

## PHYSICIAN ASSISTANT JOB DESCRIPTION

Name of Physician Assistant: \_\_\_\_\_

Name of primary supervising physician: \_\_\_\_\_

Physician's principal practice location address: \_\_\_\_\_

Telephone number: (        ) \_\_\_\_\_

Medical specialty of primary supervising physician \_\_\_\_\_

1. A supervising physician shall delegate only tasks and procedures to his or her Physician Assistant (P.A.) which are within the supervising physician's scope of practice and are customary to the practice of the physician. **However, the P. A. may not perform any procedure not listed under #2 below without prior approval of the Alabama Board of Medical Examiners.** The P. A. may work in any setting that is within the scope of his or her supervising physician's practice. The supervising physician's scope of practice shall be defined for the purpose of this section as those tasks and procedures which the supervising physician is qualified by training or expertise to perform.
2. The following list represents the duties which may be performed by the P. A.:
  - a. Perform complete, detailed and accurate histories, 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.
  - b. Do complete physical examinations and record pertinent data in acceptable medical forms.
  - c. Make medical diagnoses and institute therapy or referrals of patients to the appropriate health care facilities, agencies, other resources of the community, or other physicians.
  - d. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning, and emergency obstetric delivery.
  - e. 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 patients' medical records; issue diagnostic orders, which must be signed within specified time period as defined by hospital guidelines.
  - f. Interpret and evaluate patient data to determine patient management and treatment.
  - g. Provide instructions and guidance regarding medical care matters to patients.

- h. Perform or assist in the following routine laboratory medical techniques and the following routine therapeutic procedures:
  - (1) The drawing of arterial, venous or peripheral blood and the routine examination of the blood.
  - (2) Urinary bladder catheterization and routine urinalysis.
  - (3) Nasogastric intubation and gastric lavage.
  - (4) The collection of and the examination of the stool.
  - (5) The collection of materials for bacteriological or viral culture.
  - (6) The performance of pulmonary function tests.
  - (7) Performing electrocardiograms.
  - (8) Injections - subcutaneous, intramuscular, intravenous (Note: injections to any other sites, for example, joints, must be requested).
  - (9) Immunizations.
  - (10) Debridement, suture and care of superficial wounds.
  - (11) Removal of sutures.
  - (12) Administration of subcutaneous local anesthesia.
  - (13) Strapping, casting and splinting of sprains and fractures.
  - (14) Removal of cast.
  - (15) Incision and drainage of superficial skin infections.
  
- i. Perform or assist in the following surgical procedures:
  - (1) Pre and post-op care.
  - (2) Surgical assisting.
  - (3) Wound debridement.
  - (4) Incise and drain abscesses (superficial only).
  - (5) Biopsies (facial biopsies must be requested).
  - (6) Insert and remove drains (excluding paracentesis, thoracentesis, thoracostomy tube insertion, ventriculostomy insertion, and placement of any percutaneous drain into a body cavity).
  - (7) Suturing-single layer closure of the face.
  - (8) IV cutdown.
  - (9) Vein harvesting.
  - (10) Closure-may close the outermost layer of the fascia, subcutaneous tissue, dermis and epidermis on extremities; over thoracic or abdominal cavities approval to close subcutaneous, dermis and epidermis only.
  - (11) Intensive care.
  
- j. Perform or assist in the following procedures:
  - (1) PICC line placement
  - (2) Tracheostomy tube change
  - (3) Thoracostomy tube removal
  - (4) Enteric tube exchange
  - (5) Groshong catheter removal
  - (6) Infusaport (portacath) removal
  - (7) Post pyloric feeding tube placement
  - (8) Removal of pacing wires
  - (9) Intubation

- (10) Escharotomy
- (11) Placement of Aspen collars

k. Additional duties requested for the P. A. (i.e. diagnostic or surgical procedures requiring additional training). Provide documentation of the training and / or certification which qualifies the P. A. to perform each additional duty / procedure which is requested. Training for the additional duty/procedure shall have been previously approved by the Board pursuant to Rule 540-X-7-.25(6) and (7).

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l. Provide emergency medical services in the event of declared national emergency or natural disaster in accordance with the requirements of Rule 540-X-7-.25.

3. List each practice site where this Job Description will be utilized, including address and phone number:

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4. List the **name** and designated working **hours** per week of **each** P. A. at **each** practice site where this Job Description will be utilized:

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5. Is there a request for the applying P. A. to practice in a remote site?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, attach a letter from the physician requesting approval to utilize the assistant at a remote site and complete the following information:**

Name, address and telephone number of remote site: \_\_\_\_\_

Number of hours the sponsoring physician will be spending in the remote site weekly: \_\_\_\_\_

Number of hours the Assistant will spend in the remote site weekly: \_\_\_\_\_

Number of hours both will be present together: \_\_\_\_\_

**Provide a plan describing the practice location, facilities and arrangements for appropriate communication, consultation and review. Attach an additional sheet if necessary.**

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6. Provide a written plan for review of medical records and patient outcomes.

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7. Will this P. A. be authorized to have prescriptive privileges? yes \_\_\_\_\_ no \_\_\_\_\_

**If yes, attach a completed Formulary which is a list of the legend drugs which are authorized by the physician to be prescribed by the P. A. The formulary approved under the rules of the Board of Medical Examiners should be utilized and attached as the authorized legend drugs to be prescribed.**

8. Will this P. A. be authorized to have prescriptive privileges to prescribe controlled substances as allowed under Alabama Code Section 20-2-60, et. seq.? yes \_\_\_ no \_\_\_

If yes, the application for a Qualified Alabama Control Substance Certificate will be mailed to the address submitted on this registration application.

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Physician Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules Alabama Board of Medical Examiners pertaining to assistants to physicians and understand our responsibilities. We understand that we are equally responsible for the actions of the Assistant to the Physician.

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Print Name / Signature of Supervising Physician / Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name / Signature of Assistant to Physician / Date