Beyond Scut & Scope: Re-Energizing Professionalism & Ethics in PA & NP Education

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INTRODUCTION

The physician assistant (PA) and nurse practitioner (NP) professions are integral to the delivery of accessible, high-quality healthcare across the United States. As these advanced practice providers (APPs) assume increasingly autonomous roles in both primary and specialty care, the expectations for ethical conduct, professional behavior, and collaborative practice have intensified. This evolution in responsibility necessitates a parallel transformation in educational priorities—one that emphasizes not only clinical acumen but also the professional values and ethical standards essential to modern, patient-centered care.

In recent years, both accrediting and certifying bodies have underscored the need for formal instruction and assessment in professionalism. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) identifies professionalism as one of six core competencies and requires that it be evaluated as part of a program's summative assessment process. Similarly, the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Nurse Practitioners (AANP) include professionalism and ethics within their essential competencies, advocating for early and sustained curricular integration.

Despite these mandates, variability persists in how PA and NP programs define, teach, and assess professionalism. A scoping review by Francis and Sapre (2025) noted significant inconsistencies in the use of Objective Structured Clinical Examinations (OSCEs) to evaluate professional behaviors in PA education. Barry et al. (2023) demonstrated that professionalism lapses during PA training are strongly associated with later disciplinary actions, highlighting the long-term implications of educational neglect in this domain. In NP education, ethics and professional practice are often embedded within broader clinical or policy courses, potentially diluting their emphasis and limiting structured assessment.

Given the high stakes for patient safety, inter-professional collaboration, and public trust, a comprehensive approach to professionalism and ethics in PA and NP education is both timely and essential. This poster synthesizes current accreditation guidelines, compares PA and NP educational frameworks, reviews emerging evidence, and offers pragmatic strategies for educators seeking to build ethically grounded, professionally resilient graduates.

ARC-PA PROFESSIONALISM STANDARDS: DATA & DETAILS

- ARC-PA's 6th edition Standards require PA programs to define, teach, assess, and document student professional behavior as a core competency.
- Standard B4.03(e) mandates a summative evaluation of professionalism within the final 4 months of training.
- Standards B2.17, B2.18 and B2.19 also emphasize importance of instruction related to professional conduct, ethical behavior and professional issues.
- Professionalism includes ethics, responsibility, integrity, communication, and teamwork. Failure to meet these standards may result in probation or accreditation withdrawal.
- Steinert et al. (2016) emphasize the role of faculty development in modeling professional behavior across healthcare disciplines.

APRN / NP PROFESSIONAL & ETHICS REQUIREMENTS

- The APRN Consensus Model outlines a unified framework for NP licensure, education, and certification.
- AANP Standards emphasize ethics, advocacy, collaboration, and lifelong competence.
- ANA Standards of Professional Performance define expectations around autonomy, beneficence, justice, and boundary setting.
- Weis & Schank (2009) developed the NP Professional Values Scale, reinforcing the importance of value-based education.

PA vs NP: COMPARISON

| DOMAIN	PA (ARC-PA)	NP (APRN/AANP/ANA)
Training Model	≥ 4,000 hrs medical model; standardized competencies	≥ 500 hrs clinical; population-based nursing model
Ethics Education	Embedded in behavioral sciences, OSCEs	Embedded in leadership, advocacy, care coordination
Assessment	OSCEs, peer review, remediation pathways	Portfolios, reflective journals, clinical evals
Peer Influence	Peer feedback, mentorship, culture-building	Interprofessional practice, peer mentoring

EVIDENCE-BASED SUPPORT EXPANDED

- Francis & Sapre (2025): Communication most commonly assessed in OSCEs, bu tack of standardized definitions contributes to variability in evaluation across programs.
- Barry et al. (2023): Documented professionalism violations in PA school increase odds of future licensing action by 5.4x; probation increases risk 9.5x.
- Conran et al. (2018): Case-based professionalism enhances identity formation and moral reasoning.
- Hale & Wright (2021): Embedding professionalism reduces ethical violations and increases readiness.
- Waltz et al. (2019): Standardized patients and ethically complex OSCEs improve assessment of professionalism milestones and observable behaviors.
- Arnold L. (2002): Professionalism must be intentionally taught, assessed, and reinforced longitudinally; reliance on implicit learning is insufficient.
- Papadakis MA et al. (2005): Lapses in student professionalism correlate with later disciplinary action by medical boards.
- NCSBN APRN Consensus Model: Consistent professional role expectations are essential for safe, ethical advanced practice across regulatory environments.
- Steinert et al. (2005): Faculty development is critical for effective teaching and evaluation of professionalism, emphasizing institutional responsibility rather than individual learner remediation alone.

PEER INFLUENCE: THEORY & APPLICATION

- Based on Bandura's social learning theory, students model peer behavior.
- Peer mentorship, professionalism committees, and peer evaluations reinforce positive standards.
- Research shows peer accountability systems improve professionalism adherence.
- Cruess RL, Cruess SR, Steinert Y (2009): Students learn professionalism through the "hidden curriculum" and informal modeling.

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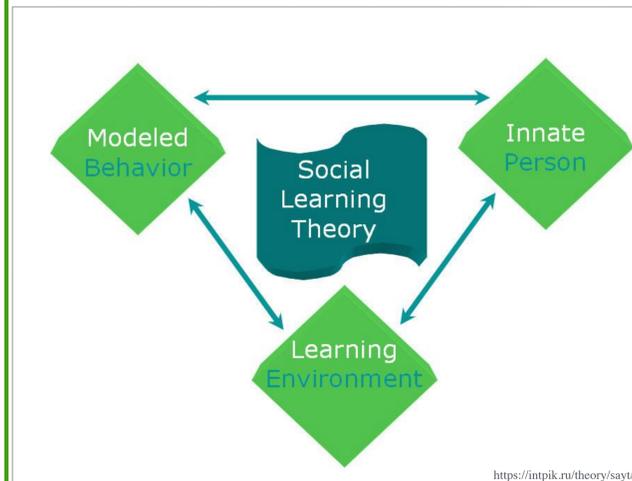
CURRICULAR STRATEGIES: ETHICS + PROFESSIONALISM INTEGRATION

- Define program-specific expectations.
- Integrate ethics into all levels of curriculum.
- Develop OSCEs with ethical complexity.
- Provide faculty training in professionalism coaching.
- Use peer-led mentoring and reflection.
- Conduct inter-professional education with nursing, medicine, and pharmacy students.
- Incorporate values clarification workshops and role-play scenarios.
- Embed structured reflection and debriefing after ethically challenging clinical encounters.
- Utilize longitudinal assessment tools to evaluate professionalism development across the program.

OUTCOMES & IMPLICATIONS

- Graduates will have strong ethical foundations and interpersonal skills.
- Long-term reduction in disciplinary action and improved patient outcomes.
- Enhanced inter-professional collaboration and trust in clinical settings.
- Higher satisfaction among patients and healthcare teams.
- Improved learner resilience and professional identity formation across training.
- Increased readiness to navigate ethical dilemmas in complex and resource-limited clinical environments.

CONCLUSION

Educating PA and NP students in professionalism and ethics requires intentional curricular design, assessment, and culture. ARC-PA and APRN frameworks provide the scaffolding, but implementation depends on program-level commitment. Embedding professionalism throughout training ensures graduates enter practice prepared to meet not only the clinical demands of care, but also the ethical responsibilities of their roles.

A robust emphasis on professionalism also supports the well-being and identity formation of students, encouraging moral resilience and ethical reflection in the face of real-world clinical complexities. By addressing both the formal and hidden curriculum, institutions can foster environments that nurture integrity, empathy, and respect as core professional values. As the healthcare landscape evolves—with rising demands, health inequities, and new models of care delivery—clinicians who are ethically grounded and professionally agile will be key to advancing equity, patient safety, and public trust.

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