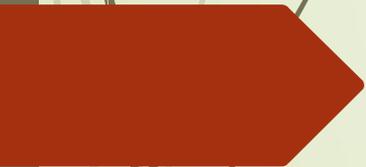


The (HUGE!!) value of having a Physician Associate (PA)



Dr Declan Hyland - Consultant Psychiatrist
Mohammed Uddin - Physician Associate

Outline of my talk

- My prior experience of PAs and knowledge of their role.
- Understanding how a PA would fit into the inpatient team.
- Developing roles and responsibilities for my PA.
- Identifying challenges encountered.
- The six-month review of my PA's performance!
- The future.....
- My PA's own views.

My prior experience of PAs and knowledge of their role

- Supervised several PA students for their three-week mental health placement.
- Never tasked with supervising a PA previously.
- Delivered some teaching to PA students with University of Liverpool.
- Examiner for Liverpool PA OSCE and National PA OSCE. Question writer and reviewer for Liverpool PA and National PA written exams.
- I had been aware there was an opportunity for Consultants in the Trust to supervise a PA - I jumped at the chance!

Understanding how a PA would fit into the inpatient team

- I work as a full-time Consultant at Clock View Hospital, one of the inpatient units in Mersey Care NHS Foundation Trust.
- Clock View Hospital has 51 general adult inpatient beds and 12 PICU beds.
- I look after the mixed ward (17 beds - 11 male, 6 female) and 4 patients on the male ward.
- I supervise a Higher Trainee (intermittently!) and a Core Trainee or Foundation Trainee (FY1 or FY2).



➤ Members of the inpatient MDT:

- **Consultant, SpR and locum SHO**
- **Acting Ward Manager**
- **Deputy Ward Manager**
- **Several Band 5 nurses**
- **Assistant Practitioners x 2**
- **Multiple Health Care Assistants**
- **Clinical Psychologist (shared with female ward)**
- **Three Assistant Psychologists (shared with male and female wards)**
- **O.T**
- **O.T Assistant**
- **Ward clerk**

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- Needed to know what hours my PA would be working (Monday to Friday, full-time).
 - Appreciate the need for my PA to ensure he is able to meet his CPD needs (50 hours per year).
 - I needed to know from my PA what his thoughts / views were about how he would fit into the inpatient team.
 - Would nursing staff on the ward accept the PA into the team? How would my junior trainees feel about a PA working alongside them?

Developing roles and responsibilities for my PA

- ▶ Collaborative approach with my PA to identify these.
- ▶ Include:
 - Shared responsibility for the physical health of my patients
 - Performing physical investigations: bloods, ECGs
 - Reviewing acutely physically unwell patients on the ward
 - Attending patient ward reviews and documentation of these (ideal opportunity to develop MSE and risk Ax skills)
 - Liaising with other specialties when required, e.g. cardiology and diabetes
 - Chase up blood results and ensure they are actioned, if required
 - Chase up imaging / investigation reports and ensure they are actioned, if required

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- Develop knowledge of assessment of and management of mental disorders
 - Develop an understanding of the Mental Health Act 1983
 - Patient wound care
 - Suture removal
 - Formal cognitive testing (Addenbrooke's Cognitive Examination)
 - Attending weekly MDT reviews
 - Ensuring annual CPD requirements are met
 - Attendance at the Trust's weekly academic programme
 - Involvement in clinical audit and present the findings
 - Develop understanding of psychotropic medication prescribing
 - Take a lead role in Clozapine and lithium bloods being done
 - Identify areas to develop in

Identifying challenges encountered

- Acceptance into the inpatient MDT as becoming an integral member of the team.
- PAs can't prescribe any medication. (? Will change in the future)
- PAs can't request imaging for patients - all requests need to be discussed with and signed by a doctor.
- Threat to the roles and responsibilities of the SHO?
- Uncertainty about how long my PA would be working with me.
- Would I be able to supervise my PA and ensure he is working in safe manner?

The six-month review of my PA's performance

- ▶ Pointed out to me by my PA that this was a requirement!
- ▶ My PA listed all of his objectives and then evidence to demonstrate how he had met each objective.
- ▶ Allowed my PA and I to reflect on how the six months has been for him and also for me.
- ▶ Identify areas in which to develop, e.g. teaching of medical students, involvement in the induction of new trainees, train ward staff to take bloods and perform ECGs.

The future.....

- Uncertain! I've sought assurances from Mersey Care about how long my PA is contracted for. Certainly another 12 months.
- I am very keen for my PA to remain at Clock View Hospital.
- My PA and I want to formally evaluate the impact of having a PA in the mental health setting (two other PAs working in Mersey Care).
- Increase in the number of PAs to be employed by Mersey Care. A PA is starting on the dementia ward at Clock View Hospital in March.
- My PA is happy to act as a mentor to new PAs starting in the Trust.
- My PA is changing his working pattern to doing four long days per week.

My PA's personal reflection of his six months at Clock View Hospital



Expectations when starting.....

- My experience in mental health prior to employment included 4 weeks placement with the mental health liaison team at The Royal Liverpool
- **During this placement patient were only seen once medically optimised**
- This meant there was no involvement in managing their physical health issues
- This allowed me to see patients (supervised) specifically for mental health issues
- However, it provided limited insight into my role as a PA within a mental health hospital
- This was because it provided a false impression of just how much physical health issues that also needs to be addressed alongside their mental health management
- I also had 16 weeks placement in 2 G.P Surgeries in Liverpool where a significant number of patients presented with mental health issues
- Provided a little more insight into my role as a PA within a mental health hospital since patients' comorbid conditions often needed addressing too.

My role within Clock View and beyond

- ▶ Attending teaching specific to PAs in order to maintain and develop knowledge of general medicine as well as gain CPD points
- ▶ Have protected self-directed study time to learn about other specialties as well as in psychiatry
- ▶ Attending events or conferences wherever possible in order to promote the PA profession
- ▶ Attending meetings with representatives from different Trusts and Surgeries interested in introducing the PA profession
- ▶ Contributing in ward MDT meetings
- ▶ Document ward reviews
- ▶ Attend junior doctor teaching that focusses on a different mental disorder each week
- ▶ Orientate junior doctors to the ward and to Clock View Hospital
- ▶ Taking part in hospital clinical audits
- ▶ Take the lead in completing new admission clinical documentation to avoid breaches
- ▶ Monitor clozapine and lithium titration
- ▶ Perform clinical procedures, e.g ECG, venepuncture, wound care, suture removal, urinalysis, BM, NEWS etc
- ▶ Perform examinations such as; CVS, MSK, ENT, abdominal, respiratory, neurological, cognitive etc.
- ▶ Make and chase additional investigations
- ▶ Make and chase specialist referrals

Positives and negatives of working as a PA in a mental health hospital

Positives

- Having a line manager who is very supportive of the PA profession
- Working in mental health as it is one of my ideal specialties
- Working in an environment where staff are very supportive and friendly.
- Being supported in attending CPD events and teaching
- Having a number of SHOs (4) and Consultants (3) available for support and guidance
- Feel as part of a team on the ward

Negative

- Being constantly referred to as a “doctor” by patients, as well other healthcare professions. (one e-mail regarding this PA Conference addressed me as a doctor!)
- It is a new profession so job security is limited since places are unsure how well we would fit in.
- Not having prescribing rights since it means ward staff or myself have to find someone to prescribe any medication
- Still a developing profession so my involvement and limitations are not fully clear at times
- Due to the nature of working in mental health, patients can be reluctant to comply with treatment and monitoring requests
- Finishing on time is difficult, but this is unlikely to be any different anywhere else

Take home messages

- ▶ My mental health placement did not adequately portray my current PA role.
- ▶ Having a supportive team and line manager can make a huge difference to job satisfaction.
- ▶ Working in a mental health hospital does not mean there is little opportunity to be involved in physical health issues (e.g. CVS, respiratory, abdominal etc.).
- ▶ More of my time is spent addressing physical health issues than tasks related to their mental health.

What do other members of staff on the ward think of having a PA?

“At first I was unsure about the role of a Physician Associate; my understanding was that they could be used like an SHO, I was wrong. I came to understand and realise their clinical worth. Mo would link in with the nursing staff and ward medics particularly around the monitoring of physical health. Mo would attend the MDT and receive various actions; these actions would include making referrals to specialist services and / or the general hospitals, he would also feedback any relevant information. From my experience the value Mo brought was not only around the referrals but also chasing any outstanding results and entering these onto our clinical system. Mo would work autonomously and link in mainly with our Assistant Practitioners who oversaw the physical health needs of our patients. I learnt that Mo's role on Alt ward was one around improving clinical practice specifically our patient's physical health. He would also complete cognitive assessments and any other psychiatric assessments identified by the Consultant Psychiatrist. **I believe each inpatient ward should have a Physician Associate and that Mo has demonstrated their value on Alt ward**”.

Ward Manager

“**There are not enough words to describe how VALUABLE Mo is!** He is conscientious and thorough with an excellent bedside manner. Mo is always available when SHOs are like gold dust. He has a fantastic knowledge and skillset and will always answer and questions staff may have.”

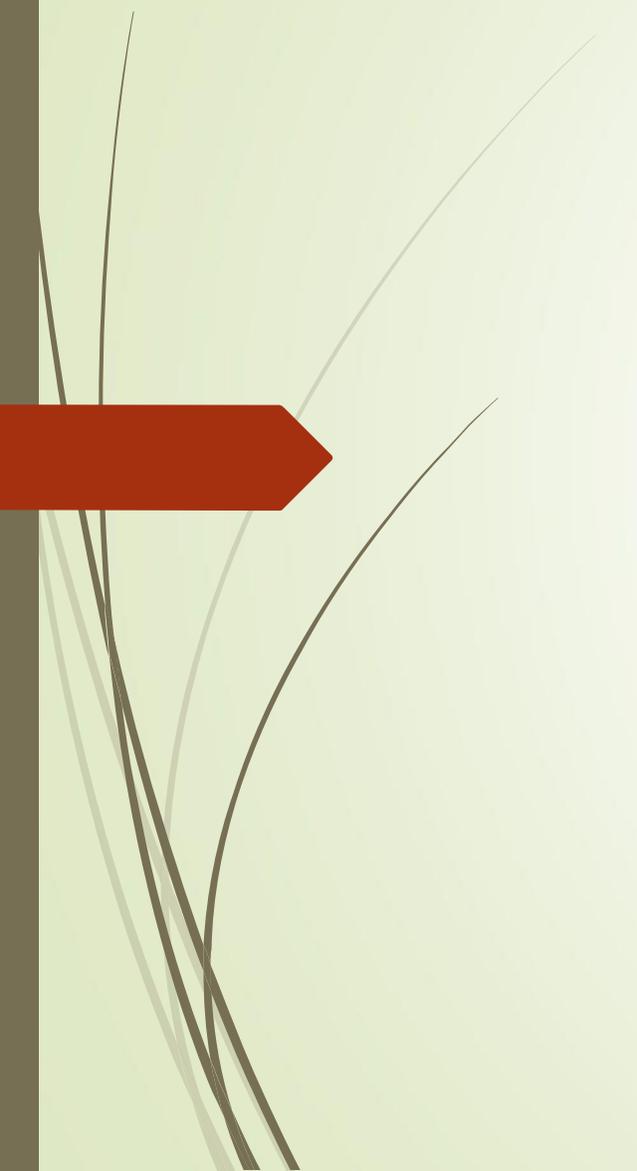
Assistant Practitioner

“Personally **I think Mo`s rule is vital not only to Alt ward or generally in the inpatient setting but to the junior drs as well.**”

CT1 in Psychiatry

Concluding comments....

- Having a PA has been a wholly positive experience for me!
- Very pleased that Mersey Care is so keen to support PAs being employed across the Trust.
- The first six months of having a PA has been as much of a learning process for me as it has been for my PA.
- My PA has slotted seamlessly into the inpatient team. He is highly thought of and respected by the nursing staff.
- I am hopeful my PA is able to and willing to remain at Clock View Hospital on a long-term basis.



Any questions?

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