

MSc Physician Associate Studies

Mental Health Placements - *September 2017 Cohort*

Who are Physician Associates?

The Physician Associate (PA) is defined as someone who is:

"A new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and / or general practice team under defined levels of supervision".

PAs are collaborative healthcare professionals with a generalist medical education, who work alongside doctors, GPs and surgeons providing medical care as an integral part of the multidisciplinary team. PAs are dependent practitioners working with a dedicated supervisor, but are able to work independently with appropriate support'.

PA training includes:

- Completing an undergraduate degree in a life science
- Completing a 2-year, full-time, intensive postgraduate course in medical science and clinical reasoning; this consists of 50% theory and 50% practice. It includes over 1400 hours of clinical placement experience in both acute and community settings, and core specialities such as mental health, along with O&G and Paediatrics. This training is based on the Competence and Curriculum Framework for the Physician Assistant (Department of Health 2006, revised 2012).
- Students must pass both their university programme and the UK Physician Associate national examination to be able to work as a Physician Associate.

Once qualified, Physician Associates must maintain 50 hours of CPD each year and sit a recertification examination every 6 years.

Why consider PAs in Mental Health?

PAs are trained as 'generalists' and have the potential to undertake a wide range of roles within mental health services under the supervision of a consultant including:

- Taking medical histories from patients
- Performing physical examinations
- Diagnosing illnesses
- Seeing patients with long-term chronic conditions
- Performing diagnostic and therapeutic procedures
- Analysing test results
- Developing management plans
- Provide health promotion and disease prevention advice for patients

PA Mental Health Competence on Qualification

Example conditions demonstrating the role in which PAs play in the diagnosis and the level of responsibility in the management process:

Condition	Competence on Qualification
Depressive disorder	Diagnosis & Management
Affective disorder	Diagnosis & Management
Alcohol abuse/dependence	Diagnosis & Management
Tobacco use/dependence	Diagnosis & Management
Acute reaction to stress	Diagnosis & Management
Uncomplicated bereavement	Diagnosis & Management
Phobias	Diagnosis & Management
Generalised anxiety disorder	Diagnosis & Management
Obesity	Diagnosis & Management
Panic disorder	Diagnosis & Management
Post-traumatic stress disorder	Diagnosis & Management
Bipolar disorder	Diagnosis > Management
Anorexia nervosa	Diagnosis > Management
Bulimia nervosa	Diagnosis > Management
Drug abuse/dependence	Diagnosis > Management
Child/elder abuse	Diagnosis > Management
Domestic violence	Diagnosis > Management
Deliberate self-harm	Diagnosis > Management
Attention-deficit disorder	Diagnosis > Management
Schizophrenia	Diagnosis > Management
Antisocial disorder	Diagnosis > Management
Obsessive-compulsive disorder	Diagnosis > Management
Paranoid disorder	Diagnosis > Management
Dementia	Diagnosis < Management
Dysthymic disorder	Diagnosis < Management
Delusional disorder	Less competent in diagnosis & management
Schizoaffective disorder	Less competent in diagnosis & management
Autistic disorder	Less competent in diagnosis & management
Somatoform disorder	Less competent in diagnosis & management
Avoidant disorder	Less competent in diagnosis & management
Borderline disorder	Less competent in diagnosis & management
Histrionic disorder	Less competent in diagnosis & management
Narcissistic disorder	Less competent in diagnosis & management
Schizoid disorder	Less competent in diagnosis & management
Schizotypal disorder	Less competent in diagnosis & management

PA Mental Health Placement Learning Objectives

National curriculum stipulates a minimum of 90 hours clinical experience, such as:

KNOWLEDGE

By the end of their training a PA would need to know about?

- The prevalence, clinical presentation, course and prognosis of common psychiatric conditions
- How to diagnose and treat/refer common mental health disorders such as; depression, bipolar, generalised anxiety disorder, schizophrenia, phobias, panic disorder, post-traumatic stress disorder, eating disorders, substance abuse, behavioural/emotional disorders (acute reaction to stress, bereavement, deliberate self-harm, domestic violence, vulnerable abuse)
- To be aware of the epidemiology of common mental health disorders
- The multifactorial model of biological, psychological and social and cultural factors involved in the aetiology of common mental disorders
- The current common psychological, physical and social treatments for psychiatric conditions (medicines, ECT, counselling/psychotherapies and lifestyle measures)
- Know the mental health practitioner's duties and the patients' rights under mental health and mental capacity laws/acts
- Summarise the major categories of psychiatric disorders using ICD10
- Describe the basic range of services and professionals involved in care of people with mental illness
- To be aware of the mental health service across primary, secondary and tertiary care

SKILLS

By the end of their training a PA would need skills in?

- Taking a full psychiatric history, carry out a mental state examination (including suicidal risk assessment and cognitive assessment), write up a case (including aetiological factors, differential diagnoses and management plan) and be able to succinctly present this information to a senior
- To be able to provide immediate care in psychiatric emergencies which may occur in psychiatric units, general hospitals, primary care or other settings
- To screen empathetically for common mental illnesses in non-psychiatric settings and recognise where medically unexplained symptoms may have psychological origins
- Communicate effectively and empathetically with patients, families and colleagues
- To evaluate impact of mental illness on the individual, their family and those around them
- To assess patient's mental capacity to make a decision in line with the GMCs guidance

ATTITUDES

By the end of their training a PA would need to have attitudinal, higher and organisational learning in?

- Behave according to good ethical and legal principles including, but not limited to, those laid down by the Faculty of Physician Associates in the Royal College of Physicians and the GMC
- Act in a safe way towards patients and one's self, and recognise the limit of own and the PAs professions competencies and ask for help
- Accept that illness of the brain/mind are of equal importance as illness of other parts of the body. View psychiatric patients as deserving high standards of care and be aware of stigmatisation and be able to raise concerns where needed
- Recognise the importance of the MDT approach in all settings
- To be aware of own learning needs and adopt lifelong learning principles
- Awareness of how a 'Physician-PA' team can work in practice and how PAs can function within multi-professional teams
- Awareness of the PAs professional and clinical competence boundaries

Case Study of a PA in Forensic Psychiatry

Forensic Psychiatry is a branch of psychiatry which deals with the assessment and treatment of mentally disordered offenders. With that said most of the people I work with have a significant risk or history of violence or/and potential violence. It's important to note though that they are also mentally unwell and any potential risk is significantly reduced by the setting they are in. The reason for this is because of the level of security and subsequent 'blanket restrictions' in place i.e. nearly everything is contraband, no one or nothing comes in without being searched, every door is locked, all members of staff/visitors carry a personal alarm system and so on.

I have worked here for 6 months now, since graduating from PA school. I have to say I was extremely scared about applying for this job, let alone working here full time. I have always enjoyed Psychiatry but working in Forensics? In a Medium Secure Unit? And with only women? I really wasn't sure. 6 months on, and I haven't regretted my decision. The basic structure here is there are three clinical teams, each led by one Consultant Psychiatrist, looking after up to 10 patients each. The patients are spread across three clinical wards - two of the wards are 'Acute' and the other is a 'Rehabilitation' ward.

My job role is to work analogous to a junior medic for one of the clinical teams, under supervision from a Consultant Psychiatrist. It's probably easier for me for me to explain what I actually do on a weekly basis....

Monday:

Monday morning typically starts with catching up on emails and clinical activity over the weekend. This is fairly straight forward because everyone working in this hospital gets emailed a handover sheet daily, listing any major incidents over the previous 24 hours. After I've caught up, I head up to the wards mid-morning to bleed my patients. Most of the time this is just routine FBCs for those patients that are on Clozapine; a list of who is due is emailed to us the week prior by pharmacy. At midday there is a referrals meeting which allows all three clinical teams (i.e. Consultants, Junior medics, Psychologists, Nurses, & Occupational Therapists) to get together to discuss potential admissions and discharges.

After lunch I then either do some 'Admin' (I will explain about this later on) or go onto the wards to see our patients. My Consultant likes me to see all of his patients at least once per week. Typically this will involve a general consultation about how they are getting along on the ward and review of their physical health (physical health monitoring is one of my key roles here). A lot of the patients have multiple physical health complains and as GP Surgeries/Acute hospitals aren't easily accessible, so I work with my consultant to try and address these complains. On a weekly basis I may see a patient for anything including constipation, headaches, chest pain, back pain, rashes, coughs, colds, MSK injuries etc. Most of these things are managed in-house although sometimes I have to decide (after discussion with my Consultant of course) whether to refer onwards to an acute hospital or Specialist.

Tuesday & Wednesday:

These days are spent much the same as Monday, minus the fact we don't have a Referrals meeting. This is probably a good time to mention what I call 'Admin'. So I'm sure in whatever capacity you end up working you will be doing some administration duties. Being honest, 40% of my time is spent at a desk. This is because I have to compile reports, every

six months for our patients. I have to write both the Psychiatric and Physical Health reports summarising the last six months of their admission. I promise you it sounds worse than it actually is. I quite like doing it because it allows you to consistently keep up to date with what's been happening for the patients you are looking after. Bear in mind that in this setting the patients have an average stay of around 2 years.

Thursday:

So Thursday morning is my teams Clinical Team Meeting (CTM). In short this is our version of the traditional hospital 'ward round'. The difference being is that we all sit in a nice warm room with lots of tea and biscuits to discuss the patients as a team (i.e. Consultant, Psychology, Assistant Psychologist, Occupational Therapist, Nurse, and Social worker). The patients being discussed (remember there are up to 10) change each week, depending on who's up for review (typically we will discuss each patient every 2 or 4 weeks).

Once we have finished discussing the patients we invite them along as well. This is their chance to put forward their "requests" – which is unique to this kind of service. This is where the patients will ask for various things depending on where they are at in terms of their care. For example, a patient who is mentally unstable, having only recently just started medical treatment, may only be requesting things like kitchen access or metal cutlery however a patient on the rehab ward who has been here for years may be requesting things like unescorted leave. All the requests put forward have to be discussed as a team in order to assess patient's current risk and whether they would be suitable to have for example kitchen access.

Friday:

This is usually the day my Consultant sees the patients on the ward. He normally invites me along for the experience. The consultation this time is predominately Psychiatry focused, although there is often an element of the patients seeking general advice on a number of matters. This is because the Consultant is classed as their Responsible Clinician and most decisions will inevitably have to be decided by him/her.

Most of the afternoon is spent winding down for the weekend and preparing for the following week. This involves printing the blood forms, checking my diary, and squaring my never ending to-do list away.

Best of the rest:

Other responsibilities I have include carrying the medical emergency on call bleep on certain days. There is a rota (which I have to now do) to ensure this held every day 9am-5pm. The idea being that if there is an emergency (which has happened) that a member of the medical team attends to assess and decide if the patient needs to go to A&E via ambulance. I also have to liaise with the Dentist and Optician for all the patients (not just my team) to ensure they are booked in to be seen if needed.

As from September I will be attending the CT1 Psychiatry teaching for the trust which is held every Tuesday morning. The timetable consists of lectures delivered by experts in the field and a number of small group tasks including role play stations.

Example PA Job Description in Mental Health

1. Take part in all of the treatment and preventative healthcare services of the employing facility as and when requested, and work within the policies and procedures of the organisation.
2. Practice under the supervision of a Consultant Psychiatrist.
3. Conduct initial psychiatric evaluations; take patient histories and perform mental state & physical health examinations when required.
4. Establish differential diagnosis, making appropriate treatment plans and initiate treatment, escalating as appropriate.
5. Record or dictate the history, mental state examination and physical condition in the medical record according to Trust guidelines.
6. Initiate treatment protocols and provide follow up treatment.
7. Perform pre and post ECT evaluations (if required).
8. Order and interpret diagnostic laboratory tests, radiological studies or other therapies.
9. Discriminate between normal and abnormal findings to recognise early stages of serious medical or mental health problems in the patients.
10. Instruct and counsel patients regarding mental and physical health, including:
 - a) Diet and advice
 - b) Disease and disease prevention
 - c) Treatment
 - d) Normal development
11. Refer patients to appropriate community health facilities, agencies and resources. Also refer and converse with appropriate specialists in regard to patient management.
12. Perform diagnostic/therapeutic procedures, subject to PA training/experience, such as:
 - a) Cognitive assessment
 - b) Initiation of Basic/Advanced Life Support in all patients and in all settings.
 - c) ECG
13. Management of final patient disposition, including admission to hospital ward and discharge.
14. Teaching other groups of staff, e.g. nursing / medical students
15. Perform other tasks, not prohibited by law in which the Physician Associate has been trained and is proficient to perform.
16. Work collaboratively with the relevant team i.e. Psychiatrists, Nurse Practitioners, Support workers, Psychologists, Physiotherapist's, Occupational therapists, Social Services Staff, Physicians, etc. to encourage and ensure good working relationships.
17. Work to deliver, with other members of staff, the national guidelines and objectives set out for psychiatric services.
18. Meet as appropriate with supervising physicians, management team, etc. to report on progress and contribute to the development of psychiatric services within the Trust.
19. Attend the local medical training programme
20. Maintain proficiency in medical practice through continuing professional education & development.
21. Assist in the development of the UK Physician Associates as the profession progresses

	Monday	Tuesday	Wednesday	Thursday	Friday
am	Ward work	MDT ward round	Ward work	MDT ward round	Non-clinical/ CPD Supervision
pm	Ward work	Ward work	Academic programme Non-clinical/ CPD	Ward work	Ward work

Mental Health Placement Tariff:

£500 per student for minimum of 90 hours placement

Who to contact if interested in hosting UWE PA student mental health placements:

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