

STANFORD HOSPITAL AND CLINICS
INTERDISCIPLINARY PRACTICE COMMITTEE

JOB DESCRIPTION
PHYSICIAN ASSISTANT

Related documents: “Physician Assistant Role Description”
“AHP: Authorization for Individuals to Provide Services as Allied Health Personnel” in the *SHC Administrative Manual*
Physician Assistant Job Description with service-specific modifications

I. JOB SUMMARY

The Physician Assistant functions under the general Physician Assistant Role Description approved by the Interdisciplinary Practice Committee (IDPC). Specific functions pertaining to the Service, Clinic or Department are established by the Physician Assistant and his or her supervising physician(s), and approved by the appropriate medical and nursing administrators, the IDPC, the Credentials Committee, the Stanford Hospital and Clinics (SHC) Medical Executive Committee and Board Credentials, Policies and Procedures.

II. SUPERVISION

Supervision is provided by attending physicians in the Clinic, Service or Department. The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously, and is responsible for all medical services provided by a Physician Assistant under his or her supervision. A physician may not supervise more than four Physician Assistants. The specific mechanisms of supervision used are:

A. Inpatients

1. A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.
2. A supervising physician examines the patient the same day as care is given by the physician assistant.
3. Medication orders are transmitted according to an approved formulary protocol (see Appendix A).
4. ***Optional.*** Notes written by the physician assistant may be signed and dated by a supervising physician during rounds or in the Medical Records Department within fourteen (14) days. *Note: If this method of supervision is chosen, the department is responsible for submitting quarterly chart completion audits to Health Information Management Services (HIMS) to verify compliance.*

B. Outpatients

1. A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.
2. Medication orders are transmitted according to an approved formulary protocol (see Appendix A). The transmittal order must include the physician's printed name, address, telephone number and license and DEA number.
3. **Optional.** All other orders and notes written by the physician assistant must be signed and dated by a supervising physician within fourteen (14) days.
Note: If this method of supervision is chosen, the department is responsible for submitting quarterly chart completion audits to Health Information Management Services (HIMS) to verify compliance.

C. Physician Assistants will not be hired under Interim Approval.

D. Protocols and clinical practice guidelines are developed by the physician, and may be adopted from or referenced to the appropriate sections of current texts or other sources (see Appendix B). The physician assistant may perform approved procedures as delegated, after demonstration of competence (see Certification of Competence).

E. Patient management issues not covered in the above references will be discussed with the supervising physician on a patient-specific basis.

F. In case of emergency, the supervising physician is contacted immediately.

G. The physician assistant will receive an annual formal performance evaluation by the supervising physician or his/her delegate, or the supervising administrator with input from either the supervising physician(s) or the supervising administrator depending on who is conducting the formal review. Ongoing professional practice evaluation also occurs through tracking of performance indicators.

III. ESSENTIAL FUNCTIONS

- A. Takes a patient history, performs a physical examination and makes an assessment consistent with physical findings. Records pertinent data in the patient's medical record and develops a treatment plan. .
- B. Presents patient history and physical examination information clearly and concisely to the supervising physician.
- C. Reviews and revises treatment and therapy plans as needed.
- D. Administers medications according to the formulary protocol or upon patient-specific orders from the supervising physician, or transmits orally or in writing on a patient's record, a prescription from the supervising physician to a person who may

furnish such medication. All controlled substances in Schedules II-V inclusive must have a patient-specific order by a supervising physician in advance of transmittal of the order or administration of the medication. See Appendix A.

- E. Orders and collects specimens for routine laboratory tests.
- F. Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services.
- G. Initiates and facilitates patient referrals to other physicians, clinics and health care facilities, community resources using appropriate procedures.
- H. As directed by the supervising physician, enrolls patients in investigational studies approved by the Investigational Review Board (IRB), and orders the necessary tests and medications. Medications that are not FDA-approved or are used for a non-FDA-approved indication (off-label use) require a patient-specific order in advance from the supervising physician.
- I. Initiates arrangements for hospital admissions and completes appropriate paperwork.
- J. Facilitates the coordination of inpatient and outpatient care and services as needed.
- K. Instructs and counsels patients regarding matters that pertain to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth or development, aging, and understanding of long term management of their diseases.
- K. Performs clinical procedures that have been approved by a supervising physician without the presence of a supervising physician, except as otherwise noted. These may include procedures that are usually performed under local anesthesia. Any procedures requiring other forms of anesthesia may be performed only in the personal presence of a supervising physician. See Appendix B.
- N. After appropriate training, assists the supervising physician in the operating room.
 - 1. Acts as first or second assistant under the supervision of an approved supervising physician.
 - 2. Performs surgical procedures in the personal presence of an approved supervising physician.
- O. Recognizes and considers age-specific needs of patients.
- P. Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds
- Q. Ensures compliance with legal, regulatory and clinical policies and procedures.
- R. Participates in Quality Improvement initiatives and activities

- S. Recognizes situations which require the immediate attention of a physician, and initiates life-saving procedures when necessary.
- T. Other duties as assigned.

V. LICENSURE/CERTIFICATION

- A. Current licensure as a Physician Assistant in the State of California required.
- B. Must be board certified from the National Commission on Certification of Physician Assistants (NCCPA) at the time of hire and maintain certification during employment at SHC.
- C. Certification in Basic Cardiac Life Support (BCLS) required.
- D. The physician assistant must be registered with the United States Drug Enforcement Administration (DEA) for Schedule II-V Controlled Substances if prescribing controlled substances to outpatients.

V. QUALIFICATIONS

- A. Graduate of a Physician Assistant Program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc.
- B. Demonstrated ability to function in collaboration with other health care professionals.

VI. JOB CLASSIFICATION STANDARDS

- A. Exposure Risk to Blood-Borne Pathogens
Category 1: Tasks regularly involve exposure to blood, body fluids or tissues. The potential for spills or splashes of blood, body fluids or tissues exists in job-related tasks.
- B. Physical Demands and Work Environment
The work involves considerable physical exertion such as frequent lifting of patients and equipment, bending and stooping, and walking. The work environment involves moderate risks or discomforts which require special safety precautions, e.g., working with risk of exposure to contagious disease, radiation or infection, or working with emotionally disturbed patients. Precautions are routine for nearly all situations. The employee may be required to use protective clothing or gear.

VII. DOCUMENT INFORMATION

- A. Physician Assistant Practice Act, as contained in Division 2, Chapter 7.7, Business and Professions Code, and Title 16, Division 13.8, California Code of

Regulations, issued by the Physician Assistant Committee of the Medical Board of California March 2006.

- B. Author: Connie Taylor, Patient Care Policy and Procedure Coordinator
- C. Gatekeeper of Original Document: Patient Care Policy and Procedure Coordinator
- D. Distribution and Training Requirements
 - 1. This job description resides in the *Interdisciplinary Practice Committee Manual* located in the Clinical Practice Coordinator Office.
 - 2. The unit, clinic, department manager or physician assistant will be responsible for communicating this information to the applicable staff.
- E. Review and Renewal Requirements

This job description will be reviewed every three years or as required by change of law or practice. The Coordinator of the Interdisciplinary Practice Committee will facilitate the review. The Interdisciplinary Practice Committee must approve any changes.
- F. Review/Revision History
 - Nov 2001: This job description was developed from the Physician Assistant Job Description template that was last approved by the Legal Office (Ropes & Gray)
 - Dec 2008: Revised by Leitha Sangermano
 - Aug 2009: Revised by Doug Jacobs, PA-C, Jim Stotts, Director, Practice and Education and Leitha Sangermano – Clinical Practice Coordinator
 - Aug 2010: Revised by Leitha Sangermano RN, MSN, PCS Clinical Practice Coordinator upon recommendations by the NP/PA Practice Council
- G. Approvals
 - Dec 2003: Interdisciplinary Practice Committee
 - Feb 2008: Interdisciplinary Practice Committee
 - Nov 2009: Interdisciplinary Practice Committee
 - Aug 2010: Interdisciplinary Practice Committee
 - Sept 2010: Credentials Committee
 - Mar 2008: Stanford Hospital and Clinics Medical Board
 - Mar 2008: Stanford Hospital and Clinics Hospital Board.
 - Dec 2009: Stanford Hospital and Clinics Medical Executive Committee
 - Dec 2009: Stanford Hospital and Clinics Board Credentials, Policies and Procedures Committee
 - Oct 2010: Stanford Hospital and Clinics Medical Executive Committee
 - Oct 2010: Stanford Hospital and Clinics Board Credentials, Policies and Procedures

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APPENDIX A

FORMULARY PROTOCOL

- A. The Physician Assistant may write transmittal orders for any drug upon the patient-specific order of a supervising physician.
 - 1. Orders for Schedule II through V controlled substances are always transmitted on a patient-specific basis unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the committee. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course will contain a minimum of three hours exclusively on Schedule II controlled substances.
 - 2. The supervising physician must sign and date the physician assistant orders in the patient's medical record for Schedule II medications within 7 days.
 - 3.. The physician assistant may not write a transmittal order for a medication to be administered or provided to a patient who has a history of allergy or adverse reaction to the drug without a patient-specific order in advance from a supervising physician.
- B. In the absence of a patient-specific order from a physician, the physician assistant may write transmittal orders only for the drugs listed in a written protocol that specifies all criteria for the use of a specific drug or device and any contraindications for the selection. The protocol must be approved by the Interdisciplinary Practice Committee.
- C. References may be used to identify criteria and contraindications for use of each of the drugs listed in the formulary protocol.

APPENDIX B

PROTOCOLS

- A. The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. Protocols shall be developed by the physician, adopted from or referenced to texts or other sources.
1. Diagnosis and management protocols shall include, as a minimum, the presence or absence of symptoms, signs and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given to the patient.
 2. Procedure protocols shall state the information to be given to the patient, the nature of consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. The physician assistant may perform approved procedures as delegated, after demonstration of competence (see Certification of Competence).
- B. The physician assistant may perform certain procedures as delegated by a supervising physician. Prior to performing a specific procedure, competence must be demonstrated to a supervising physician who is also competent in performing the specific procedure. Demonstration of competence for each procedure is documented on the Certification of Competency, which is filed in the physician assistant's personnel file. Continued proficiency must be demonstrated and documented at time of annual evaluation and as circumstances require.