

# Survey of Psychiatric Physician Assistants Determining Scope of Practice, Preparedness, and Post-Graduate Training

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**Abstract.** The physician assistant was originally created to alleviate the lack of physicians in primary care. Today, with the growing trend of specialization, an increasing number of PAs are following suit with physicians and opting to specialize. Psychiatry is one of many specialties and as of 2006, accounts for only 1% of practicing PAs. Formal training specifically for psychiatry is sparse and relies heavily on on-the-job training. Since the demand for PAs in psychiatry has grown over the past 10-15 years, it is expected that the current scope of practice, level of preparedness, and post-graduate training have all been directly affected. A 13 question survey assessing the scope of practice, level of preparedness, and post-graduate training in psychiatry was developed and tested. The survey was distributed to current members of the Association of Psychiatric Physician Assistants (APPA). Scope of practice was diffuse. Forty percent of respondents felt somewhat prepared upon entering the field of psychiatry, and 60% felt adequately prepared after 0 to 2 years in practice. In addition to PA certification, only 8% of respondents maintained other licenses or certifications pertaining to psychiatry. Overall, it appears that the PA scope of practice has broadened over the years, yet post-graduate training is inadequate and proves the importance of on-the-job training and continuing medical education (CME) in psychiatry.

## 1. Introduction

Physician Assistants have been working in the field of psychiatry since 1975[1], however, they only represent 1% of total practicing PAs [2]. Psychiatry was originally added to the general PA curriculum in Pittsburgh, Pennsylvania in 1974, and was adopted by subsequent schools thereafter in order to familiarize students with different psychiatric patient presentations [3]. In 1998, a formal mental health training program was developed which consists of course work as well as one-on-one training with a supervising psychiatrist. Students are also trained in effective psychiatric interviewing techniques, psychopharmacology, and recognizing specific psychiatric disorders [4, 5]. Nationwide, however, there exist only two formal post-graduate training programs for psychiatric PAs, both of which have limited enrollment [6].

In 1998 the Association of Psychiatric Physician Assistants (APPA) was recognized by the House of Delegates for the American Academy of Physician Assistants (AAPA). It represents PAs who specialize in mental health care. It was designed in order to educate, develop training programs, publicize and promote the profession, define the professional role of, and maintain a professional relationship with other medical professionals. In a 2002 survey conducted by APPA, 29% of members had additional mental health practitioner licensures and the average member had over 10 years experience in psychiatry [7].

Review of the literature demonstrates that the discipline of psychiatry recognizes the need for additional manpower to meet the needs of growing community demand. PAs have proven to be competent to perform the duties necessary [1, 4, 5, 8, 9]. By working closely with supervising psychiatrists, PAs have earned trust and confidence, leading to increased independence in their practice [4].

## 2. Experiment, Results, Discussion, and Significance

*Experiment.* This project was carried out through the Department of Physician Assistant at Wichita State University between March 2008 and May 2009. Don St. John, President of APPA, provided identification of physician assistants in psychiatry. A survey was designed to investigate the scope of practice in psychiatry, level of preparedness, and post-graduate training. The survey used was a partial replication of the 2001-2002 membership survey conducted by APPA [10]. The survey was conducted via email using surveymonkey.com to the current members of the APPA. They included physician assistants currently working in psychiatry and ranged from recent graduates to experienced professionals. Those surveyed were asked a series of questions based on patient case load

and responsibilities. Questions regarding certifications, licensure and educational background were also examined. Finally, participants were asked questions assessing their confidence within the discipline.

*Results:* A 13 question survey was sent to a total of 100 PAs practicing in psychiatry who was also members of APPA. Completed surveys were received from 50 percent of individuals invited to participate. Results of the survey revealed the majority of PAs working in psychiatry have worked in their specialty for either 3-5 years or +10 years, both being 32%, respectively. An overwhelming 62% have a Master's degree as their highest level of education, the next highest being a Bachelor's at 26%. The majority practice in a private practice clinic or hospital setting (46%), and they generally work 40-50 hours per week (52%). The average number of patients treated per day was 11-15 (42%), while performing a variety of duties with almost everyone writing orders for initiating treatment (92%), continuing treatment (94%), and ordering and interpreting laboratory, imaging and other tests on patients (92%). The majority (92%) have no other certifications/licenses in addition to their PA certification. Over 80% of the respondents report completing 21-50 CME hours in relation to psychiatry, while only performing <10 hours of CME before entering the field (52%). Upon entering the field of psychiatry, the majority of PA's felt somewhat prepared (40%) with neutral being the second highest answer (20%). The average time it took to feel adequately prepared was 0-2 years (60%) and 3-5 years (34%). The PAs treat a variety of diagnostic groups with all (100%) of them treating mood disorders, psychotic disorders, and anxiety disorders. Personality, sleep, cognitive and attention disorders were also commonly treated at 88%, 84%, 82% and 82%, respectively. *Discussion:* Based on the results of the survey, it appears PAs have a wide scope of practice. They are working a regular full-time job while caring for patients with psychiatric conditions across the board. They are performing duties from routine histories and physicals to writing orders to initiating treatment plans, while treating every diagnostic group of psychiatric patients. Of the PAs surveyed, more than half felt less than prepared when entering the psychiatric field. With available CMEs related to psychiatry it took  $\leq 5$  years for them to feel prepared in their field. There are very few opportunities in post-graduate studies for PAs in psychiatry.

*Significance:* The boundaries seem limitless as PAs currently working in the psychiatric field are performing a variety of responsibilities with the treatment of a wide range of psychiatric conditions. The results imply a potential need for more post-graduate training for PAs entering psychiatry. There does appear to be an adequate number of CMEs related to psychiatry, which is intended to keep PAs knowledgeable in the psychiatric field.

### 3. Conclusions

With the expansion of the medical field from general practice to specialization, physician assistants are following suit. Although physician assistants in the field of psychiatry only represent a minute portion of specialization, their responsibilities are ever expanding and important to physician time management while increasing the patient load. Although there are few formal post-graduate training programs in psychiatry, continuing medical education hours and on the job training seem to be adequate preparation and training for physician assistants in field of psychiatry.

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