

## PA Medical Directive #15 – Psychiatry

**Title:** Psychiatry

**Number:** PA-15

**Effective Date:** 05Jan2014

**Review due by:** Annual basis

### Sponsoring/Contact Person(s)

#### Orders:

**Appendix Attached:** Yes    **Title:** Order Table PA-15

The Physician Assistant (PA) working at the **XX** Family Health Team (**XXFHT**) may perform a visit for psychiatric concerns for patients, including history, physical examination, diagnostics, and therapeutics, as described in the PA Practice Outline and in the appended Order Table PA-15, in accordance with the conditions identified in this directive.

#### Recipient Patients:

**Appendix Attached:** No    **Title:** N/A

- Patients registered to a **XXFHT** attending physician who has approved this directive and
- Seen at the **XXFHT** clinic or **XXClinic**.

#### Authorized Implementers:

**Appendix Attached:** Yes    **Title:** Implementer Approval Form PA-15

The PA employed by **XXFHT** who:

- Is a Canadian Certified Physician Assistant, and
- Has a completed PA Practice Outline, including successful completion of the Level 1 Assessment, and
- Has been authorized by his/her supervising physician to see the physician's patients using this medical directive.

#### Indications:

**Appendix Attached:** Yes    **Title:** Order Table PA-15

The PA is authorized to see patients prior to physician contact at the time for:

- Psychiatric visits in accordance with the conditions identified in Order Table PA-15.

#### Contraindications:

See appended Order Table PA-15.

#### Consent:

The PA will obtain consent from patient prior to implementing assessments, diagnostics and therapeutics under this directive in accordance with any relevant FHT policies and procedures.

If the PA is unable to obtain consent from the adult patient or legal substitute decision-maker prior, or if obtaining proper informed consent exceeds PA competencies, the PA will contact the supervising physician prior to implementing any orders.

The PA will inform the patient of any cost that will be incurred prior to administration of therapeutics that are not covered by MOHLTC, e.g. Varicella vaccine which the patient must purchase independently if desired.

**Guidelines for Implementing the Order / Procedure:**

**Appendix Attached:** Yes      **Title:** Order Table PA-15

- The PA will practice evidence-based medicine utilizing Up to Date or other current guidelines.
- The PA will conduct assessments according to Mosby's Guide to Physical Examination. Seidel, H.M. Ball, J.W. Dains, J.E. Benedict, G.W. 6<sup>th</sup> ed. 2006.
- The PA will discuss the assessment and plans for patient care with the attending supervising physician and relevant others as necessary, in accordance with the Practice Outline and this directive.

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**Documentation and Communication:**

**Appendix Attached:** No      **Title:** N/A

The PA will document history, physical exam, diagnostics and therapeutics in the progress notes or on the relevant form or section of the patient record in accordance with FHT recordkeeping policies. He/she will ensure that controlled acts are documented when performed. The PA will document discussions regarding care between the PA and physician, including any direct orders obtained from the physician in the relevant section of the record.

When transcribing a medical directive order, the PA will include the following information in his sign-off:

- Name and number of this directive,
- Name of the attending physician, and
- PA's printed name.

Documentation will mirror documentation standards of the PA's supervising physicians. The PA will be in regular communication with his supervising physician as outlined in the PA Practice Outline.

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**Review and Quality Monitoring Guidelines:**

**Appendix Attached:** No      **Title:** N/A

Staff identifying any untoward or unintended outcomes arising from implementation of orders under this directive, or any issues identified with it will report these to the supervising physician and Administrator as soon as possible for appropriate disposition. This does not include untoward or unintended outcomes or issues that are possible clinical sequelae regardless of whether a directive order or directive is used.

**Administrative Approvals:**

**Appendix Attached:** Yes      **Title:** Approval Form PA-15

This PA Medical Directive is approved by the **XXFHT** Administrator,.

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**Approving Physician(s)/Authorizer(s):**

**Appendix Attached:** Yes      **Title:** Approval Form PA-15

This PA Medical Directive is approved by the **XXFHT** physicians acting as supervising physicians for the PA as listed and signed as authorizers.