



Medical Assistants: the two for one deal!

Lakeside Medical Centre is a rural, solo private General Practice in Finley, a farming community located in Southern New South Wales. Some patients have to travel over 300 kilometres round trip to the practice. Our closest base hospital and specialists services are over 100 kilometres away. Our two practice nurses work a maximum combined total of five sessions per week. Most afternoons we do not have a practice nurse on site. We identified a need for those services to be delivered; however being a solo practice, it is not feasible to have a full-time practice nurse. This created a window for me to become a Medical Assistant (MA).

I'd seen Medical Assistants working in General Practice in the United States. The position was appealing, due to the dual clinical and front desk administration roles. The Medical Assistant has the ability to 'float' between these two roles pending/anticipating the needs of the practice on a day-to-day basis. After discussion with our practice principal, we knew this would be a complementary role to our current clinical team and a financially viable model. As a full time Practice Manager, I am already on-site all week, allowing me to step into the MA role as necessary. I work both autonomously and cohesively as part of the Practice team under direct or indirect supervision of our GP and Practice Nurses. Rather than allocating session times for MA tasks, I can step out of my role as Practice Manager and can be a second set of hands assisting clinicians or perform an unscheduled ECG on a patient when the nurse is not available. If requested, I can help the patient complete consent forms prior to minor surgery, Implanon insertion or before a vaccination.

I perform a range of clinical tasks on a day-to-day basis. Our practice does in house pathology (and has a courier attend twice daily) which means that I'm frequently handling pathology specimens and spinning blood in the centrifuge. Our practice runs multiple rooms for our GP, I room the patients,

which includes recording their blood pressure, updating height, weight and waist measurements. This has been advantageous as our practice is a demonstration site for several Primary Healthcare Network projects. One project involves increasing the recording of Body Mass Index and waist measurements across the whole practice by 10 percent, which is successful due to the data collection I am performing daily. Another project aims to increase preventative cancer screening rates of our patients. As a MA this means that once the patient has completed their consult with the GP, I may need to instruct how to undertake a take home faecal occult blood kit. I also maintain our cervical screening reminder register, mailing out monthly reminders and phoning overdue patients to encourage them to have screening.

Another aspect of my MA role is clinical administrative tasks, record keeping and inventory. For example, cold chain monitoring of the vaccination fridge, downloading the data logger, stock rotation, ordering of medical supplies and vaccinations. Maintaining the practice reminder system including booking appointments for chronic disease management: annual cycle of care, care planning sessions and health assessments with the Practice Nurse and GP. Recalling patients to discuss urgent or abnormal results. This enables our registered nurses to spend more time with the patients delivering direct care.

Being a Medical Assistant has significantly helped our workflow. For example the ability for me to be able to step in and help out with unforeseen time consuming consultations such as a surgical review that requires removal of sutures and a dressing change. The GP can call for me to come in, I can take down the dressing and clean the wound. I'll call for the GP to check the wound, take a swab if needed then, and discuss how to redress the wound or decide if the sutures are ready to come out or should we



take alternates, then redress the wound. The GP can continue seeing other patients in another room, during the time I take to complete those tasks. Once completed I'll handover to the GP again, clean down the treatment room, then go back to my desk and continue in my administrative role.

In my role as both Practice Manager and Medical Assistant I have further job satisfaction due to greater diversity of my role within the practice team. I really enjoy having clinical contact and hands-on patient interaction. As a Practice Manager, being a MA has deepened my knowledge and empathy to the needs of my clinical team, which has given me a more rounded view of how to manage all elements of the practice.

Having a Medical Assistant is a cost effective way to provide flexibility to deal with the unpredictable day-to-day needs of the practice reactively. MA's can also be utilised to cover potential staff shortages because they can offer assistance to clinical nurses in the treatment room and/or work in the reception team. If you have a receptionist that has a flare for the clinical, and would like to take on more responsibility within your practice; this may be the course for them.

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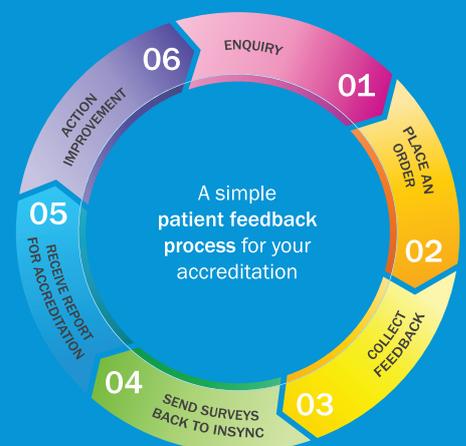
Catherine Ryan
Practice Manager / Medical Assistant

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