1. **POSITION**

The Clinic Licensed Practical Nurse (LPN) or Certified Medical Assistant (CMA) is a multi-skilled individual who is responsible for the overall flow and safe management of patient care in the Clinic. The LPN/CMA assists medical providers with patient care and will be skilled in: obtaining patient vital signs, collecting medical, social, and familial history, completing medication reconciliations, collecting blood and other specimens, giving vaccinations and injections. The LPN/CMA will perform miscellaneous clinic duties in connection with internal and external referrals, appointment scheduling, management of patient medical records, ordering medical and office supplies, checking outdates, and other duties as assigned.

1. **STANDARD REQUIREMENTS**

* Graduate of an accredited LPN program or Certified Medical Assistant program required with current licensure in good standing, and certification in good standing, or working to obtain certification
* Two years’ experience in a clinic or related health care environment is preferred, but not required
* Skilled in taking basic vital signs, knowledgeable or demonstrates ability to learn phlebotomy and preparation for lab testing
* Demonstrates ability to learn laboratory testing and quality requirements as outlined by laboratory policy and procedure including specimen collection and processing, test performance, result reporting, equipment operation and maintenance, proficiency testing, quality control and assessment
* Current CPR certification
* Must possess verbal and written communication skills to understand and interpret instructions
* Must demonstrate effective communication skills with patients, families, medical providers, hospital staff, care center staff, therapy, hospice, and other service providers
* Must possess organizational ability to plan and coordinate activities of the Clinic and maintain accurate records
* Computer proficiency required

1. **ESSENTIAL FUNCTIONS**
2. **Position Competencies:**

1.1 Core values consistent with a patient/family-centered approach to care

1.2 Demonstrates professional and effective written and verbal communication skills

1.3 Demonstrates a positive, respectful attitude and professional customer service

1.4 Acknowledges patients’ rights on confidentiality issues, always maintains patient confidentiality, and adheres to HIPAA guidelines and regulations

1.5 Proactively acts as a patient advocate, responding with empathy and respect to resolve patient/family concerns

1.6 Recognizes and responds to opportunities for improvement

1.7 Demonstrates professional practice behavior

1.8 Provides mentoring/guidance of other provider practice team members

1.9 Cultivates effective partnerships, effectively collaborates with all practice providers (Physician, Nurse Practitioner, Physician Assistant, and other licensed allied health team-members)

1.10 Demonstrates understanding in use of IT resources and patient databases

1.11 Demonstrates effective delegation skills to streamline operational workflows and optimize inter-office resources

* 1. Demonstrates critical thinking skills, and the ability to make decisions
  2. Effectively uses AIDET to explain procedural information in a courteous manner

1. **Duties and Responsibilities:**

2.1 Responsible for the overall flow and safe management of patient care in the clinic by assisting medical providers with patient care

2.2 Rooms patients and prepares them for examination, treatments, and procedures

2.3 Phone calls: triage, communication with patients and providers, coordination of care, prescription requests, etc.

2.4 Assists providers with procedures as needed

2.5 Assists with clerical duties as needed

2.6 Works in conjunction with Chronic Care Manager Nurse to reviews patient charts as in preparation for upcoming appointments to ensure patient preventative care and chronic conditions are addressed

2.7 Manages stock materials and sample medications by ordering and pulling outdates in a timely manner

2.8 Works with the Immunization Coordinator to ensure proper immunizations are given to patients

2.9 Participates in daily huddles and signs communication book as needed to stay up to date on procedures

2.10 Completes competencies yearly as presented

2.11 Maintains CEU requirements for his/her state licensure

**3. PHYSICAL AND MENTAL DEMANDS**

For physical and mental demands of the position and environment, see following description.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Physical and Mental Demands (The ADA requires employers to make reasonable accommodations for a person with a Disability. This information is needed to assist AAHS in meeting these obligations).** | | | | | | | |
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| **PHYSICAL DEMANDS** (FREQUENCY BASED ON AN 8 HOUR SHIFT) | | | **NOT APPLICABLE** | **OCCASIONALLY**  **1-2.5 HR** | **FREQUENTLY**  **>2.5-6 HR** | | **CONTINUOUSLY**  **>6-8 HR** |
|
| STANDING | | |  |  | x | |  |
| WALKING | | |  |  | x | |  |
| SITTING | | |  |  | x | |  |
| REACHING ABOVE SHOULDERS | | |  | x |  | |  |
| REACHING AT WAIST LEVEL | | |  |  | x | |  |
| REACHING BELOW KNEE | | |  | x |  | |  |
| CLIMBING | | |  | x |  | |  |
| LIFTING ABOVE SHOULDER <10 LBS | | |  | x |  | |  |
| LIFTING ABOVE SHOULDER > 10 LBS | | |  | x |  | |  |
| LIFTING FROM FLOOR TO WAIST <10 LBS | | |  | x |  | |  |
| LIFTING FROM FLOOR TO WAIST 10-30 LBS | | |  | x |  | |  |
| LIFTING FROM FLOOR TO WAIST >30 LBS | | |  | x |  | |  |
| CARRY WAIST LEVEL <10 LBS | | |  |  | x | |  |
| CARRY WAIST LEVEL 10 - 30 LBS | | |  | x |  | |  |
| CARRY WAIST LEVEL TO 31 - 50 LBS | | |  | x |  | |  |
| CARRY WAIST LEVEL > 50 LBS | | |  | x |  | |  |
| PUSHING/PULLING < 20 LBS | | |  | x |  | |  |
| PUSHING/PULLING 21 - 75 LBS | | |  | x |  | |  |
| PUSHING/PULLING 76 - 150 LBS | | |  | x |  | |  |
| PUSHING/PULLING >150 LBS | | |  | x |  | |  |
| WRITING | | |  |  | x | |  |
| HEARING | | |  |  |  | | x |
| SQUAT/KNEELING | | |  | x |  | |  |
| REPETITIVE ACTIONS | | |  |  | x | |  |
| KEYBOARDING | | |  |  | x | |  |
| DRIVING | | |  |  |  | |  |
| SPEAKING | | |  |  | x | |  |
| SEEING/VISUAL | | |  |  |  | | x |
| **PHYSICAL ENVIRONMENT** | | | | | | | |
| x | NOISE |  | FUMES/GASES | | x | CHEMICALS | |
|  | HEAT/COLD | x | HUMAN TISSUE/FLUIDS | | x | BIOHAZARD MATERIALS | |
| x | INFECTIOUS DISEASE |  | ANIMAL TISSUE/FLUIDS | |  | DIRT | |
|  | MOVING MACHINERY | x | RADIATION | |  | LASERS | |
|  | VIBRATION |  | WET/HUMID ENVIRONMENT | | x | WORK INSIDE | |
|  | WORK OUTSIDE | x | TELEPHONE USAGE | |  |  | |
| **MENTAL DEMANDS** | | | | | | | |
| x | FREQUENT PEOPLE CONTACT | x | FREQUENT INTERRUPTIONS | | x | MULT. CONCURRENT TASKS | |
|  | IRREGULAR WORK SCHEDULE | x | DECISION MAKING SKILLS | | x | FREQUENT DEADLINES | |
|  | SUPERVISORY SKILLS | x | CONCENTRATION REQUIREMENT | | x | ORGANIZATIONAL SKILLS | |
| x | DETAILED WORK | x | ABILITY TO WORK INDEPENDENTLY | | x | ABILITY TO WORK W/ OTHERS | |
| **SPECIAL CONSIDERATIONS/UNIQUE ENVIRONMENTS OR DEMANDS: Fast paced clinic environment where multi-tasking is essential. Our goal is to exceed our customers expectation every time with kind, courteous, high quality care.** | | | | | | | |
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1. **Hazards or Risks:**

May be exposed to illnesses such as cold/flu, COVID and MRSA in a medical setting. Don and doff personal protective equipment when necessary or as needed.

**Disclaimer**

The above statements are intended to describe the general nature of job duties and responsibilities typically assigned, identify the essential functions, and list the requirements of this job. They are not intended to be an exhaustive list of all supplemental duties, responsibilities, or non-essential requirements; nor should this document limit the supervisor’s right to modify assignments as necessary. This document does not create a contract for employment.

**Receipt and Acknowledgement**

I acknowledge and understand that:

* Receipt of this job description does not imply nor create a promise of employment, nor an employment contract of any kind, and that my employment is at-will.
* The job description provides a general summary of the position in which I am employed, that the contents of this job description are job requirements, and, at this time, I know of no limitations which would prevent me from performing these functions with or without accommodation, I further understand that it is my responsibility to inform my supervisor at any time that I am unable to perform these functions.
* Job duties, tasks, work hours and work requirements may be changed at any time.
* I have read and understand this job description.

( ) I need accommodations under the Americans with Disabilities Act.

( ) I do not need accommodations under the Americans with Disabilities Act.

Print Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_