

**DIABETES &
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PA Competency Checklist – History, Physical Assessments and Diagnosis 1.02

PA Name:	Does the PA meet the Standard? (initial + date)		Plan
	Y	N	

CLINICALEXPERT

Basic science knowledge and understanding of pathophysiology of disease.			
Obtains relevant health history as appropriate.			
Conducts comprehensive and focused physical assessments and provides preliminary interpretation of clinical findings.			
Utilizes primary and secondary assessment results to formulate a preliminary differential diagnosis and determine if further clinical investigation is required.			
Perform phlebotomy, collect venous blood samples.			
Implements physician orders and completes preliminary interpretation of necessary diagnostic tests.			
Perform/ interpret ECG.			
Recognizes the limitations of their practice role and makes proper use of consulting services.			
Administer PPD intradermally and interpret the results.			

COMMUNICATOR COMPETENCIES

Develops rapport, trust and ethical relationships with patient's, families, and caregivers			
Accurately synthesizes relevant information of patients, families, caregivers etc. taking into account patient beliefs, concerns, expectations and illness experience			
PA is able to convey relevant information and explanations, including a proposed treatment plan, to the supervising physician.			
Effectively communicates the physician approved management and treatment plan to the patient, family, caregivers and healthcare professionals.			
Maintains clear, accurate and appropriate records of the encounter and plan, including: consult & progress notes, orders, prescriptions, dictated records, and consultation requests.			

COLLABORATOR COMPETENCIES

Develops rapport, trust and ethical relationships with patient's, families, and caregivers			
Works effectively to prevent, negotiate and resolve inter-professional conflict.			
Promotes role of the PA role relationship as part of a collaborative practice			

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model.			
Demonstrates a respectful attitude toward peer members of the inter-professional team.			

MANAGER COMPETENCIES

Manages time effectively by prioritizing and executing tasks in collaboration with colleagues balancing patient care, practice requirements, outside activities and personal life			
Utilizing the clinic approved management plan, allocates healthcare resources appropriately			
Employs information technology appropriately for patient care.			

HEALTH ADVOCATE COMPETENCIES

Advocates on behalf of their patients to provide them with timely medical care			
Identifies and responds to individual patient health needs and issues by advising on health maintenance and preventative medicine			
Identifies community health care determinants, including barriers.			

SCHOLAR COMPETENCIES

Accepts and acts on constructive feedback			
Self evaluates continuously and sets improvement goals as related to professional practice.			
Participates in evidence-based practice by critically appraising retrieved evidence in order to address a clinical question and integrating critical appraisal conclusions into clinical care.			
Participates and contributes to rounds, seminars, and learning events.			

PROFESSIONAL COMPETENCIES

Exhibits appropriate professional behaviour in practice including honesty, integrity, commitment, compassion, respect and altruism.			
Committed to delivering the highest quality care and maintenance of competence.			
Recognizes and appropriately responds to ethical issues encountered in practice, including issues of patient consent, disclosure of medical errors, and patient confidentiality			
Demonstrates a commitment to the practice role and the unique physician-PA relationship.			
Manages time effectively by prioritizing and executing tasks in collaboration with colleagues balancing patient care, practice requirements, outside activities and personal life.			

Name of PA: NAME

Signature: _____

Date: ____/____/____

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Name of Primary Supervising Physician: NAME

Signature _____

Date: ____/____/____

Name of Supervising Physician: NAME

Signature _____

Date: ____/____/____

Name of Supervising Physician: NAME

Signature _____

Date: ____/____/____

Name of Supervising Physician: NAME

Signature _____

Date: ____/____/____

PA Medical Directive – History, Physical Assessments and Diagnosis 1.02

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Number: 1.02

Activation Date: Date **Review due by:** Annual Basis

Sponsoring/ Contact Person(s) Name, Primary Supervising Physician
Name, Supervising Physician
Name, Supervising Physician
Name, Supervising Physician
Name, Supervising Physician

Orders: **Appendix Attached** **Title: Order Table**

Name, PA may implement orders for and/or perform diagnostic and therapeutic procedures as ordered on the appended Order Table, in accordance with the conditions identified in this directive. Orders for procedures include those for:

- Perform History and Physical Assessment Procedures
- Labwork
- Diagnostic Procedures
- Diagnostic Imaging

Recipient Patients:

- Adult patients ≥ 18 yrs of age (or, >16 years old with physician consent) who have been referred to for diabetes care, related metabolic disorders cardio-metabolic risk management, or other endocrine disorders.
- Registered to any supervising physician who has approved this directive and
- Being referred for consultation by an physician to a supervising physician who has approved this directive
- Patients referred by advertisements to any physician.

Authorized Implementers: **Appendix Attached** **Title: History, Physical Assessments and Diagnosis 1.02 Competency Checklist**

PA(s) who have successfully completed the Competency Assessment, have reviewed the directive and have been authorized to practice under medical directives.

Where PAs are authorized to implement physician orders pursuant to this directive, the following co-implementers may carry the orders out in accordance with their regulatory authority and role descriptions : RN, RD, CRC

Indications:

Appendix Attached

Title: Order Table

1. Patients must have a working diagnosis given by the PA's supervising physician and/or have presenting complaints as identified on the appended Order Table,
2. Unless noted on the Order Table:
 - a. Diagnostic orders may be implemented for patients registered to a supervising attending physician and those referred for consultation who will be registered to a supervising physician.
 - b. Therapeutic orders may only be implemented for registered patients.
3. Unless noted on the Order Table, indications for medications are in accordance with the following medication references:
 - Compendium of Pharmaceutical & Specialties (2013)¹
 - Canadian Diabetes Association, Clinical Practice Guidelines, (2013)²
 - American Diabetes Association, Clinical Practice Recommendations, (2013)³
 - AACE Medical Guidelines for Clinical Practice for the Management of Diabetes Mellitus © (2011)⁴
4. See appended Order Table for specific presenting complaints, working diagnoses and indications

Contraindications:

Patient refuses procedure. See appended Order Table for specific contraindications.

Guidelines for Implementing the Order / Procedure:

Appendix Attached

Title: Order Table

See appended Order Table.

Documentation and Communication:

Name, PA will document medication administered and/or therapeutic intervention in the patient record.

Review and Quality Monitoring Guidelines:

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 Dr. _____ or supervising physicians 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 direct order or directive is used.

Administrative Approvals

PA _____ Medical Directive 1.01 is approved by the Primary Supervising Physician, Dr. _____ and all other _____ physicians acting as supervising physicians for the PA as listed and signed as authorizers.

¹ Canadian Pharmacist Association. *Compendium of Pharmaceuticals and Specialties: The Canadian Drug Reference for Healthcare Professionals*. Ottawa, ON: Canadian Pharmacist Association, 2013.

² Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes* 2013;37(suppl 1):S1-S212.

³ American Diabetes Association. "Clinical Practice Recommendations". *Diabetes Care*. 36.1 (2013): S1-108.

⁴ American Association of Clinical Endocrinologists. "American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan." *Endocr Pract*. 17.1 (2011): 1-53.

Order Table

Medical Directive
History, Physical Assessments and Diagnosis 1.01

Therapeutic Intervention/Medication Administration	Indications / Contra-indications and Guidelines
<p>PAs to take relevant history and collect pertinent information</p>	<p>Indications Adult patient's ≥ 18 yrs of age (or, >16 years old with physician consent) who have been referred to for diabetes care, related metabolic disorders cardio-metabolic risk management, or other endocrine disorders.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: PAs to obtain consent from patient prior to taking history/physical assessment PAs may review the patient's chart, referral Labs, ECGS and diagnostic imaging provided by the referring physician PAs may document the history obtained from the patient in the chart Initial management plans will be formulated by PA in conjunction with Supervising Physician. Follow up management will be at the discretion of the PA with periodic consultation with the Supervising Physician</p>
<p>PAs may perform physical examination including:</p> <ul style="list-style-type: none"> ● Cardiovascular examination ● Respiratory examination ● Neurological examination ● Abdominal examination <p>Fundoscopy</p> <p>Thyroid examination</p>	<p>Indications Adult patient's ≥ 18 yrs of age (or, >16 years old with physician consent) who have been referred to for diabetes care, related metabolic disorders cardio-metabolic risk management, or other endocrine disorders.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: Physical examinations will be in accordance with standards in Bates' Pocket Guide to Physical Examination and History Taking, by Lynn S. Bickley, Lippincott Williams & Wilkins, Dec 1, 2005. PAs may document findings of relevant physical examinations in the chart. PAs may discuss the findings of physical examination, Labs, ECG and diagnostic imaging with the patient</p>

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<p>PAs may requisition an order for, or perform phlebotomy, venipuncture prior to discussing the patient's case with their respective supervising physician</p>	<p>Indications Adult patient's \geq 18 yrs of age (or, >16 years old with physician consent) who have been referred to [] for diabetes care, related metabolic disorders cardio-metabolic risk management, or other endocrine disorders.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines Laboratory findings will be ordered as medically necessary by the PA. Urgent laboratory results will be presented immediately to Supervising Physician for review.</p>
<p>PAs may requisition an order for, or perform, 12 Lead ECG</p>	<p>Indications Adult patient's \geq 18 yrs of age (or, >16 years old with physician consent) who have been referred to [] for diabetes care, related metabolic disorders cardio-metabolic risk management, or other endocrine disorders.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: 12 Lead ECG to be presented immediately to Supervising Physician for review if suggestive of arrhythmia or ischemia of any type or if patient is symptomatic with abnormal vital signs.</p>
<p>PAs may request an order for any diagnostic test</p>	<p>Indications Adult patient's \geq 18 yrs of age (or, >16 years old with physician consent) who have been referred to [] for diabetes care, related metabolic disorders cardio-metabolic risk management , or other endocrine disorders.</p> <p>Contra-indications Patient refusal</p> <p>Guidelines: Diagnostic test findings will be ordered as medically necessary by PA. Urgent test results will be presented immediately to Supervising Physician for review.</p>

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Approving Physician(s)/Authorizer(s):	
Primary Supervising Physician:	
_____	_____
<i>Signature</i>	<i>Date</i>
Supervising Physician:	
_____	_____
<i>Signature</i>	<i>Date</i>
Supervising Physician:	
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<i>Signature</i>	<i>Date</i>
Supervising Physician:	
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Supervising Physician:	
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<i>Signature</i>	<i>Date</i>