

 Council on Licensure,  
Enforcement and Regulation



2012 Annual Educational Conference - September 6-8  
**San Francisco, California**

**Connecting the Dots I:  
A Cooperative Approach  
to Aligning Education,  
Assessment & Practice**

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*National Commission on Certification  
of Physician Assistants*

*Promoting Regulatory Excellence*

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CLEAR 2012  
Annual Conference



September 6-8  
San Francisco, California

**We Will Address:**

- The value of a competencies-based approach to education and assessment.
- How organizations with different missions can cooperate on the establishment of a professional competencies framework without compromising their individual mandates.
- How to integrate competencies into educational and assessment programs.

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**The DNA of a PA**

- Trained in the medical model, often alongside medical students
- 24-30 months in didactic and clinical training
- National certification
- State licensure (overseen by state medical boards)
- Establish relationship with a supervising physician, forming the physician-PA team that defines what it means to work as a PA

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### The Role of the PA

- PAs work in every setting and specialty
- Perform functions delegated to them by the supervising physician
- For most that includes everything from H&Ps to ordering labs/tests to diagnosing illnesses & issues to formulating and implementing treatment plans to promoting wellness and prevention...
- Changes and evolves over the life of the physician-PA partnership

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### PA Competencies

1. Medical knowledge
2. Patient care
3. Interpersonal & communication skills
4. Professionalism
5. System-based practice
6. Practice-based learning and improvement

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### The Purpose of the Endeavor

- Improving patient care (ultimate goal)
- Taking a more holistic view of PA practice than any one organization could on its own
- Breaking down real or perceived disconnects between what's being taught, what's being tested, and what's being practiced

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### Defining PA Competencies

- Initiative spanning 2003-2005



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### Strategies for Finding Common Ground

- Identification of the value of the endeavor
  - *This was never just about the certification process.*
- Building on the established work of other respected entities
- Inclusion of paid and volunteer leaders from each organization
- Formation of a real workgroup (exercises and assignments that crossed organizational lines)
- Regular meetings until the draft was complete
- Seeking formal endorsement of the document

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### “Competencies” as a Foundation for Change and Improvement

- Education:
  - Review of accreditation standards
  - Incorporation into curriculum in PA programs
- Assessment:
  - The evolution of the certification process
- Practice:
  - Driving CME programming and literature
  - Culminating in changes to practice

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### Competencies and Accreditation Standards

- ARC-PA reviewed the accreditation standards and published a side-by-side comparison of the two documents
  - Mapped standards to the competencies to help educational programs understand how they relate and to position them to incorporate the few competencies not in the standards
  - Very few competencies did not correspond to an existing standard
  - Did they change the standards?

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### Competencies and Education

- Approximately 150 PA programs when the competencies were developed, each with independently developed curriculum
- PAEA encouraged programs to review their curriculum and incorporate competencies
- Three years later...

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### Incorporation of Competencies in Education

- In 2008, a national study was conducted to assess PA programs:
  - Familiarity with the competencies
  - Integration into curriculum
  - Obstacles to integration
  - Methods of assessment for each of the six competencies domains

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### Incorporation of Competencies in Education

- 97.1% were familiar with the competencies document
- 84.5% had already incorporated or were in the process of incorporating the competencies into curriculum
- Most frequently cited obstacles: lack of time and difficulty identifying successful methods of assessment

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### Changes to Education

- Insights from the trenches

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### Competencies and Assessment

- 8-year process of evaluation and discussions about whether and how to integrate the competencies into the certification and certification maintenance processes
  - Exams
  - Continuing medical education
  - Disciplinary policy enforcement

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### Competencies and Assessment

- Engaged key staff, Board committees and test writers in evaluation of three questions:
  - Which competencies should be assessed at all?
  - Which does NCCPA currently assess?
  - How important is it for NCCPA to assess each competency?

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### Competencies and Assessment

- Identified some competencies that could be assessed through our current multiple-choice exams
- For others, spent several years looking at new assessment methods and other processes employed by other certification boards
  - Ultimately incorporated self-assessment and performance improvement requirements

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### Competencies and Practice

- First step: Wide publication of the competencies document
- Second step: Linking of articles in PA publications and CME sessions to the competencies
- Third step: Development of new CME content to support specific competencies
- And now...new self-assessment and performance improvement activities

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### Competencies and Practice

- Performance improvement activities
  - Already available to PAs via physician-directed products, e.g. AAFP METRIC
  - AAPA is developing PA-specific programs
  - What we expect: uncertain learning curve and some resistance to change; “generational” phenomenon as seen with physicians
- This really brings home the purpose of this whole competencies endeavor.

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### And Just When You Think It’s Over...

- Review and revision of competencies document in 2011-2012
- All four PA organizations involved again
- Agreed to keep same 6 competencies, but tweaked support language and incorporated some new concepts, e.g. population health, technology
- Approval process to be completed by late 2012

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### So What?

- Entire process was focused on “connecting the dots”
- Ultimate goal is enhanced patient care by PAs
- Each component of the profession took responsibility for implementation to help meet the ultimate goal
- Additional benefit was a collaborative process fairly unique for the profession

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