

Medical Office Management

Part A

Despite Kayla's extensive education, training, and years of experience, this favour does not conform to the AAMA guidelines of the responsibilities of a medical assistant. According to the AAMA guidelines, certified medical assistants (CMA) can take vital signs of the patient, record observations, check patient's medical history and correlate it with the current observations, sterilize clinical equipment, clean and prepare clinical rooms, collect and organize patient samples such as blood and urine, and perform laboratory diagnostic tests. A CMA also has administrative duties such as scheduling appointments, answering patient phone calls, billing, medical coding, verifying health insurance of patients, follow up with patients regarding their test results and treatment regimen, and maintaining an efficient workflow at the healthcare facility (Conniff, 2021). Nowhere do the guidelines allow interpreting the test results in place of the physician and directly forwarding it to the patient without supervision. Therefore, the request of the doctor does not fall within the AAMA guidelines for the duties of CMAs.

Dr. Hsu's specific request was to interpret the ECG test results of the patient, sign his name under the authorized signature, and fax the report to the referring internist of the patient. Out of these three portions of the request, Kayla as a medical assistant is only authorized to fax the report to the patient's referring internist. She does not have the authorization to interpret the ECG test results. The scope of her duties involves performing the ECG and noting down any abnormalities or observations that can guide the physician in interpreting the results. However, she cannot form the final diagnosis of

the patient based on the ECG without any professional supervision. Her knowledge of ECG is related more to the technical aspects of the procedure rather than the clinical and physiological aspects of why the procedure is performed and specific patient observations that can be correlated with the ECG test results. Dr. Hsu's second request of signing his name is one of professional misconduct and can incur a heavy penalty if exposed. Even if Kayla were to interpret the ECG test results and send across the report, she can, under no circumstances, put the physician's name instead of her own as the authorized signatory. Doing this has the potential to lead to potentially life-threatening complications for the patient. Once the physician notes down his interpretation and signs the report, Kayla can fax the report to the patient's internist.

Despite the delicate situation of maintaining professional relationships with the employers for the sake of job security, Kayla should always put patient safety above everything else. Therefore, in this situation, Kayla should politely but firmly refuse Dr. Hsu's request stating that she is not appropriately qualified to read the ECG test results and would not be able to form a reliable diagnosis for the patient. She should state that it is only the responsibility of the physician to read and interpret the test reports and that he should do so himself as soon as he gets some time from his schedule.

Part B

Linda should immediately provide reassurance to the patient's daughter and ask for specific details about the patient's current state that can guide her to take a decision about the status of the patient. She should assure the daughter that their primary

commitment is to the safety of the patients and that all steps will be taken to ensure that patient safety is prioritized.

If the patient's daughter calms down after the initial conversation and is ready to have a clear communication with Linda, then she should proceed in acquiring patient details following which she can take a decision regarding whether to pass on the call to a registered nurse. If, however, the patient's daughter does not calm down and continues to threaten and make demands hysterically, she should transfer the call to a registered nurse who can specifically address her concerns regarding the patient's health status. If, at any point, the patient's health status does appear to be an emergency, one of the doctors should be requested to attend to the call so that timely action might be taken.

If the physician is called to the phone, it should be because the medical assistant and the registered nurse consider the situation to be a medical emergency and not because of the patient's daughter's threat. If all threats of impending suits were to be taken seriously, then healthcare would suffer considerably and only patients who were capable of suing healthcare facilities would receive treatment. Calling the physician to the phone in a non-emergency situation may take his attention away from a patient who is more in need of his services at that time. Therefore, the decision to call the physician to the phone should only be based on whether the situation is a medical emergency or not.

Linda's primary duty is to take patient calls and note down patient concerns; however, if she feels that any of these concerns is extremely out of the ordinary, she

should transfer the call to a registered nurse who can make a better clinical decision. If, based on her education and experience, she is able to determine that the patient's condition is not an emergency, then she can note down the patient's name and contact details and have a registered nurse get in touch with her once the more pressing jobs are done. However, in case she has any doubt regarding the patient's status, she should transfer the call immediately rather than take a wrong decision.

As the patient's daughter is on the phone and she is definitely aware that she is a patient of the healthcare facility at which Linda works, there is no ethical issue surrounding Linda's admission of the caller's mother as their patient. Also, given the increased age of the patient and possible medical concerns, Linda can presume the daughter to be a legal caretaker and continue the conversation with her rather than insisting on talking to the patient directly.

References

Conniff, K. (2021, July 8). *CMA (AAMA) Certification/Recertification and Exam Guide*. Find Medical Assistant Programs and Schools. <https://www.findmedicalassistantprograms.org/types-of-ma/certified-medical-assistant/>.