From Elusive to Innovative: Creative Use of Service Learning to Meeting Physician Assistant Competencies

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Learning Outcomes

1. Establish how the PA Competencies for the Physician Assistant Profession can be demonstrated and documented in a service learning environment.

2. Demonstrate how service learning can help programs achieve integration of difficult PA Competencies while providing for adequate assessment.

3. Create a feasible plan for programs to develop outreach activities in their own geographic areas.
Learning Outcomes

4. Develop service learning activities to enhance students’ understanding of areas such as: systems based practice, system utilization, and professionalism as well as modeling behavior in the face of difficult clinical situations.

5. Discover how to maximize faculty efforts by tying competencies to ARC-PA Standards, the institution's mission and the program’s vision.
Physician Assistant Competencies

- Developed in 2005 by the AAPA, PAEA, ARC-PA and NCCPA
  - The four groups worked in concert to develop these Competencies in part responding to the Institute of Medicine (IOM) report *Crossing the Quality Chasm: A New Health System for the 21st Century* which was concerned with the number of medical error that were occurring in the U.S.
  - Recently revised in 2012
- Based on competencies endorsed by the Accreditation Council for Graduate Medical Education (ACGME) that was written in 1999 for medical residents
Physician Assistant Competencies

- The competencies include six domains:
  - Medical knowledge
  - Interpersonal and communication skills
  - Patient care
  - Professionalism
  - Practice-base learning and improvement
  - Systems-based practice
- Each of the six domains contain numerous important objectives
Physician Assistant Competencies

- Some of the competencies are easier than others to demonstrate understanding and mastery
- It is important to assimilate each of the PA competencies into the curriculum of every PA program
- Also important to track this information
  - Can be done with a curriculum map
Introduction to Service Learning

• A viable alternative to lecture and reading
• Method of teaching and enforcing topics and theory that are difficult to effectively communicate
• Creative way of re-enforcing and applying information taught in the classroom
  • Especially useful to the student who is a tactile learner
Introduction to Service Learning

- Ability to directly observe and ensure that students are being exposed to certain circumstances
  - And that they are appropriately guided through difficult decision making, conflict etc.
- Service learning can take place in a variety of locations
Our Service Learning Format

- The DeSales Free Clinic
- Housed inside of an established homeless shelter in our area
- Previously had no medical care services for their clients
- Open for 7 years
- As of July 2013, have seen 1703 unique individual unduplicated patients
Our Service Learning Format

- Open Tuesday and Thursday evening from 6pm to ? (usually about 9pm)
- P1/P2 teams with preceptor
- Incorporate nursing students early in the morning to “capture” patients
- Services provided:
  - Chronic, acute and preventative care
  - Labs
  - Medications
Medical Knowledge

• **Competency:** “Etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions”

• Critical for students to understand the limitations of different clinical settings
  • Unique opportunity:
    • Drive home the importance of social history taking and applications
      • Understanding how to correctly identify which patients are more likely to follow up and who is not

**ARC-PA Standards** – B1.02, B1.03, B2.05
Medical Knowledge

- **Competency:** “Interventions for prevention of disease and health promotion/maintenance”
  - Understood students get exposure to this in a variety of rotations and clinical experiences
  - However, because these patients access care later than their age matched peers, the pathology seen can be very profound
  - Class takes responsibility for patients care
  - A lesson in continuity of care
  - Mr. HOCM

ARC-PA Standards – B3.02
Interpersonal & Communication Skills

- **Competency**: “Adapt communication style and messages to the context of interaction.”
  - Discuss this in PA 502 and PA 503,
    - Practice this in the DeSales Free Clinic
  - Applying techniques of interviewing learned during didactic course work

**ARC- PA Standard B 1.06**
“I learned that one of the most important things is to listen to the patient because any small sign or symptoms could be the key to what has gone wrong.”
Interpersonal & Communication Skills

- **Competency:** “Work effectively with physicians and other health care professionals as a member or leader of a health care or other professional group.”
  - In the DeSales Free Clinic our students work in a P1/P2 team
    - There is near peer interaction and the students learn from each other with great modeling taking place
    - Interaction with preceptors and other members of the health care team work in the clinic who may not have had prior interaction with PA students

ARC- PA Standards-B1.08, B2.04
“I thought pairing a P1 with a P2 was another great educational aspect of the clinic. The two students were able to bounce ideas off each other and work together to solve problems. Although the preceptors asked tough questions, they were never condescending and added to the educational environment.”
Patient Care

- **Competency:** “Make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment”

- The homeless population can be a difficult population to take care of, but it requires no less compassion, and no less up to date medical treatment.
- Orientation to the DeSales Free Clinic is imperative
- Orientation to homelessness medicine

ARC-PA standards – B1.07, B2.05
“The interaction between the physician assistants volunteering, the P2 students, and the P1 students is conducive to developing the medical dynamic that is to be expected in the clinical setting, while delivering effective care to those in need.”
Professionalism

- Universally identified as being important in the didactic and clinical years
- Can struggle to find ways to observe/‘test’ their ability to act professionally in a variety of circumstances
Professionalism

• **Competency:** “Accountability to patients, society, and the profession”
  • Idea of establishing a positive relationship with performing service in community
  • Encourage and reward the 'give back' mentality

ARC-PA Standard- B1.05
“I thought it was interesting how the many different issues and life experiences all contributed to the situation the patient was in. I think one of the most important things a healthcare provider can do is listen.”
Professionalism

• Respect breeding respect
  • Teaching the value of consistency of our services and the quality of care provided

• Diminish negative connotations associated with an underserved population
  • Studies suggest that early exposure fosters future involvement with underserved populations
“We saw some patients as we walked in and my first thought was that they did not look like stereotypical homeless people.”
Professionalism

- **Competency:** “Commitment to **ethical principles pertaining to provision or withholding of clinical care**, confidentiality of patient information, informed consent and business practices”

- Physician Assistant Program Mission Statement:
  - “...They will consider the patient holistically in the context of family, community, and society, and incorporate ethical principles into a patient-focused practice...”

- Service learning provides the ability to ensure your students are faced with this dilemma

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<th>ARC-PA Standards-</th>
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Professionalism

- **Competency:** "Sensitivity and responsiveness to patient's culture, age, gender and abilities"
  - Ensure exposure to a diverse population
  - Able to supervise interactions
  - Able to provide modeling of behavior or near-peer modeling of behavior when students are encountered with a difficult situation
    - Example: Student response to a recently incarcerated patient.

ARC-PA Standards- B1.06, B2.08
Professionalism

- **Model behavior** to help students understand what care to give and how to properly take care of patients while being respectful to barriers
- Teach patients to only order what will change treatment vs. satisfy intellectual curiosity
- Helps them to identify and appreciate the social history and barriers that lead to or prevent compliance with a treatment plan
- Help them to formulate an appropriate treatment plan after this careful evaluation
  - Clinical example
Professionalism

- **Competency:** "Self reflection, critical curiosity and initiative"
  - Discussion of clinic experiences in class
  - Transfer of knowledge to peers; experiencing ownership of patients care
  - Discussion of clinic experiences in class
  - Reflection papers
“It was encouraging to see the camaraderie among the P1 and P2 students, and the acceptability of admitting when you need help.”
“After going to the clinic and reflecting, it really put life into perspective. There are so many things to be grateful for that these men do not have the opportunity of experiencing. When I saw these men, without homes, who cannot afford the basic medical care I take for granted, I felt an overwhelming sense of fortune for the people and opportunities I have (I should stop complaining about studying).”
Practice-Based Learning and Improvement

- Competency: “Locate, appraise and integrate evidence from scientific evidence from scientific studies related to their patients’ health”
  - Students are provided e-books and evidence based resources to allow for research into disease that they have seen in their patients
  - Utilize scientific evidence to problem-solve treatment plans in patients with limited resources

ARC-PA Standards- B2.01
“During my observation, I noted a few things that surprised me. I did not anticipate the patients to be so appreciative of the area. I unjustly assumed that many of them would try to utilize the clinic as a way to abuse the free health care, or to acquire certain medications and drugs.”
Practice-Based Learning and Improvement

- **Competency:** “Recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others”
- Addressed in PA 502 and PA 502, Addressed again in the DeSales Free Clinic
- People come from all walks of life, and as health care providers, we have the honor to take care of patients
  - It is important that students have the experience and the understanding that comes with these differences

ARC-PA Standard-B1.06
“My experience at the rescue mission was very eye opening. I was expecting the people there to be in poor health however I did not expect the lack of recent medical coverage. Besides the clinic, it was months if not years between visits to the doctors for certain patients.”
“The most influential person during my shadowing experience was one of the patients. He was 22 and had been on the street since he was bout 12 years old. Openly admitted to trying all the drugs that are under the sun, and he spoke about not have much support in his early years. I stepped back in my mind and attempted to put myself in his shoes. I left more thankful than ever for the upbringing I have experienced in my life. The trouble which I have experienced have seem insignificant and unworthy of distress.”
Systems-Based Practice

• **Competency:** “Understanding the funding sources and payment systems that provide coverage for patient care and use the systems effectively.”

• **Competency:** “Practice cost effective health care and resource allocation that does not compromise quality of care.”

  • Review bills with students
  • Review budget with students
  • Re-enforces their knowledge of necessary vs. unnecessary
Systems-Based Practice

- **Competency:** "Advocate for quality patient care and assist patients in dealing with system complexities"
- **Competency:** “Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care”
  - Board of Advisors student liaison positions
  - Take ownership over the clinic and the clinic operations

**ARC-PA Standards-** B2.11, B2.12, B2.13, B2.15
Service learning in your neighborhood?

- Student-run clinics
- Drug and alcohol programs
- Clinic Medical Homes
- Adolescent Housing
- Maternity Housing
- Health Departments
- Health Care for Homeless Clinics (HCHCs)
References

- **Competencies for the Physician Assistant Profession.** (2013, September 19). Retrieved from NCCPA: http://www.nccpa.net/App/PDFs/Definition%20of%20PA%20Competencies%203.5%20for%20Publication.pdf


