



Core Competencies for New Physician Assistant Graduates

Background

As the physician assistant (PA) profession looks back on 50 years of growth, and ahead to a US health system that will no doubt continue to change, the time has come for a reconnection to the values that have made PAs an essential part of that system. The profession has reached an important milestone — not only in age, but also in maturity and prominence in patient care — which provides a meaningful opportunity to reexamine the profession’s core values and shape the way PAs are prepared for clinical practice. While significant environmental and social changes have shaped the profession since PAs emerged on the health care scene in 1967, caring for patients remains core to the profession’s identity.

Entry into the PA profession today requires successful attainment of a master’s degree, which, according to the requirements set forth in the Degree Qualifying Profile (DQP), demands higher-order thinking skills and evidence of learning through the design, development, creation, and articulation of knowledge and skills via projects and papers.¹ Beyond attaining the necessary knowledge and skills, PA education requires practical application in various patient care settings. Entry into the profession also requires passing a national certifying examination, and PAs must maintain their certification throughout their careers via continuing medical education and periodic recertification.

Since 2005, PA programs have relied on the Competencies for the Physician Assistant Profession to develop and map curricula and assess graduates’ readiness to enter clinical practice. However, these professional competencies, established and periodically revised (most recently in 2012) by the four national PA organizations, were not designed specifically with new graduates in mind. Rather, they were developed to provide “a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.”²

While necessary for the profession as a whole, the Competencies for the Physician Assistant Profession are insufficient for making decisions about the practice readiness of new graduates. In the absence of such new graduate competencies, each program

bears the burden of determining the knowledge, skills, and attitudes that graduates should have. This should cause concern for educators, employers, and accreditors because it means that each of the 235 currently accredited PA programs — and any future program — is codifying the profession in its own way.

Today, both PA education and the profession face increasing demands for greater accountability. It is therefore imperative that PA education and practice are closely aligned, so that new graduates are prepared to deliver quality, patient-centered care from “day one.”

To that end, PAEA created a task force in 2016 to think through how to accomplish this goal. Originally named the Primary Care Competencies Task Force, it was charged by the PAEA Board of Directors to “shape and inform a discussion that will impact students’ learning experiences and the future of PA education, through the development of a set of graduation competencies emphasizing primary care.”

Early discussions focused on the unique characteristics of both PAs and the competencies required of primary care providers. The diverse composition of the task force helped in the discussion of specific competencies and competency frameworks from health professions represented by individual task force members.

Some members of the task force saw the PA profession as defined by primary care and viewed primary care competencies as synonymous with PA competencies. Others felt it was essential to think more broadly than primary care, especially given that most PAs (more than 70 percent) now enter specialty practice after graduation.

After much discussion, the task force ultimately agreed that the competencies they were working to develop should represent the skills, attributes, and behaviors expected of *any* new PA graduate. This new set of competencies, **Core Competencies for New Physician Assistant Graduates**, could also serve as the foundation for any revisions to the Competencies for the Physician Assistant Profession. They may even be an important milestone on the path to autonomous practice.

To reflect this decision, PAEA renamed the group the Core Competencies Task Force, which then set out to codify a set of competencies that all new PA graduates should be accountable for demonstrating by the end of their formal PA education.

Approach

The Core Competencies for New Physician Assistant Graduates were developed by first asking the question, “What must new PA graduates know and be able to do on day one of clinical practice?”

Framing the discussion around this seemingly simple question spurred much debate and required nearly two years of research and ongoing discussion for the task force to reach consensus in a meaningful, measurable, and evidence-based manner. At the

PAEA Stakeholder Summit in 2016, the same question was asked of a broad audience of stakeholders in PA education, higher education, health professions education, government, private and public practices, and other diverse fields. The task force used their responses, in combination with an extensive review of literature on competency-based medical education and review by an expert panel of interprofessional leaders, to develop this new framework with a set of robust, patient-centered competency domains and competencies.

The task force believes that the core competencies in this document are a validation of the roots of the profession — a profession that values teamwork and emphasizes that patients are partners in decision-making and care. PAs know that their primary obligation is to give a voice to the patients they serve. They recognize that both health and ill health are developed in context and that each patient has a story — a narrative that must be considered when making health care decisions.

In the Core Competencies for New Physician Assistant Graduates, there is a distinct focus on health rather than on disease — a focus in which the needs of patients are considered above those of educators, students, or providers in determining the knowledge, skills, attitudes, and behaviors that new PA graduates need to demonstrate. The task force encourages PA programs to use these competencies to drive curricular decisions and create learning experiences, and it hopes they will appreciate the intention behind keeping the patient at the center of care — a hallmark of the PA profession.

Methodology

To determine the knowledge, skills, behaviors, and attitudes that best describe the essential functions of PAs in practice, the task force began with a comprehensive review of the literature on competencies and competency frameworks from across a wide array of the health professions. They also drew on the humanities, including sociology, cultural anthropology, and philosophy. According to the Degree Qualifying Profile, a competency framework developed by the Lumina Foundation, students earning master's degrees must be proficient in their ability to consolidate learning from different broad fields of study.¹

The task force also studied workforce trends and employers' expectations of new graduates. Employers are increasingly expressing the need for new graduates to possess more than knowledge and technical skills. According to a 2017 special report from the *Chronicle of Higher Education*, “more jobs will require recent college graduates to more fully merge their training in hard skills with soft skills.”³ This opinion was also expressed by attendees at the PAEA 2016 Stakeholder Summit.⁴ Employers from across the health professions and industry leaders agreed that it is insufficient for new graduates to possess only medical knowledge and clinical skills; rather, they will need to know how to “put it all together” to care for patients. A deeper dive into this issue revealed the need for greater emphasis on critical thinking, empathy, and communication skills. The importance of these skills will only grow as

more and more PAs join the workforce. According to the Bureau of Labor Statistics, projected PA job growth is robust — PAs could see a 37 percent increase in jobs by 2026.⁵

The task force also wanted to ensure that the competencies promoted patient safety and social justice and addressed health disparities. Drawing on the work of Paulo Freire and other social scientists helped make social justice and individual responsibility to patients explicit in the expectations of competent health care providers. This means that instructors must instill in new graduates the need to uphold high moral and ethical standards in individual practice and “to operate as invested citizens of their varied local, national, and international communities.”⁶

Definitions

For the purposes of this work, the task force defined the following terms: *competency*, *domains of competence*, *competency framework*, and *new PA graduate*, based on both experience of the task force members and on published definitions, as shown in Figure 1.

Competency: A specific skill, knowledge, or ability that is both observable and measurable.

Competency framework: An organized and structured representation of a set of interrelated and purposeful competencies.

Domains of competence: Broad distinguishable areas of competence that, in the aggregate, constitute a general descriptive framework for a profession.

New graduate: An individual who has graduated from a PA program and is entering clinical practice as a PA for the first time.

Figure 1. Definitions (References: *competency*,⁷ *competency framework*,⁸ *domains of competence*⁹)

A comprehensive review of the literature included a seminal work from medical education, “Toward a common taxonomy of competency domains for the health professions and competencies for physicians,” by Englander et al,⁹ which describes the Association of American Medical Colleges’ (AAMC’s) efforts to identify a classification structure to catalog its curriculum resources. The authors conducted a thorough comparison of the Accreditation Council for Graduate Medical Education’s six core competency domains¹⁰ and 153 lists of competencies from various medical specialties, subspecialties, countries, and health professions. Given both the comprehensive nature of this study and the methodology used, the task force made extensive use of the article’s framework in coming to a consensus on the Core Competencies for New Physician Assistant Graduates.

Using a similar approach to that of Englander et al, the task force conducted a crosswalk to compare competency lists and frameworks from nursing, oral health, primary care, the Interprofessional Practice and Education Collaborative, and the National Center for Culturally and Linguistically Competent Care to the 4 Orgs' Competencies for the Physician Assistant Profession document.² Mapping the competencies from this literature against the Competencies for the Physician Assistant Profession provided a starting point for the task force to develop competency domains and identify important competencies.

This mapping process yielded a few important themes and decisions, including the decision to use the term “patient-centered practice knowledge” instead of “medical knowledge” or “knowledge for practice.” Terms related to the concept “patient-centered” were found throughout the documents used in the crosswalk, and our use of this term reinforces the point that patient-centered care is a major part of the identity of PAs.

Another important theme that emerged was the focus on quality and safety. The task force added language from the Physician Competency Reference Set (PCRS)⁹ and Family Medicine Milestones (FMM)¹⁰ to ensure that safety was included and emphasized where appropriate. A detailed review of the crosswalk also revealed the need to make explicit the inclusion of population health. The Population Health Competencies developed by faculty at Duke University School of Medicine¹¹ and the Interprofessional Collaborative Education and Practice (IPEC) Core Competencies¹² heavily influenced the task force to ensure that the competencies were focused on health over health care, prevention over treatment only, and patients and populations as opposed to patients only.

The task force also benefited from a major event that informed the development of the core competencies. In March 2016, PAEA hosted a Stakeholder Summit in collaboration with the National Commission on the Certification of Physician Assistants, the American Academy of PAs, and the Accreditation Review Commission on Education for the Physician Assistant. At this meeting, 61 leaders from across multiple health professions and from PA education and practice, met to discuss the knowledge, skills, attitudes, and behaviors new graduates need on “day one” of clinical practice. The task force used the insights and information gleaned from the Stakeholder Summit to inform the development of the Core Competencies for New Physician Assistant Graduates.

Following the Stakeholder Summit and completion of the comprehensive literature review, the task force determined that the widely used Bodenheimer's Ten Building Blocks of High-Performing Primary Care¹³ was the best model to use as a guide to develop the competencies. Using the building blocks concept and insights gained from the literature review, the task force decided on six domains on which to build the competencies. These six domains reaffirm a patient-centered focus, highlight the role society plays in determining individual and population health, emphasize communication and team-focused care, and delineate the larger systems that impact health and well-being. The six domains are:

1. Patient-centered practice knowledge
2. Society and population health
3. Health literacy and communication
4. Interprofessional collaborative practice and leadership
5. Professional and legal aspects of health care
6. Health care finance and systems

In addition to these six building block domains, the task force determined that two other competency domains are also essential in and across each of the other six domains: (1) cultural humility and (2) self-assessment and ongoing professional development (see Figure 2).

Cultural Humility

Across each of the six core domains, competent PA graduates must demonstrate the ability to exercise humility, “a state of openness toward understanding and respecting important aspects of other people’s cultural identities.”¹⁴ This requires an awareness of one’s personal and professional beliefs, biases, attitudes, and actions that affect patient care and a commitment to ongoing professional development. To demonstrate cultural humility, according to Tervalon and Murray-Garcia, “health care providers should consider a person’s culture from the individual’s specific view and to be aware and humble enough to ‘say that they do not know when they do not know’ and know when to ask for help.”¹⁵ Integrity is an essential skill under the Professional and Legal Aspects of Health Care.

Cultural humility requires listening to those from different backgrounds while also being aware of one’s own thoughts and feelings about the culture of others.^{15,16} Cultural humility goes hand-in-hand with ongoing professional development because developing it is a lifelong project. Some experts in the field believe that “cultural humility does not have an end point” and therefore requires a commitment on the part of the health care professional to be open to learning from their patients in a true partnership in health care.¹⁵

Self-Assessment and Ongoing Professional Development

Within each of the six core domains, competent graduates must demonstrate an awareness of their personal and professional limitations and develop plans and interventions for addressing gaps. Being competent in this domain requires self-reflection, metacognition, continuous quality improvement, and recognition of the PA’s potential impact for improving the health of individual patients, populations, and society at large.

Competent graduates develop systems and strategies for determining their level of understanding and confidence in addressing patients’ health needs. This is an ongoing, continual process that requires discipline and self-control. Graduates must possess the ability to self-evaluate and make a commitment to refining their knowledge throughout their career as practitioners.



Figure 2. The six building block domains and two cross-cutting domains

The task force also believed it was essential to consider the external influences on the PA profession as the health care landscape continues to evolve. They determined that four major environmental factors — social determinants of health, population health, health system delivery and capacity, and higher education — will continue to impact the profession in unpredictable ways.

Figure 3 illustrates the point that the profession is situated within these four factors and must adapt to its position in this context. Embedded in these factors are the social, economic, political, regulatory, technological, and educational threats and opportunities the profession must understand and consider when making decisions about the education of its future workforce.

The pace of change in these four areas requires graduates to possess the ability to adapt quickly to new surroundings and expectations. With an increasing emphasis on the social drivers of health and a shift toward caring for populations of patients rather than focusing strictly on individual patients, competent graduates need the knowledge and skills to think beyond individual patient encounters; they should have the ability to integrate and apply knowledge more broadly. Graduates also need to be able to handle the uncertainty and ambiguity about the future that is present within each of the four environmental factors.

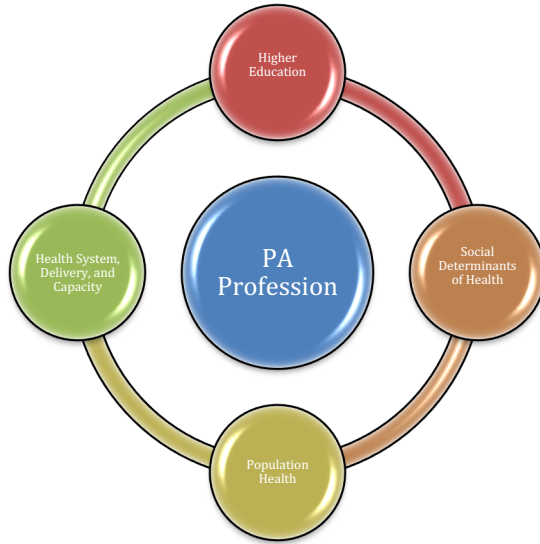


Figure 3. Four major environmental factors affecting the PA profession

Competency Domains

The six domains selected by the task force are described in more detail here. Each domain includes background on its importance for PA practice, the overall domain competency, competencies, essential skills, and questions to consider.

Key

Competencies that mirror those from other sources are denoted with the following:

CLAS: US Department of Health and Human Services Office of Minority Health’s National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care¹¹

IPEC: Interprofessional Education Collaborative’s Core Competencies for Interprofessional Collaborative Practice: 2016 Update¹² (Note: This document comprises four competencies, which are also noted below as Values/Ethics for Interprofessional Practice (VE), Roles/Responsibilities (RR), Interprofessional Communication (CC), and Teams and Teamwork (TT). If followed by a number, that number refers to the specific competency.)

FMM: The Accreditation Council for Graduate Medical Education and the American Board of Family Medicine’s Family Medicine Milestones⁷

PA Comp.: The 4 Orgs’ Competencies for the Physician Assistant Profession² (Note: Not all of the competencies are referenced in this paper. The ones referenced are abbreviated below as: Patient Care (PC) and Interpersonal and Communications Skills (Comm).)

PCRS: Association of American Medical Colleges’ Physician Competency Reference Set⁹ (Note: The PCRS comprises eight competencies, not all of which are referenced in this paper. Those referenced are: 1: Patient Care, 2: Knowledge for Practice, 4: Interpersonal and Communication Skills, and 5: Professionalism, as well as their competencies. The competency domain and its competency referenced are both noted.)

1. Patient-Centered Practice Knowledge

Intended to help graduates understand that the patient is at the center of care, this domain emphasizes the essentials of medical knowledge in the context of the knowledge needed to care for *individual* patients.

Framing knowledge as needed for the practice of patient-centered care creates an orientation from which all medical knowledge should be considered — that is, based on the needs of the patient. Situating medical knowledge in this way has implications for the new graduate competencies, as well as curriculum and assessments.

A cursory reading of the new graduate competencies may cause some alarm for readers expecting to see a comprehensive list of all of the medical knowledge and clinical skills that have traditionally been listed in competency documents. However, no such list will be found in the Core Competencies for New PA Graduates, and there are at least three good reasons for this omission:

1. Medical knowledge alone is insufficient. It is not enough to know information for its own sake; rather, new graduates must deeply understand the core knowledge needed to care for patients and be able to apply it. With a solid foundation of the knowledge needed for patient care, new graduates will then be able to extend their knowledge through lifelong learning and the use of technology.
2. Not all medical knowledge is essential for patient care. PA curricula should focus on ensuring that new graduates possess and can apply the core knowledge needed to care for patients upon entry into clinical practice. Additional knowledge and skills will be gained as new graduates gain on-the-job experience.
3. Given the exponential growth in medical knowledge, it is no longer feasible for new graduates to know everything. According to Prober and Kahn, “It is neither possible nor desirable for all students to deeply explore all aspects of biomedical knowledge.”¹⁸ Therefore, PA program curricula should not try to cover as much content as possible. Rather, the scope should be narrowed to focus on the medical knowledge that is essential, thus allowing for deeper understanding of core knowledge that has practical application for better patient care.

Competent graduates will continually refine and revise their knowledge base to ensure they remain abreast of current scientific evidence and best practices in patient care. Demonstrating the ability to continually assess one’s level of medical knowledge and constantly strive to augment it is essential for lifelong learning and delivering quality, patient-centered care.

Graduates must demonstrate the ability to listen to and understand patients’ beliefs and attitudes toward health and health care. Competent graduates understand that their relationship with patients can be affected by differences in power, privilege, and the inequities embedded therein, and they work to ensure that patients are viewed as

partners in health. Competent practitioners must be able to develop the professional relationships with their patients that will ensure patient-focused decision-making.

The competent graduate will be able to access and integrate pertinent information from both the best scientific evidence and their clinical expertise, and apply it to the care of the patient in a way that respects the individual needs, desires, care preferences, and values of the patient. In this way, PAs use an evidence-based approach to shared medical decision-making. Developing not only critical thinking and clinical reasoning skills but also critical consciousness is essential for graduates.¹⁹

Domain Description

Graduates will be able to recognize healthy versus ill patients in the context of the patients' lives and determine the stage of illness — acute, at risk of illness (emerging), or chronic. Graduates will demonstrate the ability to utilize up-to-date scientific evidence to inform clinical reasoning and clinical judgment (PCSR 1.5).

Competencies

- 1.1 Recognize normal and abnormal health states
- 1.2 Discern among acute, chronic, and emerging disease states
- 1.3 Elicit and understand the stories of individual patients and apply the context of their lives (including environmental influences, cultural norms, socioeconomic factors, and beliefs) when determining healthy versus ill patients
- 1.4 Develop meaningful, therapeutic relationships with patients and their families (PA Comp. PC, FMM)
- 1.5 Partner with patients to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment (PA Comp. PC)

Essential Skills

- Information gathering
- History-taking
- Physical examination
- Discernment of important versus extraneous information
- Prioritization of actions and clinical care decisions based on information available and the patient's beliefs about their care
- Empathetic listening
- Relationship building
- Evidence-based decision-making

Questions to Consider

- Are graduates able to apply appropriate scientific evidence to patient care?
- Are graduates able to recognize sick versus healthy patients?

- Are graduates able to gather essential and accurate information about patients?

2. Society and Population Health

This domain is intended to ensure that graduates understand how the health of individual patients may be affected by and contribute to the health status of the larger community. Good health care providers are part of the fabric of the community. While caring for individual patients in a health care setting is often the focus of the PA's daily work, new graduates should appreciate the patient's existence within the broader context of society.

A population health approach is required for improving health outcomes and reducing health disparities. Competent graduates will understand how individual patients are affected by the communities in which they live and work. They will also be able to demonstrate an understanding of how their patients contribute to the health of the community and society at large. By understanding the community, environmental, genetic, and other influences on the health of a community, graduates will be able to accept the responsibility for the betterment of the patient populations they serve.

Competent graduates must be aware of their own biases and work intentionally to recognize that their ego and ethnocentric beliefs and norms can impact patient care.⁸ They will understand how civic responsibility, patient advocacy, service to the community, diversity of the workforce, and improving the health of underserved populations factor into patient care.²⁰

Domain Description

Graduates will be able to recognize and understand that the influences of the larger community may affect the health of patients and integrate knowledge of social determinants of health into care decisions.

Competencies

- 2.1 Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served
- 2.2 Recognize the potential impacts of the community, biology, and genetics on patients and incorporate them into decisions of care
- 2.3 Demonstrate accountability and responsibility for removing barriers to health
- 2.4 Understand the role of structural disparities in causing illness
- 2.5 Engage members of the health care team in the surveillance of community resources to sustain and improve health
- 2.6 Engage the health care team in determining the adequacy of community resources
- 2.7 Reflect on personal and professional limitations in providing care
- 2.8 Exercise cultural humility

- 2.9 Elicit and hear the story of the individual and apply the context of the individual's life (including environmental influences, culture, and disease) when determining healthy versus ill patients
- 2.10 Understand and apply the fundamental principles of epidemiology
- 2.11 Recognize the value of the work of monitoring and reporting for quality improvement
- 2.12 Use appropriate literature to make evidence-based decisions on patient care

Essential Skills

- Patient advocacy
- Patient agency
- Self-advocacy
- Self-agency
- Active community engagement
- Resourcefulness
- Relationship development
- Self-awareness
- Interpersonal skills including influence, empathy, and humility
- Awareness of unconscious biases
- Information gathering
- Discernment of important versus extraneous information
- Prioritization of action steps based on information available
- Awareness of biases and attitudes towards others
- Empathetic listening

Questions to Consider

- Can graduates define key terminology and apply basic concepts of population health?
- Are graduates able to locate and secure resources for patients within a given community?
- Are graduates able to identify personal bias or knowledge deficits that would adversely affect delivery of patient-centered care?

3. Health Literacy and Communication

This domain is intended to underscore the importance of two key tenets required for patient-centered care: (1) the patient's capacity for understanding information about their health and (2) the ability of the health care provider to communicate with patients to ensure they understand their health and the care they are receiving. These are combined because they are closely connected.

Competent PAs understand the importance of helping and possess the skills to help patients become partners in their health care. Competent PA graduates will also use a variety of techniques to determine patients' capacities for understanding their health and the systems that serve them. For example, new graduates must be able to

incorporate an understanding of genetics and pathophysiology as well as the importance of environmental and societal influences on health.

PA graduates must be emotionally intelligent and able to guide how best to communicate with patients, then adjust the content and style of their verbal communication for maximum clarity. Developing strategies to communicate effectively with patients will become increasingly important as demographics shift and reliance on technology continues to increase. Competent PA graduates will need to be able to establish rapport and communicate in meaningful ways with patients, regardless of the modality. In addition, competent PA graduates will need to be able to recognize and overcome linguistic and cultural barriers to effective communication, as well as understand different perspectives and expectations about health and how health care can impact health disparity.

Domain Description

Graduates will be able to communicate with patients as partners who engage in shared decision-making and who communicate, interpret, and express themselves as individuals with unique personal, cultural, and social values.

Competencies

- 3.1 Establish meaningful, therapeutic relationships with patients and families that allow for a deeper connection and create space for exploration of the patients' needs and goals to deliver culturally competent care (PA Comp. PC, FMM)
- 3.2 Interpret information so that patients can understand and make meaning out of the information conveyed to them
- 3.3 Recognize the need for and governing mandates that ensure patients have access to interpreters and appropriate resources when barriers to communication arise
- 3.4 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions (PCRS 4.7)
- 3.5 Communicate effectively with patients, families, and the public
- 3.6 Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs (CLAS)
- 3.7 Organize and communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible, and checking to ensure understanding (IPEC CC2)

Essential Skills

- Self-awareness
- Knowing when to consult
- Awareness of unconscious biases

- Interpersonal skills
- Active listening
- Patient education
- Cultural competency
- Health literacy
- Trust-building

Questions to Consider

- Are graduates able to demonstrate sensitivity to patient health needs in the context of the patient's life and views on health and health care?
- Are graduates able to establish rapport and communicate with patients to appropriately address the patients' health needs?

4. Interprofessional Collaborative Practice and Leadership

This domain emphasizes that teamwork is key to delivering safe, quality health care, in a way that is complementary to the goals of the provider-patient partnership. PAs are well positioned to coordinate care across health professions and specialties. The profession's identity is grounded in team-based care. PAs have worked in collaboration with their physician and other colleagues since the profession began.

Competent PA graduates will have a firm grasp of the roles of PAs and other team members, and will demonstrate the ability to work effectively in teams, but not for this end unto itself. Rather, effective teamwork begins by ensuring that the goals of the patient remain the focus of the health care team.

As patient advocates, PAs will have to assume a leadership role on a health care team, and they will also need to understand how to contribute to quality patient care by working with other health care professionals. PAs who possess knowledge and skills in this domain will have the self- and team awareness to recognize limitations and rely on other members of the team to provide the highest level of patient care.

Leadership in this context is demonstrated regardless of title or status and is determined by the needs of the patient above all else. Knowing when to lead and when to follow is essential and demonstrates one's ability to value the needs of the patient over self. The ability to determine how to demonstrate leadership requires PAs to be competent in self-awareness, communication, and interpersonal skills.

Domain Description

Graduates will be able to recognize that the patient is at the center of all health care goals and to partner with the patient to define the patient's health care goals.

Competencies

- 4.1 Articulate one's role and responsibilities to patients, families, communities, and other professionals (IPEC RR1)
- 4.2 Redirect the focus of the health care team to the needs of the patient
- 4.3 Assure patients that they are being heard
- 4.4 Ensure patients' needs are the focus over self and others
- 4.5 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices (PCRS 2.6)
- 4.6 Recognize when referrals are needed and make them to the appropriate health care provider
- 4.7 Coordinate care
- 4.8 Develop relationships and effectively communicate with physicians, other health professionals, and health care teams (PA Comp. Comm)
- 4.9 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable (IPEC RR5)
- 4.10 Use unique and complementary abilities of all members of the team to optimize health and patient care (IPEC RR9)
- 4.11 Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and health care needs of patients and populations (IPEC RR3)
- 4.12 Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health (IPEC RR10)

Essential Skills

- Interpersonal skills including humility and beneficence
- Self-awareness
- Effective communication
- Empathetic listening
- Advocacy
- Teamwork
- Relationship building
- Care planning

Questions to Consider

- Are graduates able to work effectively as members of a team to address the patients' health needs?
- Are graduates able to articulate the appropriate scope of PA practice?
- Are graduates able to determine which patients require other team members to participate in the delivery of care to achieve the patient's goals?

5. Professional and Legal Aspects of Health Care

This domain is intended to stress the importance of practicing medicine in ethically and legally appropriate ways and emphasize the need for graduates to demonstrate professional maturity and accountability for delivering safe and quality care to patients and populations. Competent PA graduates will be able to articulate and adhere to standards of care and will possess knowledge of the laws and regulations that govern the delivery of health care in the United States. They will be able to demonstrate professional maturity by attending to the needs of the patient over self-interest. Competency in this domain requires graduates to use self-assessment and metacognitive skills, as well as exercise humility and compassion to provide patient-centered care regardless of the situation. This requires a level of maturity and professional identity that is demonstrated consistently, even in high-stress, ambiguous, and uncomfortable situations.

Domain Description

Graduates will be able to practice medicine in a beneficent manner, recognizing and adhering to standards of care while attuned to advancing social justice.

Competencies

- 5.1 Articulate standard of care practice
- 5.2 Admit mistakes and errors
- 5.3 Participate in difficult conversations with patients and colleagues
- 5.4 Recognize one's limits and establish healthy boundaries to support healthy partnerships
- 5.5 Demonstrate respect for the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care (IPEC VE2)
- 5.6 Demonstrate responsiveness to patient needs that supersedes self-interest (PCRS 5.2)
- 5.7 Demonstrate accountability to patients, society, and the profession (PCRS 5.4)
- 5.8 Exhibit an understanding of the regulatory environment

Essential Skills

- Interpersonal skills including humility, compassion
- Empathetic listening
- Ethical decision-making
- Integrity
- Accountability
- Humanism
- Responsibility
- Help-seeking behaviors
- Self-advocacy

Questions to Consider

- Are graduates able to demonstrate adherence to standards of care?

- Are graduates able to admit mistakes and take accountability for their actions?
- Are graduates able to discuss and explore ethical issues in a thoughtful, nonbiased manner that respects the autonomy of patients while demonstrating beneficence and non-maleficence?

6. Health Care Finance and Systems

This domain focuses on the essential knowledge and skills needed to successfully navigate the health care system to deliver high-quality, patient-centered care. Competent graduates will understand how the micro and macro systems of health care impact patient outcomes, and they will be able to increase their capacity to improve access to care and quality of care. This requires graduates to not only identify the barriers but to see the avenues to quality care. Competency in this domain requires an understanding of the economic factors that affect access to care, including how to deliver high quality care in a value-based system. Graduates must also demonstrate an understanding of their role and productivity limits and potential and how it impacts the finances of their organizations.

Domain Description

Graduates will be able to articulate the essential aspects of value-based health care and apply this understanding to the delivery of safe and quality care.

Competencies

- 6.1 Recognize that health care is a business
- 6.2 Articulate individual providers' value-add to the health care team in terms of cost
- 6.3 Appreciate the value of the collaborative physician/PA relationship

Essential Skills

- Systems thinking
- Adaptability
- Leadership
- Stewardship of resources
- Help-seeking behaviors
- Reimbursement
- Coding
- Care coordination
- Technology fluency
- Patient and personal safety
- Quality improvement
- Evidence-based practice
- Practice-based improvement

Questions to Consider

- Are graduates able to articulate the defining characteristics of value-based health care and apply this knowledge to care for patients in a cost-conscious, fiscally responsible manner?
- Are graduates able to identify and resolve issues in the health system that affect the quality and safety of patient care?

Conclusion

These Core Competencies for New PA Graduates are designed to answer the question “What must new PA graduates know and be able to do on day one of clinical practice?” The 2016 Stakeholder Summit and PAEA’s research with PA employers have shown the need for improved alignment between PA education and practice, and both PA education and clinical practice generally are being held more accountable for meeting specific, articulated goals.

In this environment, the PAEA Core Competencies Task Force, originally charged by the Board to develop graduation competencies in primary care, developed a set of competencies that all new PA graduates should be accountable for demonstrating. The task force drew on the Stakeholder Summit work as well as a comprehensive literature review to develop the competencies. The diverse composition of the task force helped in the discussion of specific competencies and competency frameworks from health professions represented by individual task force members.

We chose to keep the patient at the center of health care, and the competencies therefore focus on health rather than on disease. These competencies are intended to drive curricular decisions and create learning experiences that will keep the patient at the center of care, a hallmark of the PA profession.

About the Task Force

The task force comprised interprofessional thought leaders from several professions, including two co-chairs who are PAs. Individuals represented PA, nursing, medical, and oral health education, as well as leadership in PA certification and government.

- Karen Hills, MS, PA-C; PA (co-chair)
- Mary Jo Bondy, DHEd, MHS, PA-C; PA (co-chair)
- Bob McNellis, MPH, PA-C; PA, primary care, research
- Dawn Morton-Rias, EdD, PA-C; PA, certification
- Maryellen Gusic, MD; academic medicine
- Cindy Lord, MHS, PA-C; PA, oral health
- O. T. Wendel, PhD; community health
- Terri Cameron, MA; academic medicine
- Robin Newhouse, PhD, RN; nursing
- Sara Fletcher, PhD; PAEA

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