



Premier Surgical Associates, PLLC

Job Description

Physician Assistant

Reports to: Supervising Physician, Parkwest Office

Position Summary: The Physician's Assistant may work in any setting that is within the scope of practice of his/her supervising physician's practice. Provides assessment and plan, implements, and evaluates the care rendered to both well patients and those with health problems.

Qualifications: PA degree. Current state licensure as a Physician's Assistant. Current BLS/ACLS certificate. Be in good standing with all federal or state healthcare programs. Hospital credentialing as required by practice.

Skills:

- Skill of intermediate-level competence in windows-based computer software system.
- Skill in planning, organizing, and adhering to timelines.
- Skill in applying universal precautions.
- Skill in applying and modifying the principles, methods, and techniques of a physician's assistant to provide ongoing patient care.
- Skill in interpersonal relationships with patients, their families, physicians, and co-workers.

Abilities:

- Analytical ability to comprehend relationship of various tasks and data in Electronic Health Records and Practice Management System.
- Ability to communicate medical terminology and concepts clearly.
- Ability to mathematically calculate for drug therapy.
- Ability to ensure quality in patient care.

This document is intended to describe the general duties of this position. It is not intended to serve as an exhaustive list of all duties, skills, and responsibilities. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions of this position.

Duties:

- I. The Physician's Assistant is expected to understand and comply with all current and future laws, rules and regulations which govern the practice of Physician's Assistants in the State of Tennessee. Shall maintain professional and technical knowledge by attending educational workshops, reviewing professional publications, etc. and maintaining the necessary number of CME's as required by the State of Tennessee.
 - II. Perform complete, detailed, and accurate histories, do complete physical examinations, review patient records to develop comprehensive medical status reports, and order laboratory, radiological and diagnostic studies appropriate for complaint, age, race, sex, and physical condition of the patient. The Physician's Assistant will be responsible for transmitting that information orally, and/or through notation in the patient's electronic medical record using the appropriate forms, to the supervising physician for review.
 - III. May instruct and counsel patients and their families, and involve them in informed decision making, with regard to their illness or injury, therapeutic and diagnostic procedures, treatment regimens, advanced directives, emotional problems of daily living, and health maintenance. He/she may also facilitate referrals of patients to other medical providers, medical facilities, or other health/social service agencies when appropriate per the delegation of the supervising physician.
 - IV. May order/select a dangerous drug or controlled substance in accordance with federal and state law.
 - V. Arrange hospital admissions and discharges at the direction of the Supervising Physician; perform hospital rounds and record appropriate patient progress notes; accurately and appropriately transcribe and execute specific orders at the direction of the Supervising Physician; compile detailed narrative and case summaries; complete forms pertinent to patient's medical records; issue diagnostic orders which must be signed within specific time period as defined by hospital guidelines.
 - VI. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning or medication reaction when the supervising physician is not present.
 - VII. Shall be at all times properly identified as a Physician Assistant and shall wear a clearly legible identification name tag with the words "Physician Assistant" as required under Tennessee law.
 - VIII. Perform or assist in the following routine laboratory medical techniques and the following routine therapeutic and/or surgical procedures in the office:
 - a. The drawing of arterial, venous or peripheral blood and the routine examination of
 - b. the blood.
 - c. The collection of and examination of the stool.
 - d. The collection of materials for bacteriological or viral culture.
 - e. Injections- subcutaneous, intramuscular, intravenous.
 - f. Debridement, suture and care of superficial wounds.
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- g. Removal of sutures.
- h. Administration of subcutaneous local anesthesia.
- i. Incision and drainage of superficial skin lesions/infections, superficial abscesses.
- j. Biopsies.
- k. Insert and remove drains. ****Some job descriptions have a list of exclusions here

Physical requirements

Hearing: Adequate to perform the essential functions of the job, such as: auscultating blood pressure, ability to hear soft voices.

Speaking: Adequate to perform the essential functions of the job, such as: clearly communicating instructions, performing assessments, taking nursing history, relaying information to multiple personnel, patients and their families.

Vision: Visual acuity within normal limits.

		Average % of time during regular shift devoted to:					
		Standing	Walking	Squatting	Sitting		
Lifting up to:	<input type="checkbox"/> 5 lbs.	<input type="checkbox"/> 0-20	<input type="checkbox"/> 0-20	<input checked="" type="checkbox"/> 0-20	<input type="checkbox"/> 0-20		
	<input checked="" type="checkbox"/> 20 lbs.	<input type="checkbox"/> 21-40	<input checked="" type="checkbox"/> 21-40		<input type="checkbox"/> 21-40		
	<input type="checkbox"/> 40 lbs.	<input checked="" type="checkbox"/> 41-60		<input type="checkbox"/> 21-40	<input checked="" type="checkbox"/> 41-60		
	<input type="checkbox"/> 60 lbs.		<input type="checkbox"/> 41-60	<input type="checkbox"/> 41-60			
	<input type="checkbox"/> Over 60 lbs.	<input type="checkbox"/> 61-80	<input type="checkbox"/> 61-80	<input type="checkbox"/> 61-80	<input type="checkbox"/> 61-80		
		<input type="checkbox"/> 81-100	<input type="checkbox"/> 81-100	<input type="checkbox"/> 81-100	<input type="checkbox"/> 81-100		
Pushing up to:		Indicate % of time employee must perform each activity					
<input checked="" type="checkbox"/> 25 lbs.			0-20	21-40	41-60	61-80	81-100
<input type="checkbox"/> 50 lbs.		Repetitive Motion:					
<input type="checkbox"/> 150 lbs.		Right hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 250 lbs.		Left hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity:		Right foot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Low		Left foot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Medium		N/A	<input type="checkbox"/>				
<input type="checkbox"/> High		Bending:					
Other: _____ _____ _____ _____		to waist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		to floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		N/A	<input type="checkbox"/>				
		Reaching:					
		to shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		above shoulder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		N/A	<input type="checkbox"/>				

I have received and read my job description.

Employee signature _____ Date _____