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## Achieving mastery through the competencies

In 2005, the governing bodies of AAPA, ARC-PA, NCCPA, and PAEA jointly endorsed the “Competencies for the Physician Assistant Profession.” The organizations collaborated to define the competencies that should be demonstrated by PAs in the domains of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice. These competencies were defined in response to increasing public interest in patient safety and an outcry for licensed health care providers to periodically demonstrate competence.<sup>1,2</sup>

**To be of value**, the competencies must be applied to the educational process, clinical practice, and the continuing education of PAs. Since the competencies document was distributed, PA educators have worked to weave the competencies throughout the didactic and clinical phases of the curriculum.<sup>3</sup> The application of the competencies is established during PA education and continues into clinical practice.

As the primary means for lifelong learning following graduation, CME is inextricably linked to the competencies. The competencies are now considered in AAPA CME planning. CME and review articles in *JAAPA* are rated on the degree to which they address the competencies. AAPA-approved Category I CME has expanded to include point-of-care learning and test writing, both of which require self-directed learning. Learning portfolios as a method for earning CME credit are also being developed. As CME evolves into continuous professional development, individual PAs will take responsibility for planning education and interventions that are tailored to their specific needs within all aspects of competence, not just in medical knowledge.

**While the application** of the competencies to PA education and CME is evident, how might individual PAs employ them not only to maintain basic competence but also to achieve excellence as clinicians? The impetus for defining PA competencies was to answer “the public call for greater accountability in health care.”<sup>2</sup> As a profession and as individuals, we have a responsibility to protect the public trust. Understanding and applying the competencies in daily practice gives us an opportunity to rise above mere adequacy and achieve levels of improved care and outcomes.

Sir William Osler, the renowned Canadian physician, astutely noted that “the value of experience is not in seeing much, but in seeing wisely.”<sup>4</sup> Reflection and self-assessment form the foundation for lifelong learning that contribute to continued competence. Ending each day with a period of

contemplation about the days’ patients, including questions that arose about diagnosis or management, difficult interactions, and challenges presented by today’s health care environment, allows us to use our experience wisely to evaluate and improve our practice. A self-evaluation tool based on the competencies may be accessed at [www.nccpa.net/PAC/Competencies\\_home.aspx](http://www.nccpa.net/PAC/Competencies_home.aspx). An honest assessment of our own strengths and weaknesses serves as the starting point for planning professional development.

**But how well** do we know what it is we need to know? The literature provides little evidence that physicians are able to accurately assess their own knowledge deficits; as a result, they often choose to attend CME focused on topics for which their interest level and knowledge is already high.<sup>5</sup> Self-assessment without credible data derived from a clinician’s performance in practice, such as patient outcomes, is unlikely to be of much value. For example, while a clinician may be confident in his knowledge of the goals for blood pressure control in various patient populations, when actual blood pressure outcomes in his practice are examined, he may be surprised at a gap between knowledge and performance. Utilizing the competency of practice-based learning and improvement, we can employ information technology and the electronic health record to more accurately evaluate our own performance and develop a more appropriate plan for practice improvement. Other competencies, such as interpersonal and communication skills, are even more difficult for the individual clinician to assess and require feedback obtained from peers, supervisors, patients, and colleagues.

We must continue to develop tools by which individual PAs can accurately evaluate their own performance in each of the competencies. While medical knowledge provides the foundation for proficient practice, the other competencies allow us to apply that knowledge in a way that results in excellence. Each of us has the responsibility to examine our own skills and begin to consider all of the competencies as a tool for achieving mastery in our profession. **JAAPA**

### REFERENCES

1. Competencies for the Physician Assistant Profession. Physician Assistant Competencies: Online Center. [http://www.nccpa.net/PAC/Competencies\\_home.aspx](http://www.nccpa.net/PAC/Competencies_home.aspx). Accessed November 19, 2007.
2. Kohlhepp B, Rohrs R, Robinson P. Charting a course to competency [editorial]. *JAAPA*. 2005; 18(7):14-18.
3. Essary A, Statler M. Using a curriculum map to link the competencies for the PA profession with assessment tools in PA education. *JPAE*. 2007;18(1):22-29.
4. Osler BC. *Inspirations from a Great Physician*. New York, NY: Oxford University Press; 1997:19.
5. Alquire P. The future of continuing medical education. *Am J Med*. 2004;116:791.