



Clinical Privileges Profile
Nurse Medical Assistant

Kettering Medical Center System

- Kettering Medical Center** **Sycamore Medical Center**

Criteria:

Each medical assistant must be an employee of and/or under the supervision of physician(s) who are presently appointed to the Medical Staff in accordance with the Allied Health Professional requirements of the Credentials Manual. When a physician(s) employs a Medical Assistant, the scope of practice relating to the Medical Assistant can be granted only to the supervising medical staff member(s).

Qualifications:

- (1) Possess a current and valid license under the State of Ohio to practice nursing as a RN or LPN.
- (2) Fulfill the requirements and qualifications applicable to an AHP as outlined in the Credentials Manual.
- (3) Employed by the supervising physician.

Duties:

- (1) Take medical histories
- (2) Scribe information dictated by physician
- (3) Record vital signs and collate clinical data into beginnings of a progress note
- (4) Assist the physician during examinations
- (5) Patient education for treatments, procedures, medications and diets
- (6) Remove sutures
- (7) Change dressings
- (8) Facilitate discharge instructions
- (9) Dictate discharge summaries, H & Ps, and consultations from written materials
- (10) Other duties requested shall be submitted in writing for approval in accordance with Article X of the Credentials Manual.

DEFINITION of SCRIBE: CMS guidelines state that an individual acting as a scribe in writing should note "written by XXX, acting as a scribe for Dr. ZZZ." The scribe is functioning as a "living recorder," recording in real time the exact words of the physician as they are dictated to the scribe. Medicare pays for medically necessary and reasonable services and expects the person receiving payment to be the one delivering services. According to a Medicare carrier, a nurse may record as a physician dictates and performs the history of present illness, physical, etc. In such case, the doctor must review the information as documented, recorded or scribed and write a notation that she/he reviewed

it for accuracy, did perform it, adding to it if necessary and date, time and sign his/her name.

I hereby apply for the above duties and additional duties as requested on the attached sheet. I attest to my competency to perform same.

Applicant: _____ **Date:** _____

I have reviewed and attest to the competence of the above individual and agree to supervise his/her clinical duties.

Supervising Physician : _____ **Date:** _____

If more the one supervising physician, please have them sign, print name and date below.

Clinical Service Chief: _____ **Date:** _____