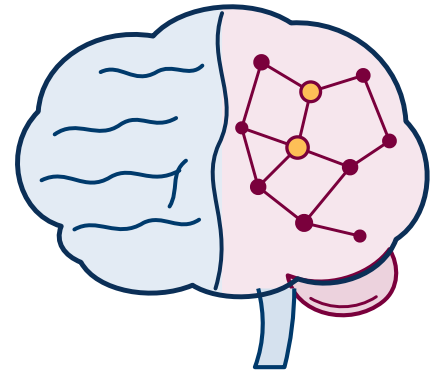


Physician Assistant

Neuropsychiatry Clinic • Neurology and Psychiatry

We are a psychiatrist and a neurologist looking to hire a physician assistant for our neuropsychiatry clinic in Hamilton, Ontario.



SCHEDULE

2-3 days per week

Potential to expand to full time



SETTING

Hospital sites across Hamilton, plus virtual and phone visits



PATIENTS

Adults



START DATE

2-3 months

What you'll do

- Assist with physician-led assessments in neurology and psychiatry.
- Complete some assessments and follow-up visits independently.
- Work mainly in person at hospital sites across Hamilton, with some virtual and phone assessments.

Cases you'll likely see

- Early-onset cognitive decline
- Functional neurological disorder (FND)
- Mitochondrial and genetic syndromes with neuropsychiatric manifestations
- Parkinson's disease with psychosis or mood disturbance
- Epilepsy-related psychosis

Who we're looking for

- **Education:** Graduate of a Canadian or US Accredited Physician Assistant Education Program.
- **Certification:** Candidates must be eligible to challenge the National Certification exam.

New graduates preparing to write the certification exam are welcome to apply.

- Interest in neuropsychiatric clinical practice.
- Experience with neurological or psychiatric patients is an asset but not required. We will provide on-the-job training.

Compensation: competitive with market rates and commensurate with experience.

How to apply

Send your CV and a brief paragraph describing your interest in neuropsychiatry clinical practice. Selected candidates will be contacted to arrange an interview.

EMAIL

michael.dedominicis@medportal.ca

PA Mock Weekly Schedule

An illustrative 3-day week (Monday, Tuesday, Thursday • 8:00 AM – 4:30 PM) combining new consultations and follow-ups, in person and virtually.

28

patient visits / week

5

new consultations & assessments

23

follow-up visits

17 / 11

in-person / virtual & phone

23 h 15 m

scheduled work hours

■ New consultation (with physician)
 ■ New assessment (PA-led, staffed with physician)
 ■ In-person follow-up (physician-staffed)
 ■ Virtual video follow-up
■ Phone follow-up
 ■ Team huddle / case review
 Documentation & care coordination

Monday

Psychiatry follow-up clinic

Psychiatrist-staffed • Follow-ups only

8:00	8:00-8:30 Huddle with psychiatrist • Chart prep & plan for the day
	8:30-9:00 Follow-up • FND
9:00	9:00-9:30 Follow-up • Epilepsy-related psychosis
	9:30-10:00 Follow-up • Mood in Parkinson's
10:00	10:00-10:30 Follow-up • FND
	10:30-11:00 Follow-up • Parkinson's with psychosis
11:00	11:00-11:30 Follow-up • Genetic syndrome
	11:30-12:00 Documentation
12:00	<i>Lunch</i>
	12:45-1:15 Virtual follow-up • FND
1:00	1:15-1:45 Virtual follow-up • Epilepsy-related psychosis
	1:45-2:15 Virtual follow-up • Mood monitoring
2:00	2:15-2:45 Phone follow-up • Medication check
	2:45-3:15 Phone follow-up • FND
3:00	3:15-3:45 Case review with psychiatrist
	3:45-4:30 Documentation & coordination Notes, prescriptions, referrals
4:30	

11 patient visits • 0 new • 11 follow-up

Tuesday

Joint neuropsychiatry clinic

AM joint consults • PM follow-ups

8:00	8:00-8:30 Joint team huddle • Neurologist + psychiatrist
	8:30-10:00 Joint new consult Early-onset cognitive decline
9:00	
	10:00-11:30 Joint new consult Mitochondrial / genetic syndrome
10:00	
	11:30-12:00 Joint debrief & care plans
12:00	<i>Lunch</i>
	12:45-1:15 Follow-up • Parkinson's with psychosis
1:00	1:15-1:45 Follow-up • Cognitive decline
	1:45-2:15 Virtual follow-up • Genetic syndrome
2:00	2:15-2:45 Virtual follow-up • FND
	2:45-3:15 Phone follow-up • Epilepsy
3:00	3:15-3:45 Phone follow-up • Results review
	3:45-4:30 Documentation & coordination Letters to referring physicians
4:30	

8 patient visits • 2 new • 6 follow-up

Thursday

Neurology clinic

Neurologist-staffed • New consults & follow-ups

8:00	8:00-8:30 Huddle with neurologist • Chart prep
	8:30-10:00 New consult with neurologist Parkinson's with mood disturbance
9:00	
	10:00-10:30 Follow-up • Epilepsy
10:00	10:30-11:00 Follow-up • Cognitive decline
	11:00-12:00 PA-led new assessment FND • staffed with neurologist
12:00	<i>Lunch</i>
	12:45-1:15 Follow-up • Parkinson's disease
1:00	1:15-1:45 Follow-up • Mitochondrial syndrome
	1:45-3:00 New consult with neurologist Early-onset cognitive decline
2:00	
	3:00-3:30 Virtual follow-up • Epilepsy
3:00	3:30-4:00 Phone follow-up • Parkinson's disease
	4:00-4:30 Documentation & results
4:30	

9 patient visits • 3 new • 6 follow-up