Mindfulness-Based Cognitive Therapy
Emergency psychiatry
  Crisis intervention training (1 day workshop)
  Work with on-call resident (2 weeks)
IMPACT (2 weeks)
Structured Supervised Living facility (e.g. Chatham Oaks) (during adult outpatient rotation)
Community psychiatry (during adult outpatient rotation)
  Rural outreach clinics
  Local Community Mental Health Centers

**Description of Clinical Training**

**Adult Inpatient Services**

The Adult Inpatient Psychiatric Service located in the John Pappajohn Pavilion has 58 beds and is the primary training center for resident physicians. Over 1,000 patients are admitted annually, providing fellows with clinical material that is rich and varied and that has remained plentiful despite shifting patterns in medical care. The beds are distributed among three inpatient units, each of which offers specialized programming and training modules for several types of mental disorders. Specifically, patients with psychotic disorders are preferentially admitted to one of the 22-bed units and those with mood and personality disorders are preferentially admitted on the other 22-bed unit. Both of these are locked facilities. There is a third, smaller, 14-bed unit that is designed primarily for the treatment of geriatric patients. Fellows are assigned to one of the two inpatient teams that are based on the psychotic disorders, mood disorders, eating disorders, and geriatrics units. On these inpatient services, the resident is responsible for the admission work-up, diagnosis, and treatment of severely ill patients. The resident observes a wide variety of psychopathology on each of the specialized inpatient units. The fellows also gain experience in the essentials of psychiatric diagnosis and various treatment modalities, including psychotropic medication, psychotherapy, and electroconvulsive treatment. The fellows have rotations on each of the specialty units, supervised by attending physicians who are full-time faculty members with particular expertise in the specialty area.

In addition to the attending physician, inpatient teams consist of two to three psychiatric residents in their first or second year and two to three medical students. Medical-psychiatric residents, family practice-psychiatry residents, and neurology residents are
also assigned to the teams. Each resident is responsible for the care of and average of seven to ten patients under the direct supervision of an attending psychiatrist. Mental health care teams also include psychologists, social workers, nurses, occupational and activities therapists, and dieticians.

The fellows’ day generally begins at 8 AM with a report by the nursing staff. This is often followed by physician rounds, during which each patient on the unit is visited. Staffing conferences are held daily. Attending physicians review the history of each newly admitted patient and recommend an approach to treatment. Upon discharge, the fellows generally refers patients back to their local physicians for follow-up are, although some are referred to the University of Iowa Hospitals Psychiatric Clinic for long-term care. The fellows may elect to provide long-term care for selected patients following discharge.

Staffing Conferences
Each patient is staffed with the attending physician who reviews the history and recommends an approach to treatment. The attending physician discusses various aspects of the patient's care and may present relevant literature.

Electroconvulsive Therapy
The fellows are given didactic material concerning indications, efficacy, procedures, and contraindications to ECT. The fellows are then supervised by an attending physician in the actual administration of this form of treatment.

Group Psychotherapy
Fellows have the opportunity to observe group therapy appropriate to eating disorders on the eating disorder specialty unit. Fellows have the option of observing group psychotherapy post-discharge with patients who go to the chemical dependency service or partial hospitalization.

Eating Disorders
Competencies to be demonstrated during the eating disorders rotation include:
1. Diagnose eating disorders using DSM-IV-TR criteria
2. Evaluate patients with eating disorders for comorbid psychiatric and medical problems, using information from medical history, physical examination, laboratory, and imaging studies.
3. Institute and monitor treatment regimens for patients with eating disorders, to include evidence-based treatments, pharmacotherapy, psychotherapy, and other social service measures, as indicated.
4. Work effectively with a team of professionals on an established Eating Disorder Unit.
5. Communicate with other providers through an electronic medical record and other means.

Geriatrics
Competencies to be demonstrated by the end of the inpatient geriatric rotation are:
1. Diagnose disorders common to the geriatric population using DSM-IV-TR criteria, including dementias.
2. Evaluate geriatric patients for comorbid psychiatric and medical problems, using information from medical history, physical examination, laboratory, and imaging studies, including measures of cognitive ability such as the Folstein mini-mental status exam.
3. Institute and monitor treatment regimens for geriatric patients, to include evidence-based treatments, pharmacotherapy, psychotherapy, and other social service measures, as indicated.
4. Work effectively with a team of professionals on an established inpatient geriatric psychiatry Unit.
5. Communicate with other providers through an electronic medical record and other means.

Adult Outpatient clinical training:
The Adult Outpatient Service provides training and experience in the assessment and treatment of psychiatric disorders among ambulatory patients. Fellows will have the opportunity to follow patients in the outpatient clinic so that he or she may gain a longitudinal view of psychiatric disorders by providing follow-up care. Depending on the day, the fellows may be scheduled to see returning patients, triage walk-in patients and emergencies, or complete new diagnostic evaluations. Ninety minutes are set aside for each diagnostic evaluation to provide time for a thorough assessment and interaction with the supervising staff. The fellows generally interview the patient for an hour. The fellows and staff physician then discuss the case and complete a brief joint interview of the patient to clarify observations and diagnoses. The attending physician discusses relevant literature and provides guidance concerning psychological and somatic treatments.

Specialty clinics provide an opportunity to see and review patients with faculty members who have special clinical expertise and research interests.

Psychiatric Consultation-Liaison Service
The Psychiatric Consultation-Liaison Service at the University of Iowa Hospitals and Clinics responds to approximately 1,500 requests for consultation from medical and surgical services within the 700 bed complex annually. The consultation-liaison team consists of one faculty member, two second or fourth year residents, a family practice resident, and two psychiatric nurses. Fellows shall join the team during their rotations. The team receives calls from referring physicians, evaluates patients on medical and surgical floors on the day of consultation, reviews their assessment and treatment recommendations with the faculty, communicates these recommendations to referring physicians, and follows patients as may be necessary. Fellows may be exposed to a full range of psychiatric disorders, including abnormal reactions to illness, organic mental syndromes, disorders related to alcohol and other substances, behavioral disturbances, as well as ethical and legal problems. The consultation-liaison service also provides ongoing liaison support to the University of Iowa Liver Transplant program and the Cardiac Transplant program. All transplant candidates receive a comprehensive evaluation of psychiatric and substance abuse problems.

While on the consultation-liaison service, fellows have the opportunity to learn how to perform effective psychiatric consultations. Additionally, they learn about the psychiatric disorders most commonly encountered in the medically ill and about how these are best managed. They also learn about the appropriate adaptation of psychiatric treatments to
the medically ill populations, including drug administration, drug interactions, crisis intervention, and brief psychotherapies.

Clinical Training in Interpersonal Psychotherapy
Fellows will use Interpersonal Counseling (an abbreviated form of Interpersonal Psychotherapy) on no more than 3 concurrent patients during their outpatient rotation. 1-hour per week supervision will be provided by a therapist experienced in IPT for at least 12 weeks. Sessions will be recorded and reviewed with the supervisor. See Appendix for sample recording consent form.

The Clinical Training Log
Fellows shall document each patient encounter on the following (or similar) Psychiatry Post-Graduate Training Log.
<table>
<thead>
<tr>
<th>Age</th>
<th>Primary DSM-IV</th>
<th>Other DSM-IV</th>
<th>CPT</th>
<th>Treatments</th>
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Mode of Supervision
Fellows shall be supervised by the medical director of the post-graduate training program in psychiatry, who shall review all chart-entries. When the medical director is physically absent, a psychiatrist shall be available in the facility whenever fellow is providing direct patient care. Specific supervising psychiatrists shall be identified for each clinical rotation.

All chart entries pertaining to direct patient contact shall be reviewed and signed by a supervising psychiatrist.

Post-graduate project
Fellows shall complete a post-graduate project, such as writing a clinical article for publication, approved by the program director.

Post-graduate degree option
Fellows may obtain a Master of Physician Assistant Studies through the University of Nebraska Physician Assistant Program Distant Learning Option or similar programs, if desired. This is optional for those seeking a graduate degree.

Evaluation
Fellows shall meet weekly with the program director for individual supervision. The purpose of such supervision shall be to assist fellows in understanding course content and requirements, observe program policies and practices, and provide counseling or referral for problems that may interfere with the fellows’ progress through the program. Formal evaluation (using established competencies and specific program requirements) shall occur monthly, with the program or medical director. Evaluations shall be written, with the fellow signing and receiving a copy. Formal evaluation about the training program shall be obtained from the fellow every 2-3 months. Fellows shall be evaluated according to established competencies for each rotation, and established didactic requirements.

Accreditation
This post-graduate training program may be accredited by an appropriate agency recognized as granting accreditation to post-graduate training programs for physician assistants (such as The Accreditation Review Commission on Education for the Physician Assistant [ARC-PA]), as available.
CORE COMPETENCIES FOR PHYSICIAN ASSISTANTS IN PSYCHIATRY

Following is the AAPA policy on general competencies for physician assistants, which post-graduate psychiatry fellows shall demonstrate.

Competencies for the Physician Assistant Profession
Policy of the American Academy of Physician Assistants, May 2005

Preamble
In 2003, the National Commission on Certification of Physicians 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 for Education of 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 care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning, 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 practice setting.
PHYSICIAN ASSISTANT COMPETENCIES
Vers. 3.5 (3/22/05)
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 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 anatomic, physiological, 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 & 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 families, physicians, professional associates, and the healthcare 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 physicians 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 on-going 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
• apply medical information and clinical data systems to provide more effective, efficient patient care
• use the systems responsible for the appropriate payment of services

Footnote:
↑ In 1999, the Accreditation Council for Graduation 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.

GENERAL CORE COMPETENCIES SPECIFIC TO PA’S IN PSYCHIATRY

Fellows shall demonstrated the following general competencies for all age groups (6-9, 10-17, 18-64, 65 and older):

Perform a mental status examination.
Perform a Folstein mini-mental status examination (or similar scale).
Perform psychiatric case presentations, including a biopsychosocial case formulation, to include appropriate physical and laboratory information.
Assess safety and appropriate disposition for patients regarding harm to self and others.
Diagnose and initiate treatment plans for affective disorders, thought disorders, anxiety disorders, somatoform disorders, personality disorders, mental retardation, cognitive disorders, psychiatric disorders secondary to medical conditions, attention deficit hyperactivity disorders, developmental disorders, substance abuse and dependence.

Counsel patients regarding the implications and prognosis of their psychiatric diagnoses.
Assist in managing the psychological needs of patients suffering from mental illness.

Evaluate and counsel patients regarding medications, possible adverse effects (especially movement disorders), risks, and benefits, especially (but not exclusively) in the following classes: antidepressants, mood stabilizers (including lithium), anticonvulsants, antipsychotics, sedatives, hypnotics, stimulants, augmentation strategies, and ancillary medications.

Administer STEPPS group treatment, Interpersonal Counseling, supportive psychotherapy, and crisis intervention. Understand other psychotherapies such as cognitive-behavioral, family/marital, and psychodynamic, and refer to and work with psychotherapists. Recognize and manage transference and counter-transference phenomena.
Assist in obtaining relevant information from other professionals involved in treating the patient and communicating recommendations to other professionals, especially delirium and psychological responses to medical problems.

Assist in record keeping for patients, such as routine progress notes, filling out study evaluation forms, or for assisting with data collection on clinical studies.
POST-GRADUATE PSYCHIATRY FELLOWS

Definition:
The term PA fellow shall be understood to mean all graduate PAs enrolled in the post graduate psychiatry PA program.

Admission Policies and Procedures:
Admission of PA fellows, including advanced placement, shall be made in accordance with clearly defined and published practices of The University of Iowa.

Qualifications:
NCCPA certified and a graduate of a CAAHEP accredited PA program.
Licensed in the State of Iowa as a Physician Assistant or by a federal licensing body.
Possess at least a Bachelor’s degree.

Target applicants:
Those who express an interest in specializing in psychiatry and make a commitment to practicing within the state of Iowa for at least 2 years following the completion of their training.

Recruitment:
It is expected that recruitment would come largely from current enrollees and graduates of the PA program at U of I. PA’s throughout the state of Iowa will also be contacted and informed about the program.

Position:
Fellows shall be employees of the University of Iowa Hospitals and Clinic, in the Department of Psychiatry.
Fellows shall obtain clinical privileges through the University of Iowa Hospitals and Clinics.
Fellows shall be given a 1 year fellowship appointment in the Department of Psychiatry.
An employment contract between the University of Iowa Hospitals and Clinics and fellows shall be established identifying stipend, benefits, and other resources, as well as billing procedures.

Health:
Fellows shall meet the health requirements for clinical employees of the University of Iowa Hospitals and Clinics (e.g. freedom from active contagious diseases, immunity to rubella, hepatitis B, etc).

PA Fellow Identification:
PA fellows must be clearly identified as such to distinguish them from physicians, staff PAs, medical students, PA students, and other health professionals.

Physician Assistant Fellow Responsibilities:
Assume responsibility for their education by participating fully in the educational activities of their program and by establishing an additional self-guided program of study and professional growth.
To provide safe and effective patient care under the supervision of assigned physicians, adhering to the concepts of confidentiality and compassion when communicating with patients.
Appendicies:

Consent for Audio or Video Tape Recording and Supervision for Psychotherapy

As part of the post-graduate fellowship in psychiatry for physician assistants, fellows are trained in Interpersonal Counseling, an abbreviated form of Interpersonal Psychotherapy. All sessions with a fellow are recorded, usually by video-taping. These tapes are reviewed by the fellow and clinical supervisors.

I understand that these recordings will be used for teaching purposes only, to aid the fellow in learning psychotherapy.

I understand that all information on the recordings will be kept confidential amongst the trainees and supervisors involved in this training project only. Recordings will be stored in a locked cabinet, and will be erased at the end of the fellowship term.

I understand that I may withdraw my consent at any time by notifying the Department of Psychiatry in writing.

Signed ________________________________

Date ________________________________

Thank-you

Michael Flaum, medical director
Don St.John, M.A., P.A., program director