IMPLEMENTATION HANDBOOK

INTRODUCING PHYSICIAN ASSISTANTS INTO PRIMARY CARE SETTINGS AND FAMILY MEDICINE PRACTICE

This handbook is based on work that was overseen by the Manitoba Introducing Physician Assistants into Primary Care Steering Committee

For more information on the handbook, or to provide feedback, contact: WRHA Primary Health Care Program
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Introduction

PURPOSE OF HANDBOOK

The purpose of this handbook is to assist Manitoba family medicine and primary care practices to a) explore the potential roles a Physician Assistant (PA) may play within their practice; b) plan for introducing a PA into their practice; and c) effectively integrate a PA into their specific practice. It is anticipated that the handbook may also be a resource for other Canadian jurisdictions that are exploring integration of PAs into family medicine and primary care.

The PA role is new to primary care in Canada. While Manitoba has been a leader in the deployment and education of PAs, it has only just begun to introduce PAs into primary care/family medicine sites, creating a need for support to sites and practices exploring this option.

The content of this handbook is based on best practice from the interprofessional literature, combined with results from a comprehensive implementation evaluation of six primary care/family medicine sites in Manitoba.

As employment of PAs in primary care/family medicine is a rapidly evolving field in Canada, it is important to note that this handbook was developed in 2014, and updated in fall 2015. Regular updates are planned. Please check to ensure that you have the latest version of the handbook.

Given the limited information available on introduction of PAs within the Canadian context, we would welcome suggestions on how to improve the handbook. Please direct any comments or suggestions to the WRHA Primary Health Care Program team (phone: 204-940-8567).

USING THIS HANDBOOK

This handbook is organized into five major sections, organized sequentially. Section 1 provides general background on Physician Assistants and their potential contributions. Section 2 is designed to assist practices in deciding whether a Physician Assistant may be a good choice in their setting. Section 3 is intended for practices that have decided that they would like to add a PA to their team: it provides practical information on planning for effective implementation. Section 4 provides additional suggestions for practices that have recently introduced a PA, while appendices in Section 5 contain useful reference materials.

1 These evaluation reports are available at: http://www.wrha.mb.ca/professionals/familyphysicians/index.php
I. Physician Assistants in Canada

WHAT IS A PHYSICIAN ASSISTANT?

“Physician Assistants (PAs) are academically prepared and highly skilled healthcare professionals educated in the medical model to practice medicine within a physician directed and patient-centered healthcare team”.2 They are recognized as “accelerated medically trained clinicians”3 who practice as semi-autonomous providers in collaboration with physicians. PAs work in a formalized relationship with a physician defined in a practice description and contract of supervision. PAs may also work under the licenses of more than one physician – with one named as a supervisor.

PAs employed in Manitoba are regulated through the College of Physicians and Surgeons of Manitoba. The supervisory contract signed by the PA and supervising physician outlines the terms and conditions of his/her work and establishes the individual PA’s scope of practice, as negotiated with the supervising physician and the College. PA’s in Manitoba were unionized as of July, 2014.

Although few Canadians are familiar with PAs, they are widely used in the US (and also in parts of Europe, Australia, New Zealand, and Africa), and have a long history within the Canadian Armed Forces.

The Canadian Association of Physician Assistants is a good source of information on the history of PAs, their potential contributions, as well as information on education and licensing (http://capa-acam.ca/). More information about PAs in Manitoba can be found in Appendix A.

Note that PAs and Clinical Assistants (CAs) are distinct roles with many overlapping functions. It is important to distinguish between the two. Clinical Assistants are health care professionals employed to provide medical support in a clinical specialty. They have a related previous educational background (which may include, for example, graduation from an international medical school or from an allied healthcare profession education program). All have received specialty training in a specific area, such as Anesthesia or Critical Care. Their clinical scope of practice, in a defined area of medicine, is determined by the responsible Physician with approval of a practice description by the Medical Council.

HOW IS A PA EDUCATED?

Canadian Physician Assistants complete a Canadian Medical Association accredited program that meets the standards of the PA National Competency Profile. The University of Manitoba, College of Medicine, offers a 25 month, graduate level Master of Physician Assistant Studies program now referred to as CanMEDS-PA.

“The University of Manitoba Master of Physician Assistant Studies prepares generalist medical practitioners in a 25-month course based professional program... [It is] the only graduate level PA program in Canada. The curriculum and program is accredited by the Canadian Medical Association Conjoint Accreditation Services allowing graduates to challenge the national certification examination. The students develop clinical expertise and critical thinking skills from experiences and mentoring from a mixture of academic, didactic, and clinical experiences.” (http://umanitoba.ca/faculties/medicine/education/paep/about_us/about.html)

2 Directly quoted from the University of Manitoba Physician Assistant Studies website: http://umanitoba.ca/faculties/medicine/education/paep/whatisapa.html

PA SCOPE OF PRACTICE

The unique aspect of the PA role, that differentiates it from other health professions, is that a PA is an “extension” of his or her supervising physician. Appendix B provides links to some examples of comparisons between PAs and Nurse Practitioners. Because a PA is a physician “extender”, the supervising physician’s scope of practice determines the work of the PA, who can be trained by the physician to do any procedure for which the physician is qualified. The PA’s scope of practice will evolve and change over time: new graduates will require additional orientation, training and support. The Canadian Association of Physician Assistants CanMEDS-PA document can be found in Appendix C.

“...The PA’s scope of practice is determined on an individual basis and formally outlined in a practice contract or agreement between the supervising physician(s), the PA and often the facility or service where the PA will work. Activities may include conducting patient interviews, histories and physical examinations; performing selected diagnostic and therapeutic interventions or procedures; and counseling patients on preventive health care.”

(Quoted from CAPA website: www.capa.ca)

HISTORY OF PAs IN MANITOBA

Manitoba has long been a leader within Canada in the training, education and employment of Physician Assistants. The province passed enabling legislation in 1999: while the first PA was hired in 2003, by 2014 there were 65 PAs working in the province.

Until recently, PA roles in Manitoba were limited to acute care settings. In 2011, however, Manitoba Health initiated the introduction of PAs into Primary Care as part of its efforts to retain new graduates and to support the rapidly evolving interest in primary care renewal (PCR) within in the province. Within the next year, Manitoba Health adopted a more comprehensive PCR strategy, which included several strategic actions for supporting Interprofessional Practice in Primary Care (e.g. My Health Teams, Interprofessional Teams in Fee for Service, Family Doctor Finder), along with a key political promise that, by the year 2015, every Manitoban who wished one would have access to a family physician.

From 2012 to 2014 the number of PAs working in primary care in Manitoba grew from two to seven, with most working in Winnipeg. Many of these positions have been funded under the Interprofessional Team Demonstration Initiative. Other provinces (e.g. Alberta, Ontario) have also begun to introduce PAs into primary care: some evaluation of their experience is also available (for contact information on the demonstration initiative in Alberta see: http://www.albertahealthservices.ca/8754.asp).

EVALUATION OF PA INTRODUCTION INTO MANITOBA PRIMARY CARE/FAMILY MEDICINE

In 2012, the Introducing Physician Assistants into Primary Care Steering Committee (consisting of leadership from Manitoba Health, the Winnipeg Regional Health Authority, the PA profession, Family Medicine professionals, the University of Manitoba, and initial sites slated for PA introduction) recognized that there was almost no information on the potential contribution of PAs to the Canadian Health care system. The Steering Committee committed to a comprehensive evaluation of PA roles in primary care/family medicine, and was successful in obtaining funding from the Manitoba Patient Access Network (MPAN) to support both implementation, and implementation evaluation, of introduction of PA positions into the first primary care and family medicine settings. Six sites (urban and rural, single provider and team practices) were involved in this evaluation (see footnote 1).
POTENTIAL CONTRIBUTIONS OF A PA TO FAMILY MEDICINE AND PRIMARY CARE ROLES

The contributions a PA can make to a primary care/family medicine practice (and to the health system in general) are well documented in the international literature (some useful resources on this topic can be found in Appendix D). More research on the potential impacts of PAs is required, however, within the Canadian context. Benefits identified in the general literature include: ability to attach a greater number of patients; improved patient access and continuity of care; and greater system efficiency. The Manitoba-based evaluation found that with appropriate orientation and supports, sites that had introduced PAs into family medicine and primary care roles were experiencing the following benefits:

• **Improved quality of care.** In addition to increased patient access (timely care), PAs were associated with greater time spent with families in explaining the patient’s condition; enhanced continuity of care; lessened patient anxiety when the physician was unavailable; enhanced documentation; and faster follow-up (response to the patient’s condition, acting on test results, discharge planning, etc.).

• **Increased patient access.** Introduction of a PA resulted in a rapid improvement in patient access, even during the initial training/orientation phases. Because of improved access, some sites also reported decreased ER visits, walk-in clinic visits and hospitalizations; and increased responsiveness to provider/patient phone calls.

• **Increased patient attachment.** Some practices reported that they had increased the number of new patients they could accept. However there appear to be at least two factors that influence the number of new patients attached: a) the objectives of the PA placement; and b) the extent to which the supervising physician was “over-panelled”. There was also evidence that hospital-based PAs supporting community-based practice can increase the numbers of unattached patients provided with hospital coverage by the supervising family physician.

• **Enhanced work life satisfaction of physicians and other providers.** There were many reports of increased satisfaction of the supervising physicians (less stress, better work-life balance, greater opportunity to adopt innovations). Similar impacts are observed among hospital-based staff, who reported reduced frustration and workload, enhanced interprofessional communication, and greater confidence in the care with which patients are provided.

• **Enhanced patient flow through, and timeliness of follow-up.** Both hospital and community sites report enhanced system effectiveness (e.g. follow up of test results, reduced time to hospital discharge).

• **Improved communication and documentation.** Many also reported improved communication and documentation. This appears to result both from a) the additional professional time made available at the site through placement of the PA, and b) the promotion of effective use of technology by the PAs (e.g. developing templates, texting rather than making phone calls). In addition, improved documentation appears to result from the focus this is given in the PA education program.

It is, however, important to note that these benefits were observed in situations where there was a high level of interest in introducing a PA role, where appropriate staff orientation had been conducted, where appropriate planning had been completed, and – perhaps most importantly – where there was openness to innovation and adapting plans as necessary.

Some of the characteristics of a PA that may contribute to these improvements include a) the generalist preparation of the PA, b) PA flexibility in supporting diverse styles of family practice (e.g., supporting the physician across hospital, personal care home sectors), and c) the fact that they are an “extension” of the supervising physician.

POTENTIAL ROLES OF A PA IN PRIMARY CARE

PAs are prepared with a generalist approach to medicine and practice. The individual relationship between the PA and the supervising physician becomes the essential determinant of each PA’s individual clinical role within the context of the PA’s competencies, the PA scope of practice, the needs of the practice/clinic, and provincial and regional jurisdictions (adapted from the WRHA PA Job Description - see Appendix F).
There is no single best role for a PA in family medicine and primary care: potential roles are still evolving. All roles, however, are expected to be consistent with the values of family medicine and support the objectives of the practice, which are to:

- enhance the care provided by physicians, enabling them to work to their full scope of practice;
- support patient-centred continuity of care;
- support transitions of patients across sectors of care; and
- support the supervising physician's panel of patients, in order to enhance the capacity of the practice to accept new patients.

Some potential roles for a PA in family medicine/primary care are described below.

**Providing care in a community-based practice**

Many PAs are placed in a clinic setting, supporting one or more physicians. While, in some cases, the PA provides service to the full range of patients seen by the clinic; in other situations he or she may have responsibility for specific services (e.g. chronic disease management) or patient populations (e.g. methadone patients).

There are many ways to structure the PA role within the clinic depending on the practice style of the supervising physician, the role and strengths of other interprofessional providers on the team, patient needs, and goals of the practice. The PA role may focus, for example, on providing same day access to all of the physician's patients; providing first point of contact for routine visits; ensuring coverage during physician absences in multi-provider practices; providing education, testing and follow up for chronic disease patients; or providing well mother/baby care. PAs may also take on a combination of functions, including visiting more vulnerable patients in the community, care home, or hospital setting.

A community-based practice setting has the potential to increase access (shortened wait times for appointments) and attachment (allowing the supervising physicians to take on additional patients), as well as to improve quality of patient care.

**Case example of PA supporting timely access:**

One clinic in Manitoba has a PA who supports the panels of three family physicians. For half of each day the PA provides scheduled appointments for patients of the three supervising physicians. For the other half day, the PA takes same day appointment requests for the supervising physicians' panels. In structuring the PA's schedule this way, the clinic has noted an increase in the number of patients the supervising physicians are able to attach, as well as improved access to same day appointments for all three panels.

**Providing hospital support to family medicine practice**

In this role, the PA spends most of his/her time on a hospital family medicine unit to facilitate continuity of care for patients of the supervising physician's community-based practice. In this scenario, the PA can support one primary physician, or a small group of physicians. Specifics of the role may vary depending on the model of family medicine in the particular hospital. For example, in one Winnipeg hospital family physicians take on “Doc of the Day” responsibility in addition to seeing their own patients. The PA provides support to any of the supervising physician’s patients who are hospitalized, as well as any unassigned patients the physician accepts under the “Doc of the Day” program.

An important aspect of this role is facilitating liaison and communication between the physician and hospital staff. The PA's on-site presence also supports care to, and communication with, families of hospitalized patients (particularly in crisis and terminal situations) and facilitates patient flow (e.g. promoting timely discharge and reducing length of stay).

This PA role allows the physician to fulfill responsibilities to patients in the community, while having the reassurance that the
PA is providing direct support to hospitalized patients and families. This may increase the capacity of physicians to take on a greater number of patients, while at the time decreasing the stress arising from balancing community and hospital-based care. Having an on-site extension of the physician is also reported to facilitate communication between hospital staff and the physician, while at the same time decreasing the number of physician interruptions at his/her clinic location.

Duties of a hospital-based PA may include:

• Evaluating and treating patients of the supervisory physician(s) when they are admitted to hospital.

• Acting as an extension of the family physician in delivering care to patients,
  • communicating with family members, and facilitating their communication with the physician and other hospital staff.
  • providing and coordinating care (including, but not limited to: timely and appropriate response to change in patient condition; attending to medical issues; making referrals; and chart completion).
  • collaborating with, and facilitating timely communication among, the inter-professional hospital team and the supervising physician (including acting as the point of contact for hospital staff re: physician care).
  • consulting with the supervising physician throughout the day as needed (often using quick methods such as email, texting).

• Organizing and supporting discharge/transition planning, and organizing continued supports as needed (e.g. home care, mental health care).

• Supporting excellence of practice through timely and quality documentation (e.g. doing admission histories and discharge summaries).

**Case examples**

In one setting, the PA is working with a single supervising physician, supporting all of the physician’s in-hospital work. Each morning, the physician conducts rounds and then spends the remainder of the day at his clinic. The PA stays at the hospital and monitors care for each of the admitted patients assigned to the supervising physician. The PA orders tests, interprets results, communicates with the patients and their families/care givers, is the funnel for communications between nurses (and other hospital staff) and the physician, and completes the charting and discharge paperwork.

In another Winnipeg hospital, a PA is supporting a My Health Team in a “hybrid” role where PA time is split between hospital and clinic work. Most of the PA’s time is spent in hospital, supporting the patients of several physicians in the network. In addition, the PA also provides support to one supervising physician in the clinic setting.

**Supporting the full continuum of family medicine**

In some practices, the PA role is focused on supporting family physicians in providing care for their patients across the continuum – in clinic, hospital, personal care home and at home. Often the PA may divide their time between seeing patients in the primary care clinic, assisting with hospital admissions, and supporting patients in the ER or personal care home and other locations. While specific roles depend on the patient population, the PA is able to support patients with complex needs, especially the frail elderly, in a variety of settings. Physicians supervising a PA in these roles stress the benefits to the patient and the health care system of this enhanced continuity of care.
II. Exploring a PA Role For Your Practice

**STEP 1: CONSIDER WHAT A PA COULD CONTRIBUTE TO YOUR PRACTICE**

A good first step is to develop a general understanding of the potential roles a PA may play in family medicine/primary care.

- Review the literature on PAs in primary care (Appendix D contains some useful resources).
- Discuss with family physicians and practices their experience in introducing and supporting a PA in primary care. (Contact the Primary Health Care Program team, 204-940-8567 for a list of Manitoba physicians who have supervised PAs).
- Offer a placement for a PA student. The PA training program at the University of Manitoba offers short-term placements for current PA students, providing physicians with hands-on experience working with a PA. If you are interested in exploring this opportunity, please contact the Director of Physician Assistant Studies, University of Manitoba, 204-272-3096 or mpas@med.umanitoba.ca.

It is essential to take the time to determine whether a PA is the most appropriate type of inter-professional provider for your primary care/family medicine practice. Several resources and tools have been developed to help practices across the province of Manitoba determine the type of inter-professional provider best suited to their practice through the Interprofessional Team in Fee for Service Demonstration Initiative. [http://www.gov.mb.ca/health/primarycare/providers/pin/docs/pinit.pdf](http://www.gov.mb.ca/health/primarycare/providers/pin/docs/pinit.pdf)

**STEP 2: ASSESS CURRENT PRACTICE AND NEEDS**

Note that if you are participating in the Interprofessional Team in Fee for Service Demonstration Initiative (mentioned in the section above), this team will work with your site to identify the most appropriate provider type for your practice (see Appendix E for process). Examples of steps you can take on your own include:

- Developing a clear description of the services offered by the practice (e.g. whether the physician has admitting privileges, any specialized services offered, the focus of the practice) and the supervising physicians’ practice style. Physicians who have decided to work with a PA often comment on the benefits of being required to be explicit about their practice style.
- Reflecting on the demographic and clinical profile of patients in your practice.
- Creating a clear description of current gaps or stresses in service delivery at the practice. All members of the staff team should be involved in assessing what areas of the practice are working well, where pressures are being experienced, and any emerging issues.
- Outlining hoped-for benefits of adding a PA to the practice. While the final decision on role will need to be negotiated with the PA, it is important at this stage in the planning process to have some general ideas of the role (among many potential roles) that you hope a PA will play, and to develop some preliminary goals for PA introduction. Examples may include increasing your ability to increase the size of the patient panel (patient attachment); improving same day access; enhancing care to elderly patients; or providing specialized care to specific patient groups. Involving the practice team in developing these goals will help develop a shared vision for a PA in the practice, and also alert you to any concerns staff may have.

**STEP 3: DRAFT A DESCRIPTION OF ANTICIPATED PA ROLE**

Write a description of the PA role appropriate for your practice. This task will ultimately inform the Contract of Supervision, position posting, and job description (discussed in Section III).
It is also important to decide how many physicians you plan to have the PA support. There are a number of considerations in making this decision. When supporting multiple physicians, the PA needs to learn the preferred practice style and treatment preferences of each supervising physician, and juggle their varying expectations. In addition, the PA must balance multiple workloads, a task that becomes more difficult as the PA takes on responsibilities for supporting a greater number of practices. Having more than one supervising physician could also potentially exacerbate existing challenges to efficient functioning (e.g. the results from a PA’s lab request may go to any of the supervising physicians, rather than the PA, making them difficult to track).

A question identified in the Manitoba evaluation is that of the optimal/maximum number of physicians that can be supported by one PA. Some evaluation participants (physicians and PAs) felt that 2 or perhaps 3 physicians should be the maximum for one PA, even when conditions were ideal.

It is suggested that the practice plan for gradual addition of physicians, with careful evaluation following each expansion. This evaluation should incorporate opportunities for the PA and each physician (as well as affected staff) to have confidential input.

Before making the decision to have more than one supervising physician supported by a specific PA, it is useful to consider the following:

- Do the physicians have a history of working as members of a team?
- What is the quality of communication among the proposed supervision team, and what additional strategies for communication may be needed?
- Are physician practice styles and approaches to clinical problem-solving similar?
- Who will be the main supervisor?
- What mechanisms are already in place, or will need to be developed to monitor and address potential problems?

STEP 4: EXPLORE FUNDING OPTIONS

Opportunities for funding a PA in primary care and family medicine are varied and evolving. A Manitoba practice may be eligible for funding for PAs through a primary care renewal initiative. Please direct any questions or requests for information on this topic to the WRHA Primary Health Care Program team (phone: 204-940-8567), which will put you in contact with the appropriate persons.

Alternately, some practices may choose to hire a PA directly, and pay them as they would another team member.
STEP 5: POSITION YOUR PRACTICE FOR SUCCESSFUL INTRODUCTION

Preconditions associated with success

The international experience of sites that have introduced a new inter-professional team member, as well as the specific experience of the Manitoba evaluation sites, suggests that certain “pre-conditions” are associated with successful implementation of a PA role.

• **Clear understanding** of the deliverables associated with the initiative providing funds for the position (e.g., *My Health Teams* or *Inter-professional Teams in Fee for Service*), and resources available to support the introduction.

• **Enthusiasm and preparation of supervising physicians.** There must be a confident and supportive match between the PA and the supervising physician. If the supervising physician is ambivalent about the PA role, or does not have the time and interest either to provide needed support or to ensure the PA is working to full scope of practice, integration of a PA into primary care is unlikely to be successful.

• **Appropriate preparation, involvement and support of other staff (clinical and non-clinical) in the practice.** It is important that other staff understand the role of a PA and the contribution he or she will make to the practice, and that time is taken to elicit their ideas. It is also critical to provide a safe environment where questions, concerns and anxieties about this new role (and how it may impact the care team) can be shared openly. There is evidence that early involvement of all staff contributes to success of new provider introduction.

• **Flexibility and openness to negotiation.** Another predictor of successful implementation appears to be the ability of both the supervising physician and the PA to collaboratively adapt to evolving situations. This requires not only regular and open discussion of progress, but also openness — on the part of the site — to considering adapting expectations based on emerging evidence. It is not unusual for a site to recruit a PA with a clear objective in mind, only to find that the originally conceptualized role “doesn’t work”; that unanticipated challenges are encountered; or that the role does not optimize the PA’s skills and expertise.

• **Setting realistic expectations for the team.** Benefits of having a PA will likely not be immediately apparent to the practice. Orientation, training and reorganization demands may even result in an initial decrease in productivity. Time for this initial training/organization period may take 2-6 months.

### PA preparation checklist

**The supervising physician**
- has reviewed material pertaining to the scope of practice of a PA and his/her legal obligations
- is clear on details of funding, and expected deliverables
- is enthusiastic about integrating the PA into her/his work with patients
- can commit the time needed for orientation, training and supervision
- is open to working collaboratively with a PA to determine most effective role
- is prepared to undertake the necessary preparatory work to ready a practice for a PA
- has completed, with input from staff team, an initial draft of objectives.

**Other staff (clinical and non-clinical)**
- have participated in discussions about the PA role, and will be engaged in planning
- are realistic about the orientation time needed when a new PA begins
- recognize the need for collaboration and flexibility.
III. Introducing a PA Into Your Practice

This section focuses on the hiring process and is designed to assist practices that have already decided that they would like to add a PA to their team.

RECRUITING AND SELECTING A PA

If you are receiving provincial funding, you will be expected to follow any applicable regional or provincial guidelines and Human Resource processes related to recruitment and selection. It is essential that you are an active partner in these processes. In Manitoba, PAs are generally regional employees (even if they are working in private practices) and are considered members of the RHA Medical Staff. Human Resources processes for hiring, credentialing, and ongoing performance evaluation are aligned with the Medical Staff By-Laws of the RHA. This status is necessary in order for PA’s to be credentialed into RHA sites (e.g., personal care homes, hospitals). The Regional Manager responsible for PAs within the specific Regional Program (e.g., Primary Health Care), and the Regional PA and CA Program are available to assist in navigating sites through the recruitment and hiring process.

Important: It is necessary have a source of funding for the PA secured before beginning the recruitment and hiring process. Proof of funding is required before engaging with the RHA Medical Staff Office.

The following section outlines general guidelines for PA recruitment and selection.

Obtain an approved position description

First, contact your local RHA to determine whether it has a position description for PAs. For example, the Winnipeg Regional Health Authority has prepared a position description for PAs in Family Medicine/Primary Care (Appendix F). The College of Physicians and Surgeons must also approve PA positions.

In addition to provincial/regional requirements, it will be important to summarize the qualifications you are looking for in order to customize the position description for your specific practice. Include any qualifications or work requirements that are important to you (e.g., are you looking for someone who will be available weekends? For home visits?) The Regional PA Program Director and/or the Regional manager responsible for PA’s can assist you to tailor the job description to the needs of your practice.

Develop a recruitment plan

There are many health professionals across the province who may be interested in primary care opportunities. While you are encouraged to reach out and meet PA’s, the hiring process should be transparent and guided by sound HR principles.

You will likely be required to follow posting processes (for example, in Manitoba there is a centralized posting process). Your practice will be identified as the site of work on any posting developed (an example of a customized posting using the provincial template is attached in Appendix G). When you contact the RHA for the position description, the name of the Manager responsible for PA’s employment, vacation, time keeping etc. will be provided to you at your request. This person will be your contact for many issues, including obtaining and completing the template.

Identify the screening and interview panel

If the position is funded through the Interprofessional Team in Fee for Service Demonstration Initiative, both the relevant RHA programs and the clinic will be involved in recruiting and interviewing (for example, if the PA is to be an RHA employee, or will work at an RHA site, the Medical Director of the responsible program, the PA Manager, and PA Program Director all need to participate on the interview panel). However, it is recommended that the site play the lead in the hiring process.

It is important for all team members who will be working with the PA to meet the applicant (and for the applicant to meet them). Select members of your team carefully, making sure that key perspectives and roles are represented. Ensure that
there is clear communication with staff that the hiring process will be transparent and will follow good human resource practice. Also ensure that you are clear on the interview process: who will play what role, and ask what questions.

**Plan interview questions carefully**

Remember that it is important to get a good feel for the applicant's communication style and ability to work with patients and providers in order to decide whether the applicant will be a good fit for your setting. Behavioral questions exploring previous work and life experiences, as well as questions on background and training are often useful. If you require assistance, please contact the Physician Assistant Program for sample interview questions. For interview questions, contact the PA Program.

**Determine how best to engage the PA in the interview process**

The major predictor of successful PA introduction into a primary care practice is the “fit” between the PA and the supervising physician. Because the PA works as an “extension” of the physician, not only good communication but also shared values and mutual confidence are needed. It is important, therefore, to ensure that the interview process allows the PA to learn about the practice and assess their personal fit with the clinic, supervising physician, and proposed PA functions. It is common for PAs to play an active role in what, ideally, is a mutual selection process. Some ideas for facilitating this two-way process are to:

- Think about what the applicant will want to know as they consider the benefits of your site. Be prepared to clearly articulate your vision and the specifics of how you envisage the PA working with your team.
- Invite applicants to make an informal visit to your site. This will enable both your practice, and the PA applicants to get a clearer sense of whether the PA will be a ‘match’ for your site.
- Review interview questions (and overall interview and selection process) to ensure that applicants have opportunities to ask questions and learn about the practice.

**Assess strengths of the applicants**

In addition to clinical and assessment skills, and fit with the physician and practice, PAs in family medicine positions should also bring good interpersonal skills. These include:

- Good communication skills, including the ability to liaise respectfully with other team members in various roles, and establish rapport with patients and families
- Flexibility and willingness to adjust to what is likely to be an evolving work environment
- Ability to take suggestions
- Confidence in making own suggestions to improve the practice

Review your interview and selection processes to ensure that all these factors can be assessed.

**Contact the Program Manager about your selection decision.**

Once the practice selects its top candidate for the position, the relevant Manager should be notified. He or she will initiate the necessary Medical Staff human resources processes including letter of offer (to be approved by the College of Physicians and Surgeons), contract of supervision to be approved by the College of Physicians and Surgeons, criminal record checks, and working with medical staff administrators to ensure appropriate credentials.

**THE HIRING PROCESS**

Once a candidate has been selected, meet with the successful PA candidate to discuss and confirm the specific role and
functions. There are additional steps you will need to complete if the position is funded by the province of Manitoba:

1. If the PA is employed by the RHA, he or she is considered Medical Staff and subject to the relevant Medical Staff By-Laws. The Regional Director of the PA Program and the Medical Staff Administrative Services (MSAS) Office must be informed of a decision to hire. The Manager responsible for the clinical program or site where the PA will be working (for Manitoba this is Primary Health Care) must be involved and can assist in the hiring process (e.g., contacting the Medical Staff Administration Services office, and providing information on issues such as working hours, pay schedule, and benefits).

2. If the PA is not an employee of the RHA but will need privileges at an RHA site, the Regional Director of the PA Program and Medical Staff Administrative Services must be informed. A process for credentialing the PA into these sites will then be initiated.

3. Before the PA can begin work, a *Contract of Supervision* must be drafted and signed by the supervising physician, the PA, and the Health Region (a template for this contract can be found in Appendix H). The Regional Director of the PA Program will work with the College of Physicians and Surgeons of Manitoba on the physician's behalf to obtain approval of the position.
   - The Regional Director of the PA Program will notify College of Physicians and Surgeons of Manitoba (CPSM) of the individual being hired (and the program being hired into) by way of the *Contract of Supervision* and the *Position Description*.

4. **The PA is not permitted to start providing care until he or she has licensure with CPSM.** Before the PA can be licensed, the CPSM must approve the *Contract of Supervision* and the *Position Description*. This process usually takes four to six weeks. While waiting for licensure, the practice can begin the PA orientation process, which may involve observation.

5. It is important to ensure clear communication of the planned performance evaluation process with the PA at the point of hiring. For example, it is critical to find out what the probational requirements are and the process for PA evaluation?

6. If there is more than one supervisory physician, regular (monthly) meetings should be scheduled among all parties to review expectations, workload and any other changes to the PA's role, as it is the supervising physicians who determine the scope of the PA's work.

Remember, that hiring is not complete until the following are in place!

- An employment contract
- A signed contract of supervision
- An approved position description
- CPSM licensure
- Completed HR Benefits and Pension forms
- Criminal Record Checks
- Completion of PHIA Orientation
- Approval of admitting privileges
- An understanding of the deliverables associated with the funding for the position. This will vary based on the funding program (e.g., *Interprofessional Team Demonstration Initiative, My Health Team*)
PREPARING YOUR PRACTICE FOR A PA

In order to facilitate a successful placement, several other tasks should be completed before the PA arrives.

Develop and implement a staff communication strategy

While some clinicians and non-clinical staff may have been involved in planning for a PA, in large practices many may be unaware of these plans. It is important that they are made aware of a) the plan to introduce a PA to the practice, b) the PA education, mandate, and role, c) the PA supervisor(s)’ role, and d) appropriate expectations of the PA.

Communication strategies will depend on the number of other clinicians involved in the practice, and the extent to which staff have already been involved in planning to date. Some options to consider include:

- having the PA introduction as a discussion item at regular staff meetings
- distributing a formal memo informing staff of the PA arrival, the PA’s role, and contact information of the supervising physician for any questions
- announcement on site intranet.

Including site “opinion leaders” in developing the communication plan will increase the likelihood that appropriate and creative strategies will be developed.

You may require different strategies for clinical and non-clinical staff. It is essential (particularly because PAs are not that well known in Canada) that those who are the first point of contact for your patients, and who liaise regularly with other healthcare professionals, are clear on the role and objectives of the position. This can help avoid misunderstandings in the future.

Case example

In one multiple-provider setting, some physicians who were not aware of the function of the PA role attempted to book PA appointments for some of their own patients.

Develop an implementation plan

Adding a new provider will require adjustments from all. Evaluation sites found that, in addition to the need for an effective communication plan, it was necessary to develop an implementation plan. Involving other members of your team, including administrative staff will optimize the likelihood of successful introduction.

- If you have not already completed this activity prior to posting for and hiring a PA, develop a strategy to determine the knowledge level, questions and potential anxieties of colleagues and staff. You may be able to combine this activity with some of communication activities discussed in the previous section. Being aware of questions and concerns will enable you to proactively address them, as well as help you anticipate potential challenges that may emerge.

- Collaboratively determine how the PA will be welcomed and introduced to the practice, and which staff will contribute to the orientation process.

- Proactively identify areas that may require change in site practices, in individual staff roles, or staff workload. For example, consider questions such as:
• How will appointments be made with the PA?

• Who is performing, at the present time, the functions you hope the PA will fulfill? What might their concerns be? Will there be a change in roles of other staff?

• Who will be providing administrative support services to the PA? Can their workload accommodate it?

• Will clinic flow be affected? If so, do changes need to be made to existing processes?

• Meet privately with inter-professional staff that may be affected by the PA introduction to discuss any changes or concerns.

• Collaboratively develop a trouble-shooting plan with your team. No matter how much thought and attention has been put into planning for the introduction of this new role, there will be unanticipated challenges: proactively developing a process for identifying and responding to difficulties will enable you respond more effectively to unforeseen events. This plan should have input from clinical staff, support staff and the PA.

COMPLETE LOGISTICAL ARRANGEMENTS FOR PA PRACTICE

• Determine how the space, equipment and supply needs of the PA will be met. In a clinic, the PA will require examination room(s), private space for phone calls, and a desk for completing documentation. Also, identify any supply needs such as a computer, pager, or phone.

• Arrange for an EMR license for the PA.

• Ensure that you understand the capability of your in-house data collection systems (EMR and other data collection mechanisms you may have in place) to track what the PA is contributing to your practice (as well as tracking any additional resources needed to support his/her role).

• Develop a plan for adapting to the anticipated increased patient visits that result from adding a PA. It will be important to monitor additional demands for administrative support, as well as increased office and clinical supplies, file storage space, etc.

Develop an orientation plan

An effective orientation is important to successful implementation of any new role.

• Ensure any required regional orientation is completed. It is likely that your PA will be a regional employee or will have credentials to a regional facility (e.g., hospital, PCH, or a Program such as the Primary Health Care Program). The Manager responsible for the PA in the designated Program or site will have prepared an orientation to the Region and the Program. Make sure the PA has sufficient time to complete this orientation.

• Develop a plan for PA orientation to your clinic. No matter what the experience of the PA, he or she will require focused orientation to your practice, and training related to your areas of expertise and style of practice. The orientation should also include a “welcome” component.

• Develop an orientation checklist (Sample items can be found in Appendix I).

• Assign specific individuals to cover each part of the needed orientation.

• Make special provisions for recent graduates. Recent graduates will not only be new to your specific setting, but will be new in the profession: sites should be prepared to provide additional training and supports, along with the welcome and supports they would give any professional beginning their first job.
Topics for orientation should include:

- introduction to other team members, along with a description of their role
- orientation to the physical site
- details on administrative and data management processes,
- expectations of the PA role,
- discussion of clinic/team culture.

Prepare for the Physician/PA working relationship

As a supervising physician, it is important to begin planning how you are going to provide orientation and supervision to your PA. There are many styles of supervision that can be effective: these will depend on the PA's experience in primary care, the characteristics of your practice, your supervisory experience and preferences of both parties. Some supervising physicians describe the early supervision of a PA as similar to providing supervision to medical residents; the major difference is that the supervising physician is making a long-term investment in preparing the PA to work specifically in his/her practice.

A recommended resource is *The Preceptor's Handbook for Supervising Physician Assistants*.

It is important to confirm expectations of the planned supervision strategy with the PA and to jointly revisit and revise the plan on a regular basis.

Whatever specific supervisory strategies the PA and physician select, there are some general guidelines to keep in mind:

- **The extent of supervision will change over time.** Supervision will be more intense when the PA first starts their work, and become less over time. The rate at which the supervision requirements will decrease is highly dependent on the level of experience of the PA in their own profession, their previous experience in primary care, and the roles/functions they are playing in your practice. Most sites involved in the Manitoba PA evaluation found that the level of supervision plateaued to a consistent, comfortable level 3-6 months following their placement.

- **The type of supervision may change over time.** Many supervising physicians begin with the PA shadowing their patient encounters; this then moves to the physician providing supervision to the PA throughout the encounter. The next step is often to move to “on demand” in-person supervision (only when the PA feels this is needed), with daily review (and debriefing with the PA) of each patient’s file). Many PA/physician teams find that texting is an effective and efficient way of alerting the supervising physician to time-sensitive questions and supervision requests. As the relationship between the PA and physician becomes more confident, other approaches to supervision may evolve (e.g. continuing with on-call consulting, and weekly review of patient files).

- **PAs must have ready access to physician supervision** (either in person or by phone/electronically) at all times. No matter what their level of experience, PAs are an extension of the physician and practice under the physician’s license.

- **Regular meetings to review cases will be required on an ongoing basis**, both to monitor progress and discuss case management.

- **It is necessary to regularly review the practice arrangement**, including not only the supervision plan, but also the PA’s satisfaction with the work environment.

Prepare patients for the PA arrival

A well-thought out plan for introducing a PA to your patients is essential. Experience demonstrates that the vast majority

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of patients (and family members) are open to – and even enthusiastic about – receiving services from a PA if the PA role is introduced appropriately.

This plan should be in place before your PA arrives: experienced sites note that appropriate preparation increases patient acceptance. Some suggestions that others have found helpful include:

- Provide written information on the role of PAs, and your plan to introduce a PA into your practice.
- Place welcoming signs and photos in reception areas, so that patients can put a face to the role.
- Make sure that front desk staff have the information they need to explain the PA role and make appropriate appointments. Check with them regularly about any questions or challenges.
- Personally introduce the PA to each patient for the first contact. Explain the role, how the PA works with you, the benefits to the patient of this new arrangement (e.g. reduced wait times for appointments) and the fact that the physician will continue to be overseeing care, and will be immediately available should he or she be needed. A copy of a patient information sheet that has been used in Manitoba pilot sites can be found in Appendix J. You may adapt this to your sites, or develop an information sheet of your own. Some practices place laminated copies in the waiting room and examination rooms.
- Make sure that the PA is never presented as “second-best” care, but part of a strategy of inter-professional care designed to increase patient access.

Prepare community stakeholders for the PA role

Develop a plan for proactively communicating the PA role and mandate to all of the associated services (lab, pharmacy, third party payers, etc.) that your practice interacts with. Make a list of all these service providers and determine how you will communicate with them. Because PAs are relatively unknown in Canada, many of these colleagues will not be aware of the legislated role of PAs (e.g. the fact that they can write prescriptions).

Experienced sites have found that much inefficiency and confusion can be avoided if those you refer to and consult with, as well as other professionals in the community, are educated about the PA role and are aware of the PA joining your practice. Especially important are a) pharmacists (community and hospital-based depending on the PA role), and b) laboratory and imaging services. Depending on your practice, there may be other sectors that also need to be informed. Consider some of the proactive strategies used by experienced practices, such as personal letters or visits to local pharmacies and labs.

PA RETENTION AND PROFESSIONAL DEVELOPMENT

While the initial challenge will be to orient, train and provide the supervision that will enable the PA to integrate into your practice, as the PA becomes more proficient and confident, other challenges can be expected. By the time the PA is working effectively in your practice, you will have made an important investment in the relationship, and probably adjusted processes and procedures to make your practice more efficient. It is at this point that it is important to take action both to promote PA retention and to facilitate PA professional development.

Conduct regular “performance evaluations”

It is recommended that processes for ongoing performance evaluation and monitoring of practice should be discussed with the PA at the time he or she is hired.

It has been noted that there are often very high expectations about the initiative to introduced PAs into primary care and family medicine practices: this can create unintended pressures on the PA. In addition, early plans for the PA may, at times, be unrealistic – e.g. the workload may be too heavy, or the number of expected functions too great.

Follow good management practice and ensure there are regular performance reviews. The purpose of these meetings is to monitor progress, identify areas of interest and skill development, and to build confidence by providing positive collegial
feedback on performance to date. Even though the physician/PA relationship means that the two are in contact on a daily basis, scheduled time should be set aside for focused feedback and discussion on a regular basis: this should not wait until it is time for the documented performance assessment.

Formal, documented assessment is also important. If the PA is a regional employee, the Program Medical Director and the PA Program Director will also be involved in this activity, and sign off on the performance appraisal (see sample template in Appendix K). The manager responsible for the PA will coordinate the process and ensure timelines are followed. Because standardized processes are being developed, it is recommended that physicians contact the RHA manager before undertaking formal PA performance assessment.

**Monitor workload and hours worked**

PAs are salaried employees with set hours. However, the healthcare environment often has (at times unpredictable) periods of higher workload. At the beginning of the placement, it is generally not difficult for the PA to work within the assigned hours, however, as he or she becomes more experienced and the number of patient encounters increases, it may become difficult for the PA to meet expectations within the scheduled hours. This may lead to stress and, potentially, job dissatisfaction. It will be important to monitor the PA's workload, and to come to an understanding of how pressures to “work overtime” will be met. For example, when a patient emergency requires the PA to work “overtime”, what strategies will enable the PA to take time in lieu?

**Deal with identified difficulties quickly and respectfully**

As previously discussed, what makes the PA role unique is that the PA works as an extension of the physician: it is therefore essential that there is strong mutual confidence, and excellent communication. Any difficulties or concerns should be dealt with promptly.

**Develop a strategy for ongoing PA professional development**

Most PAs begin their role with a great deal of energy and enthusiasm. Once the basic skills for Primary Care/Family Medicine practice are solidified, most PAs will be interested in developing new skills, and taking on more responsibilities. Because this development will be taking place within the context of your practice, professional development is a joint planning activity. Much professional development can occur under your direct mentoring, however, it is also useful to plan for:

- Conference attendance on topics related to current and planned areas of responsibility
- Networking opportunities with other PAs.
- Conference funding support for PAs (e.g., in collective agreement).

**Evaluate any changes in PA role and function**

While most of the previous suggestions have fallen under the category of ongoing monitoring, there are situations where more formal evaluation may be needed.

- **Change in PA roles or functions.** As the PA develops in his/her role, it is quite likely that he or she will take on additional (or different) roles and responsibilities.

- **Any significant change in practice operation.** It is good general practice to provide opportunities for all staff to have input into planning and evaluating any major change in practice operations (e.g., moving to a new location, adding additional staff, adopting new data management systems, establishing a specialized service).

- **Adding additional supervising physicians.** An issue specific to PAs that requires focused assessment is any change in the number of supervising physicians. Issues to consider are outlined in Step 3, pages 14-15.

This section has focused on suggestions for supporting sites as they plan to introduce a PA into their practice. The following section will focus on monitoring and supporting ongoing PA practice.
IV. Monitoring and Supporting PA Practice

MONITORING IMPLEMENTATION

Adding any new provider to your practice requires careful monitoring in the early stages. This is particularly important when the role (Physician Assistant) is relatively new to family medicine and primary care practice in Canada.

Implementation refers to the process of putting a plan into effect - in this case integrating a PA role into your practice. To increase the likelihood of a successful placement it is recommended that implementation is carefully monitored over the first three months (or longer if any difficulties are experienced).

Incorporating implementation evaluation strategies

One tool that can help facilitate ease of implementation (and identify early signs of difficulty) is implementation evaluation. Implementation evaluation is a specific focus of evaluation that assesses how well the initiative is being implemented, and if any adjustments are needed. (This is in contrast to evaluation that is intended to make a judgment about the overall success of the initiative). Implementation evaluation begins before a change is begun, and can be built into the daily work of your practice. Such evaluation can help identify quickly what areas of implementation are working well, and areas where further attention is needed. An overview of various approaches to evaluation can be found at [http://www.cihr-irsc.gc.ca/e/45336.html](http://www.cihr-irsc.gc.ca/e/45336.html).

The following outline some strategies you may find useful to help monitor and evaluate your implementation process.

- **Review the orientation checklist** with your PA when you think the orientation has been completed. Ensure that all activities have been completed, and check to see if there are still outstanding questions, or if additional information is needed.

- **Use the supervision tracking sheet** (Appendix L) to track the total supervisory time, and type of supervision, you provide your PA. You should see total time, as well as intensity of needed supervision, decrease with time. Reviewing the sheet on a regular basis (e.g. every two weeks) will allow both you and the PA to measure progress made towards greater independence, and help ensure that type of supervision is sufficient (but not excessive) for the PA's stage of experience.

- **Review any other monitoring activities.** Practices should review the data that they are already collecting (e.g., evaluation of primary care renewal initiatives and ongoing data extracts) to see where the PA monitoring fits and to avoid duplication. If the PA is an RHA employee, they may be tracking MIS data on patient contacts.

- **Regularly monitor available quantitative data** that can indicate the impact of having a PA in your practice (see previous bullet). Note that, in Manitoba by 2015, it is anticipated that primary care and family medicine teams/sites will be part of provincial and regional evaluations as well as accountability tracking mechanisms.

- **Ensure that there are regular opportunities for feedback from other team members** on how implementation is proceeding. It may work well to schedule regular meetings with clinic staff. If not all staff can attend, you may supplement this with individual meetings and/or anonymous mechanisms for providing input. You may want to schedule the first follow up meeting 2-3 weeks after the PA begins at your site, and then every 4-6 weeks until all are confident that operations are running smoothly. It is helpful to model an attitude that identifying existing or challenges is a positive, helpful activity as it will allow an early response that may prevent ongoing, or more difficult, problems.

- In some situations (e.g., evidence of staff tension or conflict, complex working environments, large practices, lack of interest or experience in group facilitation of physician or management) it may be advised to have an external facilitator lead one or two short meetings with staff, as it can give participants more confidence in speaking openly about their experiences and concerns.
Create a system for staff/colleague input

Ongoing mechanisms for staff/colleague input can be integrated into monitoring activities. Ensure that these strategies include opportunities for confidential input and feedback. This may be especially important if you are concerned that not all staff are confident speaking openly in meetings. The following suggestions apply to all practice evaluation activities and need not focus only on PA introduction:

- **Introduce a suggestion box.** It will be important to have the box in a location where staff would not feel observed if they left a suggestion.

- **Develop simple written surveys.** These may be just a couple of questions, with instructions a) that it is not necessary to sign one’s name; b) of where the survey is to be left (e.g. in mail basket labelled “Staff survey”); and c) stating that frank feedback is helpful to the practice.

- **Structure simple feedback into staff meetings.** Hand out small identical squares of paper to all staff. Ask all to write a word or sentence in response to a specific question (e.g. A question I have about the PA in this practice is______, OR So far I feel the introduction of a PA into this practice is______). Ask that everyone write down one word or sentence, and have them deposit their papers into an envelope (to help maintain confidentiality of responses).

- **Ask a staff member (or medical colleague), who is trusted by their peers to solicit confidential input.**

- **Consider developing a short web-based survey, partnering with another organization if necessary.**

Develop a strategy for patient feedback

It is equally important to develop a strategy for input and feedback from patients and their families, and for documenting their responses and questions. Some mechanisms you may find useful are to:

- **Establish, in consultation with other clinicians and staff, a system of tracking patient questions, concerns, or any complaints.** Communicate the expectations and processes for reporting such events and monitor responses on a regular basis. Questions or concerns may provide guidance on further communication needed with all patients - or highlight a need for changes to office systems (e.g. appointment booking). Positive comments should also be noted, as this will give overall feedback on patient experience.

- **Ask your patient directly,** following a visit with the PA, how that visit has gone and if they have any questions.

- **Ask, at regular staff meetings, if anyone has heard any comments from patients or family members about the PA role.** Document all comments, and share these with the PA and other providers, confidentially as required.

- **Consider having a comment/suggestion box.**

- **Ask caregivers or family members of older or complex patients about their experience with the PA where this is appropriate.**

**CONCLUSION**

This handbook is intended to provide guidance for all stages of incorporating a Physician Assistant into a family medicine or primary care practice. It also includes resources that are intended to assist you this important work.

Your feedback and suggestions for the next version of the handbook will be greatly appreciated. Please contact the Primary Health Care Program team (phone: 204-940-8567).
V. Appendices

APPENDIX A

Links To Legislation Pertaining To PAs


APPENDIX B

Publications Comparing PAs to Other Health Professionals, Particularly Nurse Practitioners


2. A comparison of Physician Assistants and Nurse Practitioners, Prepared by the Faculty of Medicine, UofM (with a listing of references) http://umanitoba.ca/faculties/medicine/media/A_COMPARISON_OF_PA__NP_May_2012__%282%29.pdf

APPENDIX C

CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS

CanMEDS-PA | 2015 Edition

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PREFACE

The Canadian Association of Physician Assistants (CAPA) is a national professional organization which advocates for physician assistants (PAs) and represents its membership across Canada and globally. CAPA is committed to foster development of the physician/PA model to assure quality care for Canadians.

CAPA has established and maintains the national standard of practice for PAs. The Physician Assistant Certification Council of Canada (PACCC), a council of CAPA, administers and maintains the PA certification process. PACCC safeguards professional standards and promotes lifelong learning of the PA by responding to the evolving needs of patients, government, regulators and national associations. The Canadian Medical Association (CMA) offers conjoint accreditation of PA training programs in Canada.

By guiding educational programs and assisting legislators, CAPA's goal is to provide efficacious health professionals to the Canadian public, and foster the development of the profession nationally.

Historically the PA role in Canada was developed within the Canadian Armed Forces to provide a full spectrum of medical care. Civilian PAs are practicing in many parts of Canada where they have been integrated in the healthcare system since 2003.

Around the world, the PA model is being increasingly used to help meet the pressing demand for quality medical care. In the US, PAs have been assisting in meeting this need since the 1960’s. Governments, health care planners and administrators in many countries worldwide are exploring or have already developed similar models within their healthcare systems.
INTRODUCTION

As the national professional association, it is the responsibility of CAPA to communicate to the public and to the PA profession a set of competency standards that all PAs are expected to demonstrate for entry-to-practice generalist PA. It is intended to help employers, PAs, physicians, educators and others to understand the breadth and depth of practice for PAs in Canada. The CanMEDS-PA (formerly known as the CAPA National Competency Profile and Scope of Practice) were created with the support of The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) in 2009 as a resource for PAs, supervising physicians, educators, legislators and other health professionals.

In the development of the original National Competency Profile for PAs in Canada (2009), CAPA used its own National Occupational Competency Profile 2006, the Ontario PA Competency Profile, the Four Principles of Family Medicine (CFPC) and adapted the RCPSC’s CanMEDS framework. Previously known as the Canadian Medical Education Directions for Specialists, CanMEDS has been used as a framework for standard documents by the Royal College of Physicians and Surgeons of Canada in approximately sixty different disciplines, and has been adopted by numerous jurisdictions around the world. CanMEDS frames practitioner competencies in seven thematic roles of Medical Expert, Communicator, Collaborator, Leader (formally Manager), Health Advocate, Scholar and Professionals. These roles have been adapted to define PA competencies. CanMEDS was chosen as the framework for PAs as it provides a comprehensive competency profile that meets the needs of multiple stakeholders, including educators, teachers, PA trainees, PAs, supervising and practicing physicians, researchers, other health care professionals, public officials and the public.

This 2015 edition was updated to reflect the ongoing changes in health care as well as the CanMEDS 2015 (1).

SCOPE OF PRACTICE

The Scope of Practice Statement defines how and under what circumstances the PA may exercise their competencies within the healthcare system. The PA scope of practice is relevant to practice in any health care setting or role.

PAs are medically educated clinicians who practice medicine within a formalized agreement with physician(s). The Scope of Practice is defined by the formalized agreement with the Physician(s) and their qualifications, experience and knowledge to delegate to the PA and the laws of the jurisdiction of practice.

The PA has the knowledge, skills and experience to deal with health care and medical needs in a variety of practice environments. The PA’s activities may include conducting patient interviews, histories, physical examinations; performing selected diagnostic and therapeutic interventions; providing medical orders and prescriptions, and counseling on preventive health care. The individual relationship between the PA and the supervising physician becomes the essential determinant of each PA’s individual clinical role, within the context of the PA’s competencies and the PA scope of practice.

PURPOSE OF THE CANMEDS-PA

FOR PAs

For PA students, the CanMEDS-PA describes the knowledge, skills and attitudes that they are required to demonstrate during their academic experience. The education program utilizes these competencies as a basis for assessments. The competencies also serve as a guide for the Canadian national certification exam. For Certified PAs, the CanMEDS-PA provides a resource for continuing professional development (CPD).

FOR SUPERVISING PHYSICIANS

The CanMEDS-PA provides supervising physicians with a list of the basic competencies of a certified entry-level PA. It also describes the role of a PA in a patient centered team.
FOR EDUCATORS
The CanMEDS-PA provides educators with the template that may be used as the basis for curriculum development in each phase of training. It may also be used for the creation of in-training assessments tools to monitor progress.

FOR LEGISLATORS
The CanMEDS-PA may be used to help develop medical directives for PAs at provincial or local levels to optimize the quality of patient care.

REFERENCES
CANMEDS-PA FOR PHYSICIAN ASSISTANTS

I. Medical Expert

Definition

The physician/PA relationship is central to the PA scope of practice. As Medical Expert, PAs integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of high-quality and safe patient-centered care. Medical Expert is the central PA role in the CanMEDS framework and defines the PAs scope of practice.

Description

As Medical Experts who provide high-quality, safe, patient-centered care: PAs draw upon an evolving body of knowledge, clinical skills, procedural skills and professional attitudes. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline of which they are practicing, personal expertise, the health care setting, the relationship with their supervising physician and the patient’s preferences and context. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The role of Medical Expert is central to the function of PAs and draws on the competencies included in the roles of Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional.

PA education incorporates clinical medicine with relevance across the human life cycle, including: inpatient care outpatient care, surgical care, emergency care, psychiatric/behavioural care and primary care.

Elements

- Application of appropriate therapies
- Application of ethical principles for patient care
- Clinical decision-making
- Clinical judgment
- Core medical knowledge
- Diagnostic reasoning
- Humane care
- Integration and application of all CanMEDS roles for patient care
- Knowing limits of expertise
- Maintains collaborative relationship with the supervising physician
- Maintenance of competence
- Patient problem identification
- Principles of patient safety and avoiding adverse events
- Procedural skill proficiency

Key Competencies

PAs are able to....

1. Function effectively as a physician extender, integrating all of the CanMEDS Roles (as adapted for the PA) to provide optimal, ethical and patient-centered medical care;
2. Apply clinical knowledge, appropriate to patient care;
3. Perform a complete and appropriate assessment of a patient and formulate a clinical treatment plan;
4. Implement effective management plans that include preventive and therapeutic interventions;
5. Demonstrate appropriate procedural skills, both diagnostic and therapeutic;
6. Seek appropriate consultation from the supervising physician and other health professionals.
Enabling Competencies:

PAs are able to...

1. Function effectively as a physician extender, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care
   1.1 Appropriately adapt their scope of practice within the specific clinical setting of the supervising physician
   1.2 Demonstrate effective use of all CanMEDS competencies relevant to their practice
   1.3 Identify and appropriately respond to relevant ethical issues arising in patient care
   1.4 Effectively and appropriately prioritize professional duties when faced with multiple patients and problems
   1.5 Demonstrate compassionate and patient-centered care
   1.6 Recognize and respond to the ethical dimensions in medical decision-making
   1.7 Contribute to a culture that promotes patient safety

2. Apply clinical knowledge appropriate to patient care
   2.1 Demonstrate knowledge of the fundamental biomedical sciences including anatomy and physiology, chemistry and biochemistry, immunology, pharmacology, microbiology, genetics and pathophysiology, as they apply to patient care
   2.2 Demonstrate knowledge of general clinical medicine in all systems, including: cardiovascular, endocrine, musculoskeletal, pulmonary, gastrointestinal (GI), eye, ear, nose, throat (ENT), reproductive, neurological, psychiatry/behavioral science genitourinary (GU), dermatology, haematology and infectious disease
   2.3 Incorporate psychosocial factors into clinical decision making
   2.4 Use evidence based medicine in the provision of patient care

3. Perform a complete and appropriate assessment of a patient and formulate a clinical treatment plan
   3.1 Effectively identify and explore issues to be addressed in a patient encounter, including the patient’s context and preferences
   3.2 Elicit a history that is relevant, concise and accurate to context and preferences
   3.3 Perform a focused physical examination that is relevant and accurate
   3.4 Select medically appropriate investigative methods, including ordering and interpreting the results of common tests related to screening, diagnosis and management: haematological, biochemical, microbiologic, pathologic, diagnostic and electrocardiographic
   3.5 Demonstrate effective clinical problem solving and judgment to address patient problems, and generate differential diagnoses
   3.6 Develop management plans for physician review, including follow-up plans for patients with acute and chronic conditions

4. Implement effective management plans that include preventive and therapeutic interventions
   4.1 Implement a physician approved management plan in collaboration with a patient and their family
   4.2 Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions including pharmacotherapy management, non-pharmacotherapy, health promotion and disease prevention and supportive counseling.
   4.3 Recognize the principles and medico legal responsibilities related to informed consent for therapies

5. Demonstrate appropriate procedural skills, both diagnostic and therapeutic
   5.1 Demonstrate effective, appropriate, and timely performance of diagnostic and therapeutic procedures relevant to patient care
   5.1.1 Integumentary Procedures including:
       5.1.1.1 Abscess incision and drainage
       5.1.1.2 Insertion of simple suturing
       5.1.1.3 Laceration (simple) repair; suture and gluing
       5.1.1.4 Cryotherapy of skin lesions, skin scraping for fungus determination
       5.1.1.5 Release subungual hematoma
5.1.1.6 Removal of foreign body e.g. Fish hook, splinter, or glass
5.1.1.7 Superficial and partial-thickness burn care
5.1.1.8 Minor surgical procedure to include excision biopsy (elliptical and cyst removal)

5.1.2 Local Anesthetic Procedures including:
5.1.2.1 Local anesthetic to include topical, local infiltration, eye and digital nerve block

5.1.3 Eye Procedures including:
5.1.3.1 Instillation of Fluoroscein
5.1.3.2 Removal of corneal or conjunctival foreign body
5.1.3.3 Application of eye patch

5.1.4 Ear Procedures including:
5.1.4.1 Removal of cerumen
5.1.4.2 Removal of foreign body

5.1.5 Nose Procedures including:
5.1.5.1 Removal of foreign body
5.1.5.2 Anterior nasal packing

5.1.6 Gastrointestinal Procedures including:
5.1.6.1 Nasogastric tube insertion

5.1.7 Genitourinary and Women’s Health Procedures including:
5.1.7.1 Performing Pap smear
5.1.7.2 Conducting bi-manual pelvic exam

5.1.8 Obstetrical Procedures including:
5.1.8.1 Provide assistance in normal vaginal delivery

5.1.9 Musculoskeletal Procedures including:
5.1.9.1 Splinting of injured extremities
5.1.9.2 Application of sling – upper extremity
5.1.9.3 Assist in the application of simple casts

5.1.10 Resuscitation Procedures including:
5.1.10.1 Airway management to include basic and advanced techniques
5.1.10.2 Cardiac resuscitation to include cardiac pacing and defibrillation

5.1.11 Injections and Cannulation:
5.1.11.1 Prepare and perform an intramuscular injection
5.1.11.2 Prepare and perform a subcutaneous injection
5.1.11.3 Prepare and perform an intradermal injection
5.1.11.4 Perform a venipuncture
5.1.11.5 Prepare and obtain a peripheral intravenous line
5.1.11.6 Perform a finger stick blood glucose test

5.1.12 Respiratory Procedure including:
5.1.12.1 Obtain Pharyngeal swab
5.1.12.2 Manage nebulizer treatment
5.1.12.3 Perform peak flow

5.2 Recognize the principles and medico legal responsibilities related to informed consent for procedures
5.3 Recognize the principles and medico legal responsibilities related to documentation of procedures performed
5.4 Recognize the importance of arranging follow-up for procedures performed
5.5 Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances

6. Seek appropriate consultation from the supervising physician and other health professionals
6.1 Demonstrate insight into their own limitations of expertise
6.2 Demonstrate effective, appropriate, and timely consultation as needed for optimal patient care
6.3 Recognize the importance of arranging appropriate follow-up for a patient in a collaborative model of care
6.4 Recognize and respond to adverse events and near misses
II. Communicator

Definition

As Communicators, PAs effectively facilitate patient centered care and the dynamic exchanges that occur before, during, and after the medical encounter.

Description

PAs enable patient-centered therapeutic communication by exploring the patient’s symptoms, which may be suggestive of disease, and by actively listening to the patient’s experience of their illness. PAs explore the patient’s perspective, including their fears, ideas about the illness, feelings about the impact of the illness, and expectations of health care and health care professionals. The PA integrates this knowledge with an understanding of the patient’s context, including socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. Central to a patient-centered approach is shared decision-making: finding common ground with the patient in developing a plan to address their medical problems and health goals in a manner that reflects the patient’s needs, values, and preferences. This plan should be based on evidence and guidelines. The application of this competency and the nature of the PA/physician/patient relationship vary within the different practice profiles.

Because illness affects not only patients but also their families, PAs must be able to communicate effectively with everyone involved in the patient’s care.

Elements

- Accuracy
- Addressing end-of-life issues
- Appropriate documentation
- Attention to the psychosocial aspects of illness
- Breaking bad news
- Capacity assessment
- Capacity for compassion, trustworthiness, integrity
- Concordance of goals and expectations
- Conveying effective oral and written information for patient care across different media
- Diverse PA/physician/patient relationships for different medical practices
- Disclosure of error or adverse event
- Effective/Active listening
- Effective oral and written information for patient care across different media
- Efficiency
- Eliciting and synthesizing information for patient care
- Empathy
- Ethics in the PA/physician/patient encounter
- Flexibility in application of skills
- Informed consent
- Interactive process
- Patient-centered approach to communication
- Privacy and confidentiality
- Mutual understanding
- Rapport, trust and ethics in the PA/physician/patient relationship
- Relational competence in interactions
- Respect for diversity
- Shared decision-making
- Therapeutic relationships with patients, families and caregivers
- Transition in care
- Use of expert verbal and non-verbal communication
Key Competencies

PAs are able to...

1. Develop professional rapport, trust and ethical therapeutic relationships with patients, families and caregivers;
2. Accurately elicit and synthesize relevant information and perspectives of patients, families, caregivers and other health care professionals;
3. Accurately convey relevant information and explanations to patients, families and other health care professionals;
4. Develop an understanding of patient problems and plans with the supervising physician, patients, families and other health care professionals to develop a shared plan of care;
5. Convey accurate oral, written and electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

Enabling Competencies

PAs are able to...

1. Develop professional rapport, trust and ethical therapeutic relationships with patients, families and caregivers
   1.1 Establish relationships of trust, respect, honesty and empathy
   1.2 Respect patient confidentiality, privacy and autonomy
   1.3 Listen effectively
   1.4 Be aware and responsive to nonverbal cues
   1.5 Facilitate a structured clinical encounter
   1.6 Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
2. Accurately elicit and synthesize relevant information and perspectives of patients, families, caregivers and other health care professionals
   2.1 Gather information about disease, but also about a patient's beliefs, concerns, expectations and illness experience
   2.2 Seek out and synthesize relevant information from other sources, such as patient's family, caregivers and other professionals
   2.3 Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information
   2.4 Provide a clear structure for and manage the flow of an entire patient encounter
3. Accurately convey relevant information and explanations to patients, families and other health care professionals
   3.1 Deliver information to a patient and family, colleagues, and other professionals, in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making
   3.2 Disclose harmful patient safety incidents to patients and their families accurately and appropriately
4. Develop an understanding of patient problems and plans with the supervising physician, patients, families and other health care professionals to develop a shared plan of care
   4.1 Identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
   4.2 Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
   4.3 Encourage discussion, questions, and interaction in the encounter
   4.4 Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
   4.5 Address challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding
   4.6 Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
5. Convey accurate oral, written and/or electronic information about a medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy
5.1 Maintain clear, accurate, and appropriate written or electronic records of clinical encounters and plans in compliance with regulatory and legal requirements
5.2 Record patient history, results of examination and proposed treatment plan including prescriptions and medical orders
5.3 Effectively communicate verbal reports of clinical encounters and plans to the supervising physician

III. Collaborator

Definition

As Collaborators, PAs work within a formalized relationship with physician(s) and informally with members of the interprofessional healthcare team to effectively optimize patient care.

Description

PAs work within a formalized practice description or delegated acts structure with physician(s) in the care of patients within the PA/physician/patient relationship. Within this relationship it is essential for PAs to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of safe, high quality, patient centered care.

Elements

- Collaboration with community agencies
- Communities of practice
- Conflict resolution, management, and prevention
- Constructive negotiation
- Collaborative care, culture and environment
- Effective consultation with respect to collaborative dynamics
- Effective primary care – specialist collaboration
- Effective teams
- Gender issues
- Interprofessional health care
- Leadership based on patient needs
- Learning together
- Organizational structures that facilitate collaboration
- Recognizing one’s own roles and limits
- Respect for other members of the health care team
- Respect for diversity
- Shared decision-making to involve patients and their families
- Sharing of knowledge and information
- Team dynamics
- Understanding roles and responsibilities

Key Competencies

PAs are able to...

1. Work within the PA/Physician relationship;
2. Participate effectively and appropriately in an interprofessional healthcare team;
3. Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict.
4. Transfer care effectively and safely to another health care professional.
Enabling Competencies

PAs are able to...

1. Work within the PA/Physician relationship
   1.1 Work within the PA scope of practice, and the delegated authority of the supervising physician
   1.2 Promote understanding of the PA role and the Physician/PA relationship as part of a collaborative practice model

2. Participate effectively and appropriately in an interprofessional healthcare team
   2.1 Clearly describe PA roles and responsibilities to other professionals
   2.2 Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own
   2.3 Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
   2.4 Respect team ethics, including confidentiality, resource allocation and professionalism

3. Work effectively with other professionals to prevent, negotiate and resolve interprofessional conflict
   3.1 Demonstrate a respectful attitude toward other colleagues and members of the interprofessional team
   3.2 Work with other professionals to prevent conflicts
   3.3 Respect differences, misunderstandings and limitations in other professionals
   3.4 Recognize one’s own differences, misunderstanding and limitations that may contribute to interprofessional tension

4. Transfer care effectively and safely to another health care professional
   4.1 Assess when and where care should be transferred to another health care professional
   4.2 Demonstrate safe and effective transfer of care, using both verbal and written communication

IV. Leader

Definition

A name change for the role from "Manager" to "Leader" has been made to reflect the CanMEDS 2015 and to emphasize the leadership skills needed by PAs to contribute to the shaping of health care. As Leaders, PAs are integral participants in health care organizations working with their supervising physician and others to contribute to sustainable practices, make decisions about allocating resources, and to enhance effectiveness of the healthcare system through their activities as clinicians, administrators and scholars.

Description

PAs interact within their work environment as individuals, as members of teams or groups and as participants in the local, regional or national healthcare system. The balance of the emphasis among these three levels varies depending on the nature of the practice, but all practices will have some degree of management responsibility. PAs function as managers in their everyday practice activities, involving colleagues, resources and organizational tasks, such as care processes and policies, as well as balancing their personal lives.

Thus, PAs require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic evidence-based choices when allocating health care resources. The CanMEDS Leader role describes the active engagement of all PAs as integral participants in decision-making in the operation of the healthcare system.

Elements

- Administration
- Career development
- Collaborative decision-making
• Consideration of justice, efficiency and effectiveness in the allocation of finite health care resources for optimal patient care
• Health human resources
• Information technology for health care
• Organization, structure and financing of the healthcare system
• PAs as active participants in the healthcare system
• PAs roles and responsibilities in the healthcare system
• Practice management to maintain a sustainable practice and PA health
• Priority-setting
• Quality assurance and improvement
• Time management

Key Competencies

PAs are able to...

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems; including improving clinical practice and PA utilization;
2. Effectively prioritize and execute tasks in collaboration with colleagues;
3. Utilize finite healthcare resources appropriately.

Enabling Competencies

PAs are able to...

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems
   1.1 Work collaboratively with others in their organizations
   1.2 Participate in systemic quality process evaluation and improvement such as patient safety initiatives
   1.3 Describe the structure and function of the healthcare system, including the roles of the physician and PA
   1.4 Use health informatics to improve the quality of patient care and optimize patient safety
   1.5 Demonstrate leadership skills to enhance healthcare
2. Effectively prioritize and execute tasks in collaboration with colleagues
   2.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
   2.2 Effectively and appropriately prioritize professional duties when faced with multiple patients and problems
   2.3 Practice effective problem-solving
   2.4 Assign and refer task appropriately and effectively
   2.5 Employ information technology appropriately for patient care
3. Utilize finite healthcare resources appropriately
   3.1 Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
   3.2 Apply evidence and management processes for cost-appropriate care

V. Health Advocate

Definition

As Health Advocates, PAs responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description

PAs recognize the importance of improving the overall health of patients, as well as advocacy opportunities for the individual
patient. Individual patients benefit from having a PA along with their physician(s) to assist them in navigating the healthcare system and accessing appropriate health resources in a timely manner.

Health advocacy is an essential and fundamental component of health promotion. It is appropriately expressed both by individual and collective actions of PAs along with their supervising physicians in influencing public health and policy. PAs advocate for disease prevention through screening, health promotion and surveillance. They also promote health equity to ensure all individuals and populations reach their full health potential without being disadvantaged by their race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, or level of education.

Elements

- Adapting practice, management and education to the needs of the individual patient
- Advocacy for individual patients, populations and communities
- Determinants of health, including psychological, biological, social, cultural and economic
- Health promotion and disease prevention
- Interactions of advocacy with other CanMEDS roles and competencies
- Patient safety

Key Competencies

**PAs are able to...**
1. Respond to individual patient health needs and issues as part of patient care;
2. Identify the determinants of health for the populations that they serve.

Enabling Competencies

**PAs are able to...**
1. Respond to individual patient health needs and issues as part of patient care
   1.1 Identify the health needs of an individual patient
   1.2 Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
   1.3 Work with patients and their families to increase opportunities to adopt healthy behaviours
   1.4 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
2. Identify the determinants of health for the populations that they serve
   2.1 Identify the determinants of health of the populations that they serve, including barriers to accessing care and resources
   2.2 Identify vulnerable or marginalized populations within those served and respond appropriately
   2.3 Appreciate the possibility of competing interests between the communities served and other populations

VI. Scholar

**Definition**

As Scholars, PAs demonstrate a lifelong commitment to reflective learning, evaluating evidence and the application and translation of medical knowledge.

**Description**

PAs recognize the need to acquire scholarly abilities to enhance practice and advance health care. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of clinical knowledge. PAs facilitate the
education of patients, families, public, colleagues, students, and other health care professionals.

PAs are able to identify pertinent evidence, evaluating it using specific criteria, and applying it in their collaborative practice and scholarly activities. In using evidence-based information and shared decision-making, they recognize uncertainty in practice and formulate questions to address knowledge gaps. Using skills in navigating information resources, they identify evidence syntheses that are relevant to these questions and arrive at clinical decisions that are informed by evidence while taking patient values and preferences into account.

**Elements**

- Accessing information for practice
- Asking effective learning questions
- Assessing learners
- Collaborative learning
- Communities of practice
- Enhancing professional competence
- Evidence-based medicine
- Giving feedback
- Identifying gaps in knowledge
- Learning together
- Lifelong learning
- Mentoring
- Moral and professional obligation to maintain competence and be accountable
- Patient Safety
- Personal learning plan
- Principles of learning
- Quality improvement
- Reflection on all aspects of practice
- Role modeling
- Self-assessment
- Teacher-student ethics, power issues, confidentiality, boundaries
- Translating knowledge (evidence) into practice
- Translating knowledge into professional competence
- Using a variety of learning methodologies

**Key Competencies**

**PAs are able to...**

1. Maintain and enhance professional activities through continual learning;
2. Critically evaluate and integrate best evidence information and its sources and apply this appropriately to practice decisions;
3. Facilitate the learning of patients, families, and other health care professionals.

**Enabling Competencies**

**PAs are able to...**

1. Maintain and enhance professional activities through continual learning
   1.1 Describe the principles of maintenance of competence
   1.2 Develop, implement, monitor, and revise a personal plan for continuing professional development
   1.3 Recognize, reflect and assess learning issues in practice
   1.4 Pose an appropriate learning question
1.5 Integrate new learning into practice
1.6 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Critically evaluate and integrate best evidence information and its sources and apply this appropriately to practice decisions
   2.1 Describe the principles of critical appraisal
   2.2 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them
   2.3 Identify, select, and navigate pre-appraised resources
   2.4 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
   2.5 Integrate critical appraisal conclusions into decision-making in clinical care

3. Facilitate the learning of patients, families, and other health care professionals
   3.1 Select effective teaching strategies and content to facilitate others’ learning
   3.2 Assess and reflect on a teaching encounter
   3.3 Promote a safe learning environment
   3.4 Ensure patient safety is maintained when learners are involved
   3.5 Plan and deliver a learning activity

VII. Professional

Definition
As Professionals, PAs are committed to the health and well-being of individuals and society through ethical practice, profession-led association, and high personal standards of behavior.

Description
PAs have an important role as professionals dedicated to the health and care of others. The professional role is guided by a code of ethics and commitment to clinical competence, embracing the appropriate attitudes and behaviors, integrity, altruism, personal wellbeing and the promotion of public good within their scope of practice.

Elements

1. Commitment to patients
   • Altruism
   • Bioethical principles and theories
   • Commitment to excellence in clinical practice and perfection of the discipline
   • Commitment to professional standards
   • Compassion and caring
   • Confidentiality and its limits
   • Morality and ethical behavior
   • Integrity and honesty
   • Professional boundaries
   • Respect for diversity

2. Commitment to society
   • Commitment to the promotion of the public good in health care
   • Social accountability
   • Social contract in health care
3. Commitment to the profession
   • Accountability to professional regulatory authorities as applicable
   • Code of ethics
   • Commitment to patient safety and quality improvement
   • Conflict of interest (personal, financial, administrative, etc.)
   • Medico-legal frameworks governing practice
   • Responsibility to the profession, including obligations of supervisor review

4. Commitment to self
   • Applied capacity for self-regulation, including the assessment and monitoring of one’s thoughts, behaviors, emotions and attention for optimal performance and well-being
   • Commitment to disclosure of error and/or adverse events and their impact
   • Mindful and reflective approach to collaborative practice
   • Responsibility to self, including personal care, in order to serve others
   • Self-assessment

Key Competencies

PAs are able to...
1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards;
2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care;
3. Demonstrate a commitment to their profession, scope of practice and the unique PA/physician relationship;
4. Demonstrate a commitment to PA health and sustainable practice.

Enabling Competencies

PAs are able to...
1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
   1.1 Exhibit appropriate professional behavior in practice including honesty, integrity, commitment, compassion, respect for diversity, altruism and maintenance of confidentiality
   1.2 Demonstrate a commitment to maintenance of competence and delivery of the highest quality care
   1.3 Recognize and appropriately respond to ethical issues encountered in practice, including issues of patient consent
   1.4 Appropriately manage conflicts of interest
   1.5 Recognize the principle and limits of patient confidentiality as defined by practice standards and the law
   1.6 Maintain appropriate professional interaction with patients
   1.7 Recognize and respond to others’ unprofessional behaviors in practice
   1.8 Participate in peer review

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care
   2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectation of PAs
   2.2 Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to their profession, scope of practice and the unique PA-physician relationship
   3.1 Abide by the professional, legal and ethical codes of medical practice
   3.2 Comply with national, federal and provincial regulations, where applicable
   3.3 Recognize and respond to unprofessional and unethical behaviours, regardless of the health care profession

4. Demonstrate a commitment to PA health and sustainable practice
   4.1 Balance personal and professional priorities to ensure personal well-being and professional performance
   4.2 Strive to heighten personal and professional awareness and insight
   4.3 Recognize other professionals in need and respond appropriately
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APPENDIX TO CANMEDS-PA

This document is an Appendix to the CanMEDS-PA. The Appendix specifies the abilities of the generalist entry-to-practice level Physician Assistant (PA) in recognizing, diagnosing and treating specific conditions and diseases.

Purpose

As an Appendix, this document is intended to expand on the CanMEDS-PA. The Appendix lists the “Diseases and Conditions” in uncomplicated cases that the generalist, entry-to-practice level PA should be competent to recognize, diagnose, manage and/or treat, within the PA’s own scope of practice, in accordance with their supervising physician and/or medical directives under supervision of a physician.

Limitation

This Appendix is not intended to be a comprehensive list of diseases and conditions for which a PA has been exposed to in education and in practice. It is expected and assumed that PA education programs will include curriculum that is more comprehensive and exhaustive than this Appendix is able to capture, and will cover diseases and conditions that a PA will be able to recognize and diagnose, but not manage/treat, or be able to recognize and refer.

Layout

The lists in this Appendix are organized by systems, and include the disease process and conditions for pediatrics and geriatrics as well as both genders.

The categories in the Appendix are:

1. Ears, Eyes, Nose and Throat
2. Cardiovascular
3. Respiratory
4. Gastrointestinal
5. Obstetrics
6. Genitourinary/Reproductive
7. Skin
8. Neurological
9. Musculoskeletal
10. Endocrine and Metabolic
11. Infectious Disease
12. Emergency
13. Blood/Hematology
14. Mental Health

Eyes, Ears, Nose and Throat

Conjunctivitis
Hordeolum
Blepharitis
Foreign body - Eye
Red eye (painful/non-painful)
Subconjunctival hemorrhage
Eustachian tube dysfunction
Foreign body – Ear
Hearing loss
Otitis externa
Otitis media
Serous Otitis
Rhinitis (Allergic/viral/vasomotor/medicamentosa)
Epistaxis
Foreign body - Nose
Sinusitis
Aphthous stomatitis
Candidiasis/thrush

Cardiovascular

Angina (stable/unstable)
Ischemic heart disease
Arrhythmia (Atrial fibrillation, Ventricular fibrillation, Bradycardia, Tachycardia, Premature beats, Asystole)
Heart failure
Hypertension (Primary/Secondary)
Peripheral vascular disease
Transient Ischemic Attack

Genitourinary/Reproductive

Dehydration
Hematuria
Proteinuria
Renal Failure
Lower/Upper urinary tract infection
Urinary tract calculi
Infections of the genital tract (male/female; bacterial, fungal, trichomonal and HPV)
Breast mass/lump
Masstis
Menopause
Menstrual irregularities
Prostatic hypertrophy
Epididymitis
Phimosis

Varicose veins
Venous thrombosis
Prostatitis
Testicular torsion

**Skin**
Acne vulgaris
Angioedema
Bites (Insect/Reptile/Animal/Human)
Benign skin conditions (Blisters/callouses/skin tags/lipoma/epidermal cysts/pseudo-folliculitis barbae)
Dermatitis (Atopic/Contact/Dyshidrotic/Seborrheic)
Diaper rash
Infections – Skin (bacterial, fungal, viral; cellulitis and superficial)
Ulceration/stasis dermatitis
Moles/Nevi
Nail conditions (Onychomycosis, Paronychia/Ingrown)
Rosacea
Warts

**Neurological**
Headache (Tension/Cluster/Migraine)
Seizures (Simple/Complex)
Febrile seizures of childhood
Meningitis
Minor head trauma
Stroke

**Emergency**
Poisoning and Overdose
Hypothermia
Hyperthermia
Sepsis
Respiratory distress/airway abnormalities

**Blood/Hematology**
Anemia Pancytopenia

**Mental Health**
Anxiety (chronic/panic attacks)
Adjustment reaction (Grief)
Depression
Eating disorders
Suicide Assessment
Normal stages of Childhood Development
Abuse (Physical/Emotional/Sexual; child, spouse, elder)

**Respiratory**
Asthma
Bronchitis/Bronchiolitis

**Gastrointestinal**
Acute gastroenteritis
Pancreatitis (Acute/Chronic)
Upper GI bleed
Appendicitis
Bowel obstruction
Cholecystitis
Constipation
Diarrhea
Diverticulitis/diverticulosis
Gastroesophageal reflux disease
Hemorrhoids
Hepatitis
Inguinal hernia
Irritable bowel syndrome
Lactose intolerance
Neonatal jaundice
Peptic ulcer disease
Pilonidal abscess
Toxic Megacolon
Ventral hernia
Xerostomia

**Obstetrics**
Breast feeding
First trimester bleeding
Post partum depression
Uncomplicated pregnancy

**Musculoskeletal**
Arthritis
Acute/chronic low back pain
Degenerative disc disease
Compartment syndromes
Gout/pseudogout
Osteomyelitis
Osteoporosis
Frozen shoulder syndrome
Tendonitis – Achilles/Rotator Cuff
Separation - Acromioclavicular
Fracture – clavicle/foot (stress)
Ligament injuries – Knee/Wrist/Hand
Sprain- Ankle/neck (torticollis)
Carpal tunnel syndrome
Ganglion cyst
Trigger finger

**Endocrine and Metabolic**
Acute adrenal insufficiency
Diabetes Mellitus (Type I and II)
Electrolyte abnormalities
Hyper/hypoglycemia
Hyper/hypothyroidism
Obesity
Failure to thrive (child/adult)

**Infectious**
Enterobiasis
Parvovirus B19
Coxsackie (Hand-foot-mouth)
Mumps
Pertussis
Roseola infantum
Rubella
Rubeola
Scarlet fever

**Patellofemoral syndrome**
Plantar fasciitis
Sciatica
Shin splints
APPENDIX D

Selected Literature: Potential Contributions of a Physician Assistant to Primary Care


# APPENDIX E

## Interprofessional Team Demonstration Initiative (ITDI) Process

<table>
<thead>
<tr>
<th>2 months</th>
<th>1 - 6 months</th>
<th>1 - 2 months</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: Discovery to Decision</td>
<td>Phase 2: Getting Started</td>
<td>Phase 3: Implementation</td>
<td>Phase 4 Evaluation and Monitoring</td>
</tr>
</tbody>
</table>

### Expression of Interest
- Send out call for EOI
- Review and evaluate submissions
- Send out acceptance/deferral letters
- Set up meetings with the accepted clinics (physicians and clinic managers)

### Capacity Building

**Meeting 1**
- Provide Clinic with
  - Community Area Profile
  - Potential Functions Checklist
  - Practice Profile
  - Different IP Provider Types
  - Description of how baseline to be calculated for clinic

*Between meetings, collect the completed Practice Profile and Potential Functions Checklists. Submit request to MB Health to run the Patient Profile and Baseline Attachment*

**Meeting 2**
- Present Patient Population Profile
- Discuss Baseline Attachment numbers
- Discuss the Potential Functions Checklist
- Determine best provider type for the site

### Agreement Signing
Once the type of provider and the baseline numbers are agreed upon, have ITDI Agreement signed by physicians, region and MB Health

### Position Posting
Once the Agreement has been signed, a job posting will be provided to the clinic for review. Once the posting has been approved by the site, the RHA will post for 5-10 days.

### Recruiting
- Position posted
- Interview / hire

### Sites

**New Interprofessional begins at the 3 + Years**

### Orientation
- Provider to the Region
- Provider to the Clinic
- Clinic to Interprofessional practice principals

### Implementation Support
- Team Assessment and Development

### Clinical Support
- Support the provider and physician as they work to develop the role of the new provider and maximize scope of practice

### Ongoing Evaluation
- Quarterly and Annual attachment measurement
- Clinic change log recording and reporting
- Process evaluation
- Provider focus groups

### Monitoring/Sustainability
- Ongoing clinical support
- Address urgent & emergent issues with staff and clinic
- Facilitate changes within the Agreement (physicians added/removed; changes to attachment numbers & baselines)
- Provider performance reviews
- Constant communication with site (open feedback loop)
- Facilitate networking opportunities for providers

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**WINNIPEG REGIONAL HEALTH AUTHORITY**

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APPENDIX F

Position Description for WRHA Physician Assistants In Primary Care Settings

DRAFT: October 1, 2012

This document provides a brief description of the roles and responsibilities by a Physician Assistant and the Supervising Physician in the provision of Primary Care in Manitoba Communities.

Introduction

Physician Assistants (PAs) are academically prepared healthcare professionals educated in the medical model who practise medicine with the supervision of licensed physicians within a patient-centered healthcare team. Educated as medical generalists, PAs are clinicians who receive additional education, training, and experience on the job and may work in primary care or subspecialty areas in a wide variety of practice settings.

This job description is based on the Canadian Association Physician Assistants: Scope of Practice and National Competency Profile and tailored to the primary care setting with the Winnipeg Health Region (WHR) (http://capa-acam.ca/en/Scope-Of-Practice--National-Competency-Profile_55).

Physician Assistants provide medical management defined as the planning, organizing, directing and controlling of the patient centric scientific approach to the diagnosis, treatment and prevention of disease within a formalized collaborative structure with Physician oversight and regulation. Physician Assistants work with supervising physicians in the care of patients within the physician-patient relationship. Within this relationship it is essential for PAs to be able to collaborate effectively with patients, families, and an inter-professional team of expert health professionals for the provision of optimal care, education and scholarship as well as collaborate effectively with primary care networks and communities. Physician Assistants have the skills and experience to deal with everyday health care needs in various practice environments. The PA's activities may include conducting patient interviews, histories, physical examinations, performing selected diagnostic and therapeutic interventions, and counselling on health promotion and disease prevention by reviewing clinical and patient experience information, and collaborating with the patient to set self management goals in the care plan (http://healthcouncilcanada.ca/tree/HCC_SelfManagementReport_FA.pdf; http://www.gov.mb.ca/health/primarycare/docs/smpcm.pdf).

Role of PA within Family Medicine

The individual relationship between the PA and the supervising physician becomes the essential determinant of each PA's individual clinical role, within the context of the PA's competencies, the PA's scope of practice, the needs of clinic, the community area, and provincial and regional jurisdictions.

The PA will work within the context of Family Medicine, which is the medical specialty that provides continuing and comprehensive health care for the individual and family. The WRHA is committed to the values of family medicine and supports practitioners in applying the principles of family medicine in their daily work. These principles are: 1) the family physician is a skilled clinician, 2) family medicine is a community-based discipline, 3) the family physician is a resource to a defined practice population, and 4) the patient-physician relationship is central to the role of the family physician (http://www.cfpc.ca/Principles/). Primary Care in the WRHA is also informed by the principles of primary health care, articulated by the World Health Organization "Declaration of Alma-Ata. (http://www.who.int/publications/almaata_declaration_en.pdf). Health Care recognizes that health is a state of complete physical, mental and social well-being, and principles of equity and community context need to be central in delivering and designing services.

Role of PA within Primary Care and WRHA

The WRHA is committed to building a primary care system in Winnipeg in partnership with all primary care providers and sites, including private practice family physicians. The key components and principles of a system that provides accessible quality care include, primary care home processes, interprofessional practice, primary care networks of providers, Electronic
Medical Records, and quality (http://www.wrha.mb.ca/professionals/familyphysicians/index.php). The Mission of the Primary Health Care Program within the WRHA is to operate and support sites that are able to “Act as a Hub of Primary Care Service Delivery and accessible primary care for all populations.” The integration of a Physician Assistant into primary care practice within this context will support further development of the primary care services and comprehensive care by enhancing team based care, improving access to quality primary care, enhancing management of chronic disease, and expanding the primary care network across sectors (e.g., from hospital to primary care; or specialty to primary care), and into the community. More specific to the strategies underway, the PA will contribute to the advancement of interprofessional practice through the development of community-based services, promoting the attachment of new patients to the clinic, and possibly participating in after hours care.

**Role of supervising physician**

The supervising physician is responsible for giving direction and providing regular review concerning the medical services provided by a physician assistant. The physician or their formal designate shall be available to supervise, by telephone or otherwise, for at least the number of hours per week or month that the Physician Assistant is on duty or the contract of supervision specifies (http://www.wrha.mb.ca/professionals/familyphysicians/index.php).

The physician’s physical presence is not required for supervision of the physician assistant, who may be providing medical services in a location separate from the supervising physician’s regular practice location. The physician shall provide personal on-site supervision for a minimum standard of **at least eight (8) hours per month** with the understanding more will be required in the initial stages of the collaborative relationship. A supervising physician shall not delegate to a physician assistant a duty or responsibility for which the physician assistant is not adequately trained. The supervisor of the Physician Assistant must be a licensed Physician registered with the College of Physician and Surgeons of Manitoba. A supervising physician shall not delegate to a physician assistant a duty or responsibility the supervising physician is not competent to perform or does not provide those services themselves.

A contract of supervision must name one or more alternate supervising physicians acceptable to the Council of the College of Physician and Surgeons of Manitoba to assume some or all of the duties and responsibilities of the supervising physician under the contract during his or her absence or temporary disability. The designation of an alternate supervising physician in a contract of supervision must be confirmed in writing by the alternate supervising physician and by the physician assistant. See Contract of Supervision.

**Responsibilities and Reporting within WHR Context**

The Physician Assistant is accountable to the Supervising Physician, Site Medical Lead and the Site Clinic Manager, who are, in turn, responsible to the Family Medicine Primary Care Medical Director and Community Area Director. Both the Supervising Physician and the Physician Assistant are part of the WRHA Medical Staff and accountable to the Medical Staff By-Laws of the WRHA. They are also responsible to adhere to the WHRA Regional and Family Medicine/Primary Care Program clinical guidelines.

The Physician Assistant will be expected to adhere to the CAPA National Competencies (http://capa-acam.ca/en/Scope-Of-Practice--National-Competency-Profile_55), and the Triple C approach to competency-based family medicine resident education. Triple C ensures all graduates are competent to provide comprehensive care in any community prepared for the evolving needs of a society, and educated based upon the best available evidence on patient care and medical (education (http://www.cfpc.ca/TripleCToolkit/).

**Interprofessional practice**

It is important and mandatory that productive, cooperative working relationships be established between the Physician Assistant and all the attending physicians of the clinics, other primary health care providers, itinerant consultants, managers, Community Area Directors, primary care network participants, and most importantly, the patients and their families. Equally important, they will participate and support regional strategies (e.g., interprofessional practice, chronic disease management, advanced access and the electronic medical record). The success of the team depends upon the efficiency and character of its components. Interpersonal skills will be evaluated as any other skill necessary in the management of the patients.
POSITION SUMMARY:

Operating in concert with and under the direction of a licensed physician in a primary care setting, the physician assistant performs a broad range of medical services. PAs will identify themselves as Physician Assistants at all times and indicate to the patient the name of the Supervising Physician with whom they work.

The Physician Assistant, Family Practice shall:

Possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care in the Family Medicine environment and consistent with the National Competency Profile for Canadian Physician Assistants (http://capa-acam.ca/en/Scope-Of-Practice--National-Competency-Profile_55). They will apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of the discipline in which they are practising, personal expertise, the healthcare setting, and the delegatory relationship with their supervising physician(s) and the patient context.

Their care will be characterized by up-to-date, ethical, and resource-efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The Role of Medical Expert is central to the function of PAs and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Competencies:

a) Assessment and Investigations

The PA will obtain a comprehensive and relevant medical history and perform a focused or complete physical examination as may be required, based upon standard format appropriate to the patient and environment.

The extent of a physical examination will be determined by the presenting problem. A focused physical examination must include the relevant components of a comprehensive physical examination (http://capa-acam.ca/en/Scope-Of-Practice--National-Competency-Profile_55).

The PA will be responsible for initiating investigations that are appropriate to the present illness, relevant to the continuing care of chronic disease, or consistent with accepted screening programs. Examples include laboratory tests, diagnostic imaging, electrocardiograms, and specimen collection. The PA will be responsible for reviewing the results of investigations and recording the results. The PA is responsible for initiating appropriate action in response to results of investigations, which shall include consultation with members of the clinical team and/or the supervising physician.

The PA will advance the use of the EMR to levels of optimization that will guide their clinical practice (e.g., use of macros, templates, tools for practice reflection, reporting, interprofessional communication tool, primary care quality indicators). (http://www.cihi.ca/CIHIextportal/internet/EN/TabbedContent/types+of+care/primary+health/cihi006583)

b) Communicator

The Physician Assistant will effectively facilitate patient centered care and the dynamic exchanges that occur before, during, and after the medical encounter by enabling patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with supervising physicians, patients, families, caregivers, and other professionals (www.caopa.net).

The PA is required to follow regional and Program Electronic Medical Record (EMR) standards. For example, the history and physical examination must be recorded in the appropriate section of the patient's electronic medical record (EMR), and must comply with existing WRHA Guidelines regarding clinical content and completion of medical records. The PA must develop EMR expertise to support quality and patient safety as well as primary care home, and primary care networks.

In collaboration with supervising physician and team, the PA will counsel the patient in the areas of primary and secondary prevention, including self management, chronic disease management, sexual health and preventative treatment, and medical management of problems and the use of prescribed treatments and drugs with appropriate consultation, and establish linkages with appropriate community resources.
c) Documentation
The Physician Assistant will, where required, provide appropriate documentation for:

a) Histories and Physical examinations
b) Progress notes
c) Consultation letters/Referrals

Write or give verbal orders for any of the following:

d) Routine Laboratory, studies.
e) Routine Diagnostic Radiologic Examination.
f) Routine vital signs.
g) Precautions such as Allergies and adhere to WRHA Infection, Prevention and Control Measures

d) Manager
Physician Assistants are integral participants in healthcare organizations working with their supervising physician(s), healthcare team and community partners to organize sustainable practices, make decisions about allocating resources, and contribute to the effectiveness of the healthcare system. PAs function as managers in their everyday practice activities, involving colleagues, resources and organizational tasks, such as care processes and policies. For example,

• referral to medical consultants, whether community-based or in other centres.
• referral to appropriate community and professional services that may include home care, community mental health, palliative care, and language access services.

Emergency situations:
The PA shall advise the supervising physician or other member of medical staff of the need to access urgent care, and the physician shall assume the primary responsibility for care of such patients.

The physician assistant may assist or initiate care in life-threatening emergency situations.

The procedural skill set are those skills inherent to comprehensive outpatient primary care, and require some knowledge of minor trauma management including musculoskeletal injury, wound closure, and assessment of acute presentations for acute medical conditions. Given the nature of the primary health care team and onsite physicians, the Physician Assistant would be supported by advance skill sets of other members of the health care team and follow the WRHA Emergency Primary Care Practice Guidelines.

e) Medical Expert
Procedural skills – diagnostic and therapeutic

The PA shall implement a management plan in collaboration with a patient and their family that demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions including pharmacotherapy management, non-pharmacotherapy, health promotion and disease prevention and supportive counselling.

The PA may issue prescriptions and issue orders for drugs to be dispensed only for medications which the supervising physician has determined the assistant is qualified to prescribe in the context of the Family Medicine practice environment (http://capa-acam.ca/en/Scope-Of-Practice--National-Competency-Profile_55).

The PA shall initiate new medications within the incorporated formulary which has been approved by the supervising physician (see Appendix A). In addition, the PA shall ordinarily be approved to continue medications previously prescribed for the management of chronic disease, providing a clinical evaluation determines the chronic disease is under suitable pharmacologic control and surveillance.

The PA shall not prescribe narcotics or other controlled substances as these are limited through federal regulation to physicians, dentists, and veterinarians only.

f) Professional Development
The PA will be expected to undertake and show evidence of participation in a program of self-directed learning, and to attend formal programs of continuing professional development pertinent to the practice activities of the medical community.

The PA will be expected to attend and participate in case conferences or other scheduled educational activities at the community level. The PA will participate in 50 hours of CPD per year that will be tracked by CAPA and forwarded to CPSM.
The Supervising Physician(s) will allocate 1-2 hours as required on a bi-weekly basis to engage in case reviews with the PA as part of the 8 hours of supervision time per month.

**g) Evaluation of Performance and Progressive Responsibility**

Performance will be formally evaluated by the designated Supervising Physician and Medical Program Coordinator with input from the Director of Patient Care, the Clinic Manager, designated members of the interdisciplinary team, review of a procedural log-book and, when possible, surveys of patients.

Evaluation will be based on the levels of competency outlined in the Evaluation of Performance of Physician Assistants and in the context of regional and local primary care strategies and guidelines (e.g., EMR). It will also recognize the principles of **progressive responsibility**. The physician assistant to the full scope of practice will be by a graded responsibility to facilitate suitable evaluation yet progressive independence. Evaluation and monitoring of clinical practice shall be a continuing responsibility of the supervising physician and the physician assistant even though a full scope of practice has been achieved.


The evaluations will be similar to the format used for the In-training Evaluation Reports (ITER) at the University of Manitoba.

**Acknowledgements:**

**Dr. Sheldon Permack**, MD, CCFP, Medical Director, WRHA Family Medicine/Primary Care Program

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Director, Clinical & Physician Assistant Program

**Jo-Anne Kilgour**, BN, Specialist, WRHA Family Medicine/ Primary Care Program

**Ingrid Botting**, PhD, Director Health Services Integration, WRHA Family Medicine/ Primary Care Program

This job description has been partially based on: *Job Description and Program Objectives for Certified Clinical Assistants; and Emergency Medicine WRHA February 8 2008.*
Physician Assistant’s Primary Care Formulary

This list is not all-inclusive. PA should focus on WRHA formulary medications and become proficient in prescribing the most cost-effective evidence-based treatment.

1. Antihistamine Drugs

   **First Generation Antihistamines**
   1) Brompheniramine/Phenylephrine
   2) Chlorpheniramine
   3) Diphenydramine
   4) Flunarzine
   5) Hydroxyzine
   6) Ketotifen
   7) Promethazine

   **Second Generation (non-sedating) Antihistamines**
   Loratadine

2. Anti-Infective Agents (Antibiotics)

   **First Generation Cephalosporins**
   1) Cefadroxil
   2) Cefazolin
   3) Cephalexin

   **Second Generation Cephalosporins**
   1) Cefaclor
   2) Cefprozil
   3) Cefuroxime

   **Third Generation Cephalosporins**
   1) Cefixime

   **Erythromycins**
   1) Erythromycin base
   2) Erythromycin Estolate

   **Other Macrolides**
   1) Azithromycin
   2) Clarithromycin

   **Natural Penicillins**
   1) Penicillin G Sodium
   2) Penicillin V Potassium
   3) Pennillin V Benzathine

   **Aminopenicillins**
   1) Amoxicillin
   2) Ampicillin

   **Penicillinase-Resistant Penicillins**
   1) Cloxacillin

   **Extended Spectrum Penicillins**

   **Quinolones**
   1) Ciprofloxacin
   2) Levofloxacin
   3) Moxifloxacin
   4) Norfloxacin
   5) Ofloxacin

   **Sulfonamides**
   1) Sulamethoxazole/Trimethoprim

   **Tetracyclines**
   1) Doxycycline
   2) Minocycline
   3) Tetracycline

   **Glycopeptides**
   1) Oral Vamcomycin

   **Lincomycins**
   1) Oral Clindamycin

   **Antifungals**

   **Allylamines**
   1) Terbinafine

   **Azoles**
   1) Fluconazole
   2) Itrakonazole
   3) Ketoconazole
   4) Miconazole

   **Polyenes**
   1) Nystatin

   **Antivirals**

   **Adamantanes**
   1) Amantadine

   **HIV Protease Inhibitors**
   1) Atazanavir
   2) Darunavir
   3) Fosamprenavir
   4) Indinavir
Nucleosides & Nucleotides
1) Acyclovir
2) Famiclovir
3) Ganciclovir
4) Valacyclovir
5) Valganciclovir

Antimalarials
1) Hydroxychloroquine
2) Mefloquine
3) Quinine sulphate

Antiprotazoals, Miscellaneous
1) Metronidazole
2) Atovaquone

Urinary Anti-infectives
1) Nitrofurantoin
2) Trimethoprim

3. Antineoplastics
1) Anastrazole
2) Bicalutamide
3) Cyclophosphamide
4) Flutamide
5) Goserelin*
6) Hydroxyurea
7) Leuprolide Acetate*
8) Methotrexate
9) Tamoxifen
10) Pamidronate
11) Leuprolide Acetate*
12) Goserelin*
13) Tiotropium
14) Trimebutine
*Note: to continue therapy initiated by a physician only, no new starts

Antimuscarinics/Antispasmodics
1) Atropine Sulphate (dl-Hyoscyamine)
2) Dicylomine
3) Hyoscine Butylbromide (Scopolamine Butylbromide)
4) Glycopyrrolate (glycopyrronium bromide)
5) Ipratropium
6) Pinaverium
7) Propantheline
8) Scopolamine Hydrobromide (Hyoscine Hydrobromide)
9) Tiotropium
10) Trimebutine

Sympathomimetic (Adrenergic) Agents
1) Ephedrine
2) Fenoterol
3) Formoterol
4) Midodrine
5) Orciprenaline
6) Pseudoephedrine
7) Salbutamol
8) Salmeterol
9) Terbutaline

Sympatholytic (Adrenergic Blocking) Agents
1) Dihydroergotamine

Selective alpha-1-Adrenergic Blocking Agents
1) Tamsulosin
2) Alfuzosin

Skeletal Muscle Relaxants
1) Baclofen
2) Cyclobenzaprine
3) Methocarbamol
4) Tizanidine

Miscellaneous Autonomic Drugs
1) Nicotine replacement therapy

4. Autonomic Drugs
Parasympathomimetic (Cholinergic) Agents
1) Bethanechol
2) Donepezil
3) Galantamine
4) Neostigmine
5) Rivastigmine

Anticholinergic Agents

Antiparkinsonian Agents
1) Benztropine
2) Procyclidine
3) Trihexyphenidyl
4) Pyridostigmine

Antimuscarinics/Antispasmodics
1) Atropine Sulphate (dl-Hyoscyamine)

5. Blood Formation and Anticoagulation
Antianemia Drugs Preparations
Iron
1) Ferrous Fumarate
2) Ferrous Gluconate
3) Ferrous Sulphate
4) Iron Dextran

Coagulants and anticoagulants
Anticoagulants
1) Dabigatran
2) Dalteparin
3) Enoxaparin
4) Fondaparinux
5) Heparin sodium
<table>
<thead>
<tr>
<th>6. Cardiovascular Drugs</th>
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<tbody>
<tr>
<td><strong>Antiarrhythmics</strong></td>
</tr>
<tr>
<td>1) Amiodarone</td>
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<td>2) Disopyramide</td>
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<tr>
<td>3) Flecainide</td>
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<tr>
<td>4) Mexiletine</td>
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<td>5) Lidocaine</td>
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<td>6) Procainamide</td>
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<tr>
<td>7) Propafenone</td>
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<tr>
<td>8) Quinidine</td>
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<tr>
<td><strong>Cardiotonc Agents</strong></td>
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<tr>
<td>1) Digoxin</td>
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<tr>
<td><strong>Antilipemic agents</strong></td>
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<tr>
<td><strong>Bile Acid Sequestrants</strong></td>
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<tr>
<td>1) Cholestyramine Resin</td>
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<tr>
<td><strong>Cholesterol Absorption Resin</strong></td>
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<tr>
<td>1) Ezetimibe</td>
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<tr>
<td><strong>Fibric Acid Derivatives (Fibrates)</strong></td>
</tr>
<tr>
<td>1) Benzafibrate</td>
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<tr>
<td>2) Clofibrate</td>
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<tr>
<td>3) &quot;Fenofibrate, micronized&quot;</td>
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<tr>
<td>4) Gemfibrozil</td>
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<tr>
<td><strong>HMG-CoA Reductase Inhibitors (Statins)</strong></td>
</tr>
<tr>
<td>1) Atorvastatin</td>
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<td>2) Fluvastatin</td>
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<tr>
<td>3) Lovastatin</td>
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<tr>
<td>4) Pravastatin</td>
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<tr>
<td>5) Rosuvastatin</td>
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<tr>
<td>6) Simvastatin</td>
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<tr>
<td><strong>Hypotensive Agents</strong></td>
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<tr>
<td><strong>Central Alpha-Agonists</strong></td>
</tr>
<tr>
<td>1) Clonidine</td>
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<tr>
<td>2) Methyl dopa</td>
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<tr>
<td><strong>Direct Vasodilators</strong></td>
</tr>
<tr>
<td>1) Hydralazine</td>
</tr>
<tr>
<td>2) Minoxidil</td>
</tr>
</tbody>
</table>

**Vasodilating Agents**

**Nitries and Nitrites**
1) Isosorbide Dinitrate
2) Isosorbide Mononitrate
3) Nitroglycerin

**Miscellaneous Vasodilating Agents**
1) Ambrisentan
2) Dipyridamole

**Alpha-Adrenergic Blocking Agents**
1) Doxazosin
2) Prazosin
3) Terazosin

**Beta-Blockers**
1) Acebutolol
2) Atenolol
3) Bisoprolol
4) Carvedilol
5) Labetalol
6) Metoprolol
7) Nadolol
8) Oxprenolol
9) Pindolol
10) Propranolol
11) Sotalol
12) Timolol

**Calcium Channel Blockers**

**Dihydropyridines**
1) Amlodipine
2) Felodipine
3) Nifedipine

**Calcium Channel Blocking Agents, Miscellaneous**
1) Diltiazem
2) Verapamil

**Renin-Angiotensin-Aldosterone System Inhibitors**

**Angiotensin Converting Enzyme Inhibitors**
1) Benazapril
2) Captopril
3) Cilazapril
4) Enalapril
5) Fosinopril
6) Lisinopril
7) Perindopril
8) Quinapril
9) Ramipril
10) Trandolapril

**Angiotensin II Receptor Antagonists**
1) Candesartan
2) Eprosartan  
3) Irbesartan  
4) Losartan  
5) Telmisartan  
6) Valsartan  

**Mineralcorticoid (Aldosterone) Receptor Antagonists**  
1) Spironolactone  

---  

7. Central Nervous System Agents  
**Analgesics and Antipyretics**  

**Cyclooxygenase-2 (COX-2) Inhibitors**  
1) Celecoxib  

**Salicylates**  
1) Acetylsalicylic Acid  

**Other Non-Steroidal Anti-inflammatory Agents**  
1) Diclofenac  
2) Diflunisal  
3) Flurbiprofen  
4) Ibuprofen  
5) Indomethacin  
6) Ketoprofen  
7) Ketorolac  
8) Meloxicam  
9) Nabumetone  
10) Naproxen  
11) Oxaprozin  
12) Piroxicam  
13) Sulindac  
14) Tiaprofenic Acid  
15) Tolmetin  

**Miscellaneous Analgesics and Antipyretics**  
1) Acetaminophen  

**Opiate Antagonists**  
1) Naloxone  

**Anticonvulsants**  

**Hydantoins**  
1) Phenytoin  

**Succinimides**  
1) Ethosuximide  

**Miscellaneous Anticonvulsants**  
1) Carbamazepine  
2) Gabapentin  
3) Lamotrigine  
4) Levetiracetam  
5) Oxcarbazepine  
6) Topiramate  
7) Valproic Acid  
8) Vigabatrin  

**Psychotherapeutic Agents**  

**Monoamine Oxidase Inhibitors**  
1) Moclobemide  
2) Phenelzine  
3) Tranylcypromine  

**Selective Serotonin Reuptake Inhibitors (SSRIs)**  
1) Citalopram  
2) Fluoxetine  
3) Fluvoxamine  
4) Paroxetine  
5) Sertraline  

**Serotonin Modulators**  
1) Trazodone  

**Tricyclic Antidepressants (TCA's)**  
1) Amitriptyline  
2) Clomipramine  
3) Desipramine  
4) Doxepin  
5) Imipramine  
6) Maprotiline  
7) Nortriptyline  
8) Trimipramine  

**Noradrenergic/Selective Serotonergic Antidepressant (NaSSA)**  
1) Mirtazapine  

**Serotonin and Noradrenergic Reuptake Inhibitors (SNRI)**  
1) Duloxetine  
2) Venlafaxine  

**Norepinephrine and Dopamine Reuptake Inhibitors**  
1) Bupropion  

**Atypical (2nd Generation) Antipsychotics**  
1) Clozapine  
2) Olanzapine  
3) Quetiapine  
4) Risperidone  
5) Ziprasidone  

**Butyrophenones**  
1) Haloperidol  

**Phenothiazines**
1) Chlorpromazine  
2) Fluphenazine  
3) Methotrimeprazine  
4) Periciazine  
5) Pipotiazine  
6) Prochlorperazine  
7) Thioridazine  
8) Trifluoperazine  

**Thioxanthenes**  
1) Flupentixol  
2) Thiotixene  

**Miscellaneous Antipsychotics**  
1) Loxapine  
2) Pimozide  

**“Anxiolytics, Sedatives, and Hypnotics”**  
**“Miscellaneous Anxiolytics, Sedatives, and Hypnotics”**  
1) Buspirone  
2) Choral Hydrate  
3) Zopiclone  

**Antimanic Agents**  
1) Lithium Carbonate  

**Antimigraine Agents**  

**Selective Serotonin Agonists**  
1) Naratriptan  
2) Rizatriptan  
3) Sumatriptan  
4) Zolmitriptan  

**Antiparkinson Agents**  

**Ergot-Derivative Dopamine Receptor Antagonists**  
1) Bromocriptine  
2) Cabergoline  

**Monoamine Oxidase B Inhibitors**  
1) Selegiline  

**Miscellaneous Central Nervous System Agents**  
1) Betahistine  
2) Entacapone  
3) Levodopa/Carbidopa  
4) Levodopa/Benserazide  
5) Pramipexole  
6) Ropinirole  
7) Selegiline  

**8. Diagnostic Agents**  
**Tuberculosis**  
1) Tuberculin Purified Protein Derivative

**9. Electrolyte, Caloric and Water Balance**  
**Alkalinizing Agents**  
1) Sodium Bicarbonate  
2) Sodium Citrate/Citric Acid  

**Ammonia Detoxicants**  
1) Lactulose  

**Replacement Preparations**  
1) Calcium Carbonate  
2) Calcium Chloride  
3) Calcium Gluconate  
4) Magnesium Glucoheptonate  
5) Magnesium Oxide  
6) Magnesium Sulphate  
7) Potassium Chloride  
8) Potassium Chloride/Potassium Bicarbonate  
9) Electrolyte Replenishing Solution  
10) Sodium Chloride Solution  

**Potassium Removing Agents**  
1) Sodium Polystyrene Sulphonate Powder  

**Caloric Agents**  
1) Dextrose  
2) Fat Emulsion  

**Diuretics**  
1) Bumetanide  
2) Chlorthalidone  
3) Ethacrynic Acid  
4) Furosemide  
5) Hydrochlorothiazide  
6) Indapamide  
7) Metolazone  

**Potassium Sparing Diuretics**  
1) Amiloride/Hydrochlorothiazide  
2) Triamterene/Hydrochlorothiazide  

**Uricosuric Agents**  
1) Probenecid  
2) Sulfinpyrazone

**10. Antitussives, Expectorants, and Mucolytic agents**  
**Antitussives**  
1) Dextromethorphan Hydrobromide  

**Anti-inflammatory Agents**  

**Leukotriene Modifiers**  
1) Montelukast  

**Mast-Cell Stabilizers**  
1) Cromolyn Sodium
1. Expectorants
   1) Guaifenesin

2. Mucolytic agents
   1) Acetylcysteine

### 11. Eye, Ear, Nose, and Throat Preparations

#### Anti-Infectives

**Antibiotics**
1) Neomycin Sulphate/Polymyxin B Sulphate
   1) Hydrocortisone
2) Erythromycin
3) Framycetin
4) Gentamicin
5) Neomycin Sulphate/Polymyxin B Sulphate
   1) Gramicidin
6) Polymyxin B Sulphate/Gramicidin
7) Sulfacetamide
8) Tobramycin

**Miscellaneous Anti-Infectives**
1) Ofloxacin

#### Anti-Inflammatory Agents
1) Beclomethasone
2) Betamethasone
3) Budesonide
4) Dexamethasone
5) Fluorometholone
6) Flurbiprofen
7) Fluticasone
8) Ketorolac
9) Mometasone
10) Prednisolone
11) Triamcinolone

**Carbonic-Anhydrase Inhibitors**
1) Acetazolamide
2) Brinzolamide
3) Dorzolamide

**Local Anaesthetics**
1) Tetracaine

**Miotics**
1) Carbachol
2) Pilocarpine

**Mydriatics**
1) Atropine Sulphate
2) Cyclopentolate
3) Dipivefrin
4) Homatropine Hydrobromide
5) Tropicamide

**Vasoconstrictors**
1) Epinephrine (Adrenaline)
2) Naphazoline
3) Xylometazoline

**Miotics**
1) Carbachol
2) Pilocarpine

**Mydriatics**
1) Atropine Sulphate
2) Cyclopentolate
3) Dipivefrin
4) Homatropine Hydrobromide
5) Tropicamide

**Antacids and Adsorbents**
1) Aluminium Hydroxide/ Magnesium Hydroxide/ Simethicone
2) Charcoal (Activated)
3) Sodium Alginate/Aluminium Hydroxide
4) Magnesium Hydroxide
5) Aluminium Hydroxide

**Antidiarrhea Agents**
1) Loperamide

**Antiflatulents**
1) Simethicone

**Cathartics and Laxatives**
1) Bisacodyl
2) Docusate Calcium
3) Docusate Sodium
4) Glycerin
5) Magnesium Citrate
6) Magnesium Hydroxide
7) Mineral Oil
8) Sodium Phosphates Enema
9) Polyethylene Glycol
10) Psyllium Powder
11) Sennosides

**Cholelitholytic Agents**
1) Ursodiol

**Mouthwashes and Gargles**
1) Lozenges
2) Benzydamine
Antiemetics
1) Dimenhydrinate
2) Dolasetron
3) Granisetron
4) Ondanestron
5) Prochlorperazine
6) Pyridoxine/Doxylamine

Anti-Ulcer Agents

Histamine-2 (H2) Antagonists
1) Cimetidine
2) Famotidine
3) Nizatidine
4) Ranitidine

Prostaglandins
1) Misoprostol

Protections
1) Sucralfate

Proton Pump Inhibitors (PPI’s)
1) Esomeprazole
2) Lansoprazole
3) Omeprazole
4) Pantoprazole
5) Rabeprazole

Prokinetic Agents
1) Domperidone
2) Metoclopramide

Anti-Inflammatory Agents
1) 5-Aminosalicylic Acid (Mesalamine)
2) Sulfasalazine

Estrogens
“Estrogens, conjugated”
1) Estradiol
2) Estropipate

Estrogen Agonist-Antagonists
1) Clomiphene
2) Raloxifene

Antidiabetic Agents

Alpha-Glucosidase Inhibitor
1) Acarbose

Biguanides
1) Metformin

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
1) Sitagliptin

Insulin
1) “Insulin, Human (recombinant)”
2) “Insulin, Aspart”
3) “Insulin, Glargine”
4) “Insulin, Glulisine”
5) Insulin Lispro

Meglitinides
1) Nateglinide
2) Repaglinide

Sulphonylureas
1) Chlorpropamide
2) Gliclazide
3) Glimepiride
4) Glyburide
5) Tolbutamide

Thiazolidinediones
1) Pioglitazone
2) Rosiglitazone

Antihyperglycemic Agents

Glycogenolytic Agents
1) Glucagon

Parathyroid
1) Calcitonin

Pituitary Agents
1) Desmopressin

Progestins
1) Medroxyprogesterone
2) Progesterone

Thyroid and Antithyroid Agents
Thyroid Agents
1) Levothyroxine
2) Liothyronine

Antithyroid Agents
1) Methimazole
2) Propylthiouracil
3) Thiamazole

14. Local Anaesthetics
1) Bupivacaine
2) Lidocaine
3) Lidocaine/Epinephrine
4) Lidocaine/Epinephrine/Tetracaine
5) Lidocaine/Prilocaine cream

15. Serums, Toxoids, and Vaccines
   Toxoids
   1) Diptheria and Tetanus (adsorbed)
   Vaccines (this list is not all inclusive)
   1) Hepatitis B vaccine
   2) Influenza vaccine
   3) Pneumococcal vaccine

16. Skin and Mucous Membrane Agents
   Anti-Infective
   Antibiotics
   1) Bacitracin
   2) Clindamycin
   3) Erythromycin
   4) Framycetin
   5) Fusidic Acid
   6) Gentamicin
   7) Metronidazole
   8) Mupirocin
   9) Polymyxin B/Bacitracin /Neomycin
   10) Polymyxin B/Gramicidin
   11) Triamcinolone /Neomycin /Gramicidin/
       Nystatin
   12) Framycetin/Hydrocortisone/Esculin/
       Cinchocaine
   Antivirals
   1) Acyclovir
   2) Idoxuridine
   Antifungals
   1) Clotrimazole
   2) Gentian Violet
   3) Nystatin
   4) Terbinafine

Miscellaneous Local Anti-Infectives
1) Chlorhexidine Gluconate
2) Povidone-Iodine
3) Selenium Sulphide
4) Silver Sulfadiazine

Anti-Inflammatory Agents
1) Betamethasone Dipropionate
2) Betamethasone Valerate
3) Clobetasol Propionate
4) Desonide
5) Desoximetasone
6) Diflucortolone
7) Flumethasone
8) Fluocinolone
9) Fluocinonide
10) Halcinonide
11) Hydrocortisone Acetate
12) Mometasone
13) Triamcinolone

Antipruritics and Local Anaesthetics
1) Lidocaine

“Emollients, Demulcents, and Protectants”

Basic Lotions and Liniments
1) Calamine

Basic Oils and Other Solvents
1) Glycerin
2) Mineral Oil

Basic Ointments and Protectants
1) Zinc Sulphate
2) Ointment Base
3) Silicone
4) White Petrolatum
5) Zinc Oxide

Basic Powders and Demulcents

“Oatmeal, colloidal”

Keratolytic Agents
1) Benzoyl Peroxide
2) Urea

Keratoplastic Agents
1) Coal Tar

Miscellaneous Skin and Mucous Membrane Agents
1) Acitretin
2) Calcipotriol
3) Isotretinoin
4) Methyl Salicylate/Camphor/Menthol/Eucalyptis
5) 5-Fluorouracil

2) Clodronate
3) Pamidronate
4) Risedronate

17. Smooth Muscle Relaxants
   Genitourinary Smooth Muscle Relaxants
   1) Flavoxate
   2) Oxybutynin
   3) Tolterodine
   4) Trospium

18. Vitamins
   Vitamin B Complex
   1) Cyanocobalamin
   2) Calcitriol
   3) Folic Acid
   4) Pyridoxine
   5) Thiamine

   Vitamin C Complex
   1) Ascorbic Acid

   Vitamin D
   1) “Calcitriol ((1,25)-dihydroxycholecalciferol))”
   2) Vitamin D

   Vitamin K Activity
   1) Phytonadione

   Multivitamin Preparations
   1) Multiple Vitamin Infusion
   2) Multiple Vitamin Tablet
   3) Multiple Vitamin with Minerals
   4) “Vitamin A, D, and C”

19. Miscellaneous Therapeutic Agents
   5-alpha-Reductase Inhibitors
   1) Dutasteride
   2) Finasteride

   Antidotes
   1) Methylene Blue
   2) Pralidoxime Chloride

   Antigout Agents
   1) Allopurinol
   2) Colchicine

   Biological Response Modifiers
   1) Glatiramer

   Bone Resorption Inhibitors
   1) Alendronate
APPENDIX G

Sample Job Posting in Primary Care Physician Assistant

Physician Assistant  | INSERT Program Name
---|---
Requisition #  | INSERT Requisition Number
Facility  | Winnipeg Regional Health Authority
Job Location  | Canada-Manitoba-Winnipeg
Additional Location Details  | INSERT Location/Address of Facility
Job Stream  | Clinical & Physician Assistants
Job Type  | INSERT Job Type (ie: Permanent/Temp)
Position Status  | INSERT Position Status (ie: Full-Time/Part-Time)
Employee Group  | Out of Scope
EFT  | INSERT EFT (ie: 1.0, 0.8)
Anticipated Shift  | INSERT Shift (ie: Days/Evenings/Nights)
Number of Positions Open  | 1
Start Date of Employment  | ASAP
Posting Date  | INSERT Date
Expiry Date  | INSERT Date
Educational Requirements  | N/A
Languages Required  | English
Position:  | #INSERT Position Number

Job Description

The Winnipeg Regional Health Authority is seeking a motivated SELECT ONE Assistant for a position in the Section of INSERT Sub-Section within the INSERT Program Name Program at the INSERT Location/Address of the Facility Location.

Responsibilities

The SELECT ONE Assistant will be required to perform, order, and interpret diagnostic, therapeutic investigations/interventions. Duties of this position can/will include performing history and physical exams in a variety of settings that could include the Emergency Department and wards, as well as following patients in the pre/peri/postoperative ward and/or other clinical settings.

SELECT ONE Assistants will be required to attend clinical and education rounds. Administrative requirements will include standard of practice recordings of all patient encounters, these methods may require dictating or utilizing electronic medical records where/when available. Assistants must be able to communicate effectively in English with other members of interdisciplinary healthcare teams.

THIS IS NOT A MEDICAL ASSISTANT OR MEDICAL OFFICE ASSISTANT POSITION

Qualifications

• Must be eligible for licensure with the College of Physicians and Surgeons of Manitoba as a SELECT ONE
• Must be a graduate of an accredited Medical School in Canada or abroad or a Physician Assistant Educational Program acceptable to the College and eligible for national certification.
• Must be eligible for a Medical Staff Appointment with the INSERT Regional Health Authority Health Authority.
• Prior experience preferred.
• Must have successfully completed the RCA Part 1 Exam.

This position is subject to a Criminal Record Check, including Vulnerable Sector Search, an Adult Abuse Registry Check, as well as a Child Abuse Registry Check if applicable. The successful candidate will be responsible for any service charges incurred.

Interviewed candidates may be called upon to participate in a skills assessment and/or to provide evidence of educational achievements.

Any application/CV received after the deadline closing date will be marked late and not included in the competition.

An application accompanied by a CV and addresses of three Canadian references can be submitted directly to the WRHA Website posting at www.wrha.mb.ca/careers.

For more information contact:
APPENDIX H

Sample Contract of Supervision

**SELECT ONE ASSISTANT**

This is an addendum to the original Contracts of Supervision dated INSERT Date of Original Contract of Supervision. This agreement is made this INSERT Day day of INSERT Month 201 INSERT Year by and between Dr. INSERT Name Primary Supervising Physician who is listed in the original Contract of Supervision. Dr(s). INSERT Name of Physician(s) is/are hereby added as SELECT ONE and is duly licensed to practice in Manitoba and hereinafter referred to as “Physician”, and INSERT Name of Assistant of Winnipeg, Manitoba, hereinafter referred to as “Assistant”.

Whereas Physician is engaged in the practice of medicine at the following locations and requires the services of a SELECT ONE Assistant to perform medical duties as stated:

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>INSERT Location/Address of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting Date</td>
<td>INSERT Start Date</td>
</tr>
<tr>
<td>Paid by</td>
<td>Winnipeg Regional Health Authority</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITION DESCRIPTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSERT EFT (ie: 1.0, 0.8) EFT SELECT ONE -time SELECT ONE Program Name</td>
</tr>
</tbody>
</table>

Whereas, Assistant is duly qualified under the applicable regulations and rules of the College of Physicians and Surgeons;

**IT IS THEREFORE** agreed between PHYSICIAN and ASSISTANT and WINNIPEG REGIONAL HEALTH AUTHORITY:

1. PHYSICIAN does hereby agree to supervise ASSISTANT in accordance with the rules and regulations of the College of Physicians and Surgeons. ASSISTANT agrees to faithfully and to the best of his knowledge and skill, to assist PHYSICIAN in the practice of medicine during the term hereof. By this contract, it is contemplated that PHYSICIAN will assign certain duties to be performed by ASSISTANT. ASSISTANT will perform only those duties and responsibilities that are delegated by PHYSICIAN. PHYSICIAN will not delegate to ASSISTANT any duty or responsibility for which ASSISTANT has not been adequately trained. A job description is attached hereto as Schedule “A” to outline the role and responsibility of the ASSISTANT. ASSISTANT is the agent of PHYSICIAN in the performance of all practice-related activities delegated to the ASSISTANT by PHYSICIAN. ASSISTANT will provide patient care only in those areas of medical practice where PHYSICIAN provides patient care.

2. INSERT Name of Assistant during the term of this agreement, shall comply with all proper directions and orders of PHYSICIAN and shall comply with all rules and regulations of the College of Physicians and Surgeons governing SELECT ONE Assistants.

3. PHYSICIAN agrees to direct and review the work, records, and practice of SELECT ONE Assistant delegated to INSERT Name of Assistant by PHYSICIAN on a daily basis to ensure that appropriate and safe treatment is rendered to each patient. PHYSICIAN or approved designate will be available continuously for contact personally or by telephone and able to intervene in the activities of the ASSISTANT. The supervision will consist of continuous onsite, personal supervision by PHYSICIAN or approved designate.

4. PHYSICIAN agrees to designate a substitute supervising physician in the manner designated by the College of Physicians and Surgeons to act under this agreement during any absence or temporary disability of PHYSICIAN.

This contract may be terminated by either party by giving thirty (30) days’ notice of the fact in writing to the other, and to the College of Physicians and Surgeons.

It is expressly understood that this contract is subject to review and approval by the College of Physicians and Surgeons. Any subsequent amendment to this contract must also be specifically approved by the College of Physicians and Surgeons.
Form and content Received by the College of Physicians and Surgeons of Manitoba:

Melissa Myers

Date
CONTRACT OF SUPERVISION

SELECT ONE ASSISTANT (Addendum)

This is an addendum to the original Contracts of Supervision dated INSERT Date of Original Contract of Supervision. This agreement is made this INSERT Day day of INSERT Month, 20 INSERT Year by and between Dr. INSERT Name Primary Supervising Physician who is listed in the original Contract of Supervision. Dr. INSERT Name of Physician is hereby added as a SELECT ONE and is duly licensed to practice in Manitoba and hereinafter referred to as “Physician”, and INSERT Name of Assistant of Winnipeg, Manitoba, hereinafter referred to as “Assistant”.

Whereas Physician is engaged in the practice of medicine at the following locations and requires the services of a SELECT ONE Assistant to perform medical duties as stated:

Name of Facility INSERT Location/Address of Facility
Telephone (204) INSERT Phone Number
Starting Date INSERT Start Date
Paid by Winnipeg Regional Health Authority

POSITION DESCRIPTION: INSERT EFT (ie: 1.0, 0.8) EFT Full Time SELECT ONE Assistant Position INSERT Program Name

Assistant Position

Whereas, Assistant is duly qualified under the applicable regulations and rules of the College of Physicians and Surgeons; IT IS THEREFORE agreed between PHYSICIAN and ASSISTANT and WINNIPEG REGIONAL HEALTH AUTHORITY:

1. PHYSICIAN does hereby agree to supervise ASSISTANT in accordance with the rules and regulations of the College of Physicians and Surgeons. ASSISTANT agrees to faithfully and to the best of his knowledge and skill, to assist PHYSICIAN in the practice of medicine during the term hereof. By this contract, it is contemplated that PHYSICIAN will assign certain duties to be performed by ASSISTANT. ASSISTANT will perform only those duties and responsibilities that are delegated by PHYSICIAN. PHYSICIAN will not delegate to ASSISTANT any duty or responsibility for which ASSISTANT has not been adequately trained. A job description is attached hereto as Schedule "A" to outline the role and responsibility of the ASSISTANT. ASSISTANT is the agent of PHYSICIAN in the performance of all practice-related activities delegated to the ASSISTANT by PHYSICIAN. ASSISTANT will provide patient care only in those areas of medical practice where PHYSICIAN provides patient care.

2. INSERT Name of Assistant, during the term of this agreement, shall comply with all proper directions and orders of PHYSICIAN and shall comply with all rules and regulations of the College of Physicians and Surgeons governing SELECT ONE Assistants.

3. PHYSICIAN agrees to direct and review the work, records, and practice of ASSISTANT delegated to ASSISTANT by PHYSICIAN on a daily basis to ensure that appropriate and safe treatment is rendered to each patient. PHYSICIAN or approved designate will be available continuously for contact personally or by telephone and able to intervene in the activities of the ASSISTANT. The supervision will consist of continuous onsite, personal supervision by PHYSICIAN or approved designate.

4. PHYSICIAN agrees to designate a substitute supervising physician in the manner designated by the College of Physicians and Surgeons to act under this agreement during any absence or temporary disability of PHYSICIAN.

This contract may be terminated by either party by giving thirty (30) days’ notice of the fact in writing to the other, and to the College of Physicians and Surgeons.

It is expressly understood that this contract is subject to review and approval by the College of Physicians and Surgeons. Any subsequent amendment to this contract must also be specifically approved by the College of Physicians and Surgeons.
Signature of **SELECT ONE** Supervising Physician  
**INSERT Name of Primary/Delegated Supervising Physician**

Signature of **SELECT ONE** Assistant  
**INSERT Name of Assistant**

Russell Ives, Director  
Provincial/Winnipeg Regional Health Authority  

Form and content Received by the College of Physicians & Surgeons of Manitoba:

Melissa Myers  
Date
CONTRACT OF SUPERVISION

SELECT ONE ASSISTANT (Removal of Supervising Physician)

This is an addendum to the original Contracts of Supervision dated [INSERT Date of Original Contract of Supervision]. Effective this [INSERT Day] day of [INSERT Month] [INSERT Year], Dr.s [INSERT Name Supervising Physician(s)] is/are hereby removed as the Supervising Physician(s). The name of SELECT ONE Assistant is [INSERT Name of Assistant] of Winnipeg, Manitoba, hereinafter referred to as “Assistant”.

Whereas Physician is engaged in the practice of medicine at the following locations and requires the services of a SELECT ONE Assistant to perform medical duties as stated:

Name of Facility: [INSERT Location/Address of Facility]
Telephone: (204) [INSERT Phone Number]
Starting Date: [INSERT Start Date]
Paid by: Winnipeg Regional Health Authority

POSITION DESCRIPTION:
Assistant Position: [INSERT Program Name]

It is expressly understood that this contract is subject to review and approval by the College of Physicians and Surgeons. Any subsequent amendment to this contract must also be specifically approved by the College of Physicians and Surgeons.

I affirm that the above noted Supervising Physician is hereby removed from the Contract of Supervision and I hereby reaffirm the Primary Supervising Physician.

Signature of SELECT ONE Supervising Physician: [INSERT Name of Primary/Delegated Supervising Physician] Date
Signature of SELECT ONE Assistant: [INSERT Name of Assistant] Date

Russell Ives, Director
Provincial/Winnipeg Regional Health Authority

Form and content Received by the College of Physicians & Surgeons of Manitoba:

Melissa Myers Date
APPENDIX I

Regional And Site Orientation Topics

Orientation to the Region

New providers who are regional employees (no matter which site they are working at) will be required to have a Regional Orientation. This orientation will take approximately one week.

Those responsible for the regional orientation may wish to:

• Ensure that employees are made available for all required orientation, and help them register for specific sessions (e.g. PHIA training).
• Orient a few new providers at the same time in order to build camaraderie and networking opportunities
• Introduce employees to the EMR software specific to their worksite
• Orient new employees to regional email processes and policy
• Clarify reporting processes (including duty to report) and reporting structures
• Provide an overview of all initiatives in primary care and other relevant service areas.

Orientation to the Practice Site

In addition to regional orientation, it is necessary for the specific site or clinic to arrange an orientation to its facility and processes. Suggested orientation topics include:

• A walk-through of the site to orient the PA to the physical facilities, site organization and personnel
• Review of the organizational chart
• Descriptions of roles of various providers, their scope of practice, and clarification of both differences and any overlap
• Personal introductions to other staff/providers, including close colleagues outside the clinic
• Operation of any equipment (e.g. photocopy machine) the employee may need to use
• Any internal procedures and expectations (e.g. lunch room etiquette)
• Overview of clinic processes
• EMR access, expectations, and capabilities
• Linkages with other programs and hospitals (including usual contacts, and process for contacting them)
• Feedback processes.
APPENDIX J

Patient Education Resource

WHAT IS A PHYSICIAN ASSISTANT?

Today you may be seeing a physician assistant. Physician assistants provide high quality medical services; assisting physicians in providing your care.

Q. What is a Physician Assistant?

A physician assistant, or PA, is a licensed and highly skilled healthcare professional, trained to provide patient evaluation, education, and health care services. A PA works with a physician to provide medical care and guidance needed by a patient.

Q. What are the training requirements to become a PA?

A PA must attend a specialized medical training program associated with a medical school that includes classroom studies and clinical experience. PAs have various educational backgrounds which includes a 4 year Bachelor degree before entering a PA training program. PA training programs are two full years of full-time study/clinical experience.

Q. What types of services will the PA provide in my physician’s office? How will this affect my care?

Physician Assistants act as an extension of your physician. They can provide your care in consultation with your physician. These services include, but are not limited to, the following:

• Taking health histories
• Performing physical examinations
• Ordering x-rays and laboratory tests
• Performing routine diagnostic tests
• Establishing diagnoses
• Treating and managing patient health problems (eg. Prescribing medications)
• Administering immunizations and injections
• Teaching and counselling
• Providing continuing care to patients in the home, hospital, clinic or extended care facility
• Providing referrals within the health care system
• Performing minor surgery
• Responding to life-threatening emergencies

Q. How does a PA work with their supervising physician(s)?

Each PA must be supervised by a physician. The physician supervises the PA either when both are at the same location or by telephone. The supervising physician must always be available to the PA should the need arise. The supervising physician is responsible for following each patient’s progress.

Please ask if you should have further questions or concerns
**APPENDIX K**

WRHA SELECT ONE Assistant Training Program

In-Training Evaluation Report (ITER)

Name: [INSERT Name of Assistant]  
Department: [INSERT Program Name]

Site: [INSERT Location]  
Supervisor: [INSERT Supervising Physician Name]

Level of Training: [INSERT Level of Training]  
Period: [SELECT ONE]

A rationale must be provided to support ratings with an asterisk (*).

### MEDICAL EXPERT

Please mark with a ✓.

<table>
<thead>
<tr>
<th>Proficiency in:</th>
<th>*Rarely Meets</th>
<th>*Inconsistently Meets</th>
<th>Generally Meets</th>
<th>Sometimes Exceeds</th>
<th>*Consistently Exceeds</th>
<th>Not Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic and clinical knowledge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Gathering</strong>: Interviewing skills and taking a relevant history.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Gathering</strong>: Performing an appropriate physical examination.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Use of appropriate diagnostic tests.</td>
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<tr>
<td>Diagnostic/therapeutic planning.</td>
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<tr>
<td>Clinical judgment/decision-making.</td>
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<tr>
<td>Intra-operative decision-making/independence (will depend on level of training).</td>
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<tr>
<td><strong>Emergency Care</strong>: Functioning effectively in emergency situations.</td>
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<tr>
<td><strong>Ambulatory Care</strong>: Functioning effectively in outpatient setting.</td>
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<tr>
<td>Knowledge of procedures.</td>
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<tr>
<td>Knowledge of surgical anatomy.</td>
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</tbody>
</table>

COMMENTS: Please provide examples and elaborate on strengths and weaknesses identified.

### PROCEDURES AND TECHNICAL SKILLS

<table>
<thead>
<tr>
<th>Proficiency in:</th>
<th>a)</th>
<th>b)</th>
<th>c)</th>
<th>d)</th>
<th>e)</th>
<th>f)</th>
<th>g)</th>
</tr>
</thead>
</table>

COMMENTS: Please provide examples and elaborate on strengths and weaknesses identified.
**COMMUNICATOR**

Please mark with a ✓.

<table>
<thead>
<tr>
<th>Establishing a therapeutic relationship with patients and communicating well with families.</th>
<th>*Rarely Meets</th>
<th>*Inconsistently Meets</th>
<th>Generally Meets</th>
<th>Sometimes Exceeds</th>
<th>*Consistently Exceeds</th>
<th>Not Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing clear and thorough explanation of diagnosis, investigation and management.</td>
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<tr>
<td>Establishing good relationship with peers and health and other professionals.</td>
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</tbody>
</table>

**Oral Presentation Skills with the Health Care Team:** Clear and succinct presentation of patient assessments and management plans.

**Records and Reports:** Including written records, consultations and dictation of operative reports completed accurately, clearly and timely.

**COMMENTS:** Please provide examples and elaborate on strengths and weaknesses identified.

---

**COLLABORATOR**

Team Relationships: Ability to work harmoniously with colleagues and delegates appropriately.

Consultations: Consults effectively with other physicians and health care professionals.

**COMMENTS:** Please provide examples and elaborate on strengths and weaknesses identified.

---

**HEALTH**

**Patient Intervention:** Intervenes on behalf of patients with respect to their care.

**Patient Safety:** Recognizes and responds appropriately in advocacy situations particularly with regard to patient safety.

**Guidelines:** Demonstrates knowledge of the guidelines/standards concerning

**COMMENTS:** Please provide examples and elaborate on strengths and weaknesses identified.
**MANAGER**

<table>
<thead>
<tr>
<th>Proficiency in:</th>
<th>Rarely Meets</th>
<th>*Inconsistently Meets</th>
<th>Generally Meets</th>
<th>Sometimes Exceeds</th>
<th>&quot;Consistently Exceeds&quot;</th>
<th>Not Assessed</th>
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</thead>
<tbody>
<tr>
<td>Resource Allocation: uses available resources effectively and considers alternate management options; ordering tests appropriately.</td>
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<tr>
<td><strong>Organization of Workload:</strong> Works effectively/efficiently; ability to prioritize, delegate and manage simultaneous tasks.</td>
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<td>Knowledge or principles of quality assurance and outcomes measures.</td>
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<tr>
<td><strong>Attention to Details:</strong> Good follow-up on delegated tasks.</td>
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<tr>
<td>Understanding and utilization of information technology such as methods of searching medical databases.</td>
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</tbody>
</table>

**COMMENTS:** Please provide examples and elaborate on strengths and weaknesses identified.

---

**SCHOLAR**

<table>
<thead>
<tr>
<th>Proficiency in:</th>
<th>Rarely Meets</th>
<th>*Inconsistently Meets</th>
<th>Generally Meets</th>
<th>Sometimes Exceeds</th>
<th>&quot;Consistently Exceeds&quot;</th>
<th>Not Assessed</th>
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<tbody>
<tr>
<td>Learning: Demonstrates a commitment to continuing personal education.</td>
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<tr>
<td><strong>Critical Appraisal:</strong> Ability to critically appraise sources of medical information and uses evidence in clinical decision-making.</td>
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<tr>
<td><strong>Teaching:</strong> Education of patients and other health care professionals including presentation of rounds.</td>
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</table>

**COMMENTS:** Please provide examples and elaborate on strengths and weaknesses identified.

---

**PROFESSIONAL/ETHICAL STANDARDS**

<table>
<thead>
<tr>
<th>Proficiency in:</th>
<th>Rarely Meets</th>
<th>*Inconsistently Meets</th>
<th>Generally Meets</th>
<th>Sometimes Exceeds</th>
<th>&quot;Consistently Exceeds&quot;</th>
<th>Not Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient-Physician Relationships:</strong> Ability to establish effective relationships with patients and families.</td>
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<tr>
<td><strong>Professional Relationships:</strong> Develops effective professional relationships with health and other professionals.</td>
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<td><strong>Sense of Responsibility:</strong> Delivers highest quality of care with integrity and Honesty.</td>
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<td><strong>Ethics:</strong> Demonstrates and understanding of principles of bioethics and applies them in clinical situations.</td>
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<td><strong>Insight:</strong> Demonstrates awareness of own limitations; seeks advice when Work ethic/dependability.</td>
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</table>

**COMMENTS:** Please provide examples and elaborate on strengths and weaknesses identified.
EVALUATION OF SELECT ONE ASSISTANT: Give examples with as much detail as possible.

STRENGTHS:

WEAKNESSES:

OBJECTIVES OF NEXT REPORTING PERIOD OR WHY TERMINATION OF EMPLOYMENT IS RECOMMENDED:
OVERALL EVALUATION OF SELECT ONE ASSISTANT PERFORMANCE

IS THE OVERALL PERFORMANCE OF THE EMPLOYEE SATISFACTORY?

☐ Yes       ☐ No

☐ One-Year Probationary Period complete, candidate has met all expectations and objectives of probation – full employee status is recommended. (Letter of confirmation is attached - must be signed by Clinical Program Director.)

☐ If yes, objectives to be achieved prior to next assessment are on page 4.

☐ Performance is not meeting expectations, see page 4 for objectives and expectations to be met prior to the next probationary assessment in INSERT Number of Weeks number of weeks.

☐ Candidate has consistently failed to meet expectations and objectives of this and/or previous probationary period(s). Areas of concern have been addressed verbally with the candidate by the Supervising Physician and documented in this and/or previous evaluations. See page 4 for areas of concern specific to this reporting period. (Program Director to contact Russ Ives for next step at rives@hsc.mb.ca.)

This evaluation was completed by:

☐ Committee       ☐ One Individual INSERT Name       ☐ Other INSERT Other

Name of Supervisor INSERT Supervising Physician Name

Signature of Supervisor: _______________________________ Date: ___________________________

_________________________________________________________________________________________

Reviewed by and Name of Program Director INSERT Program Director Name

COMMENTS: Must include agreement or disagreement with evaluation.

Signature of Director: _______________________________ Date: ___________________________

_________________________________________________________________________________________

Reviewed by and Name of SELECT ONE Assistant INSERT Name of Assistant

COMMENTS:

Signature of SELECT ONE Assistant: _______________________________ Date: ___________________________

Signature is confirmation of receiving this assessment. If you disagree with the assessment, you must respond in writing to Russ Ives, Director of Physician & Clinical Assistant Program, within one week of receiving this assessment.

_______________________________________ ___________________________
Russ Ives     Date

Director, Physician & Clinical Assistant Program

Original to Personnel File
## APPENDIX L

### PA Supervision Tracking

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Supervisory Time</th>
<th>Supervisory Type (as % of week's total)</th>
<th>PA Work Time</th>
<th>Level of File by Physician</th>
<th>Physician Time Estimate (hrs)</th>
<th>Comments/Notes on Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>T</td>
<td>W</td>
<td>TH</td>
<td>F</td>
<td>Total</td>
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<tr>
<td>ex. 1</td>
<td>Sept 12-15, 2013</td>
<td>2</td>
<td>1.5</td>
<td>2</td>
<td>0.5</td>
<td>1.25</td>
<td>7.25</td>
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