

Improving the Provision of Mental Health Teaching and Training for Physician Associates in The South Yorkshire Region.

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Introduction

Physician associates (PAs) are trained generalist dependent medical practitioners who work under the supervision of a senior doctor. Upon qualification, PAs can be trained up in any medical speciality of their choosing by upskilling themselves through continuous professional development (CPD) and formal training; providing this is supported by their employers and medical team².

Unlike doctors, PAs do not always rotate through different medical specialities post qualification. Consequently, PAs in non-psychiatry specialities might come across mental health conditions in their everyday practice without prior experience or the required skills and knowledge to manage them.

The PA Educator role was designed to identify and address gaps in knowledge by developing resources for primary and secondary care PAs working with patients who presents with mental health conditions¹.

Aims & Objective

To identify the gaps in knowledge, a training needs analysis (TNA) was undertaken. This was done in form of a survey which focused on:

1. How accessible mental health topic was for PAs working across the region and if mental health topics is integrated into regular CPD teaching timetables.
2. The quality of mental health teaching received with regards to its content, usefulness and applicability to everyday practice and professional development.
3. Consideration for specific mental health conditions and PAs associated confidence or non-confidence in diagnosis and management.

Questionnaire & Subjects

A 17-point questionnaire was produced and distributed via a survey link to over 100 PAs in the South Yorkshire region using emails. This was later extended to include Advanced Clinical Practitioners (ACPs) in the South Yorkshire region.

Results

Of all participants, 59% of respondents were from primary care, 26% of respondents worked in mental health and 15% were from secondary care. 21% of respondents had been qualified in their role for more than 4 years, 52% had been qualified between 1 – 4 years and 22% had been qualified for less than one year.

In assessing the frequency of mental health specific teaching in the region, 39% of respondents had received teaching in the last 3 months or less, 15% had received teaching in the last 3-6 months, 31% recall teaching over 6 months ago and 15% do not recall receiving any mental health related teaching post qualification.

Using a 10-point system with 10 being extremely useful, there was varied reception to the perceived practicality and worth of the mental health teaching received by the respondents. The most voted response was 7 from 26% of respondents and the overall average vote was 6.3 (Table 1).

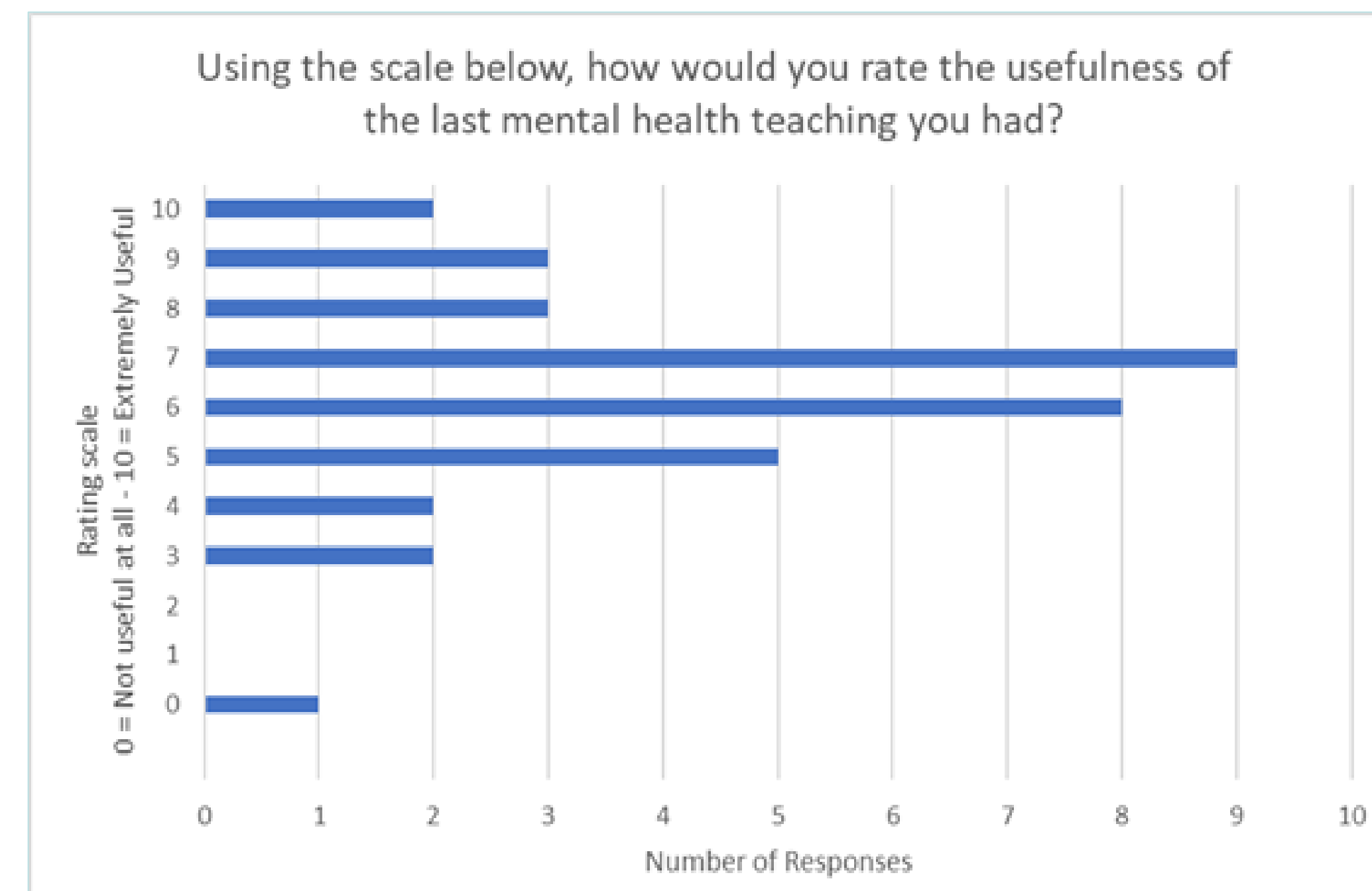


Table 1: Question 4

Using the Competence and Curriculum Framework as a guide, 11 prevalent mental health conditions PAs might encounter were surveyed. Depression, reported by 95% and Anxiety reported by 92% of respondents were the most encountered conditions with the least commonly presented reported by respondents being perinatal conditions reported by only 28% and schizophrenia with 41% of respondents.

Respondents' confidence or non-confidence in the diagnosis and management of the stated conditions is summarised in Table 2.

	Confident in diagnosis	Confident in diagnosis and management	No confidence	Other
Depression	23%	61%	13%	3%
Bipolar disorder	15%	18%	59%	8%
Schizophrenia	13%	21%	56%	10%
Personality Disorder	13%	10%	69%	8%
Autism/learning disabilities	15%	13%	54%	18%
Perinatal conditions	23%	13%	59%	5%
Substance misuse	44%	23%	31%	3%
Eating disorders	41%	15%	41%	3%
Dementia	33%	31%	31%	5%
Anxiety	18%	62%	18%	3%
Phobias & obsessive behaviours	28%	13%	59%	0%

Table 2: Summary of questions 7 – 17

One question explored how long respondents would prefer CPD/teaching sessions to last for; 33% wanted sessions to last between 30 minutes to an hour, 33% preferred 1 to 2 hours, 23% wanted sessions less than 4 hours and 10% wanted full day sessions with more than 6 hours content.

Study Limitation

The most noteworthy drawback of the survey was a low response rate; of the 39 respondents, not all were PAs while some already worked in the psychiatry speciality. This makes it difficult to generalise the result from the survey to a region reported to employ over 100 PAs across different services³.

Discussion

A few open text suggestions were also submitted by the respondents.

- The majority of those who received mental health specific training found it useful and relevant to their everyday practice, but other comments criticised how generalised and nonspecific the teaching sessions were as they did not find the teaching applicable to their area of practice such as secondary care or older adult setting. Another comment critiqued the lack of clarity in differentiating some conditions.
- In reference to the questions about confidence in diagnosis and management, respondents highlighted confidence in management but acknowledge the need for a diagnosis to be made by a psychiatrist. This is echoed by other response comments such as "suspect and refer". The question regarding diagnosis could have been worded differently to assess respondents' confidence in clinical suspicion of a diagnosis.
- Regarding specific teaching focus, respondents requested teaching sessions on specific conditions such as ADHD, Personality Disorders, Autism and Learning disability. Another popular request was for more complex discussions, processes surrounding making appropriate and quality referrals to mental health services to reduce rejected referrals.

Conclusions

Using a TNA, the mental health learning needs of PAs within the South Yorkshire region were established.

The PA Educators devised a 2-hour CPD event for PAs which was designed to address some of the learning needs identified from the survey and then a series of CPD events following feedbacks from the event.

The faculty also created a secondment opportunity for an Autism and Learning Disability PA Educator; this will further enhance the development opportunities for PAs across the region when working with patients with Mental health, Autism and Learning disabilities¹.

With anticipation, by working closely with PA ambassadors and Leads across the region, the mental health CPD events and resources made available by the PA Educators, there will be an increased awareness of the Educator role and its aims allowing future surveys to be better responded to and in turn allowing for results to be more generalisable to the intended audience.

References

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