Certified Medical Assistants are a National Resource

By B. Waine Kong, Ph.D., JD

Think back to your last visit to a doctor's office. Somebody called your name from the waiting room door, walked you down the hall, weighed you, wrapped a cuff around your arm, asked what medicines you are taking, and typed every answer into the computer. By the time the physician stepped in, that person had already built the picture the doctor would rely on. In most clinics in Georgia and across this country, that person was a medical assistant.

We describe healthcare the way we describe an orchestra, all violins and no stagehands. We talk about surgeons and specialists and hospitals with a helicopter on the roof. But medicine, like music, depends on the people who set the stage. If the blood pressure recorded in your chart is off by ten points, every decision that relies on it is off too. The medical assistant is not a footnote in your care. She is the first page of it.

That is why I have come to believe something that sounds like an overstatement until you look at the numbers. Certified Clinical Medical Assistants are a national resource, as surely as farmland and fresh water. And like any resource, we can either cultivate it or squander it.

According to the Bureau of Labor Statistics' *Occupational Outlook Handbook*, demand for medical assistants is climbing with no sign of leveling off. The Handbook puts average pay (not necessarily in Georgia) at $21.97 an hour, roughly $45,690 a year, counts about 833,900 jobs in the field, and projects well over 100,000 openings every year as assistants move on or take on greater responsibility. The shortage is sharpest in rural America, in places that look a great deal like Upson, Lamar, Talbot, and Meriwether counties.

Here is what makes that remarkable. A student can walk in with a high school diploma and no work experience. With a grant from the Georgia Department of Labor, they come to Zoe Med-Tech Academy for eight weeks of classroom and laboratory instruction, followed by a four hour supervised clinical internship in a working practice, and then the national certification examination. That is months, not years. No four-year degree. No graduate school. No mountain of student debt trailing a young person into middle age like a shadow.

I am not against college. I have spent a good part of my life in and around it. But I refuse to accept that a bachelor's degree is the only bridge across the river. For a great many capable young people, and for adults who need a job by Christmas and not by 2032, certification is the bridge.

People ask me what the job actually involves. The work is two jobs braided together. On the clinical side, medical assistants interview patients and record their medical histories, measure vital signs, assist the physician during examinations, give injections and medications, collect and

prepare blood and other specimens for the laboratory, perform basic laboratory tests, sterilize instruments, dispose of contaminated supplies, and instruct patients about their medications. On the administrative side they schedule appointments, answer telephones, enter vital signs and test results into the medical record, complete insurance forms, code information, call companies about billing, and keep the shelves stocked.

A good medical assistant also knows what is not hers to do. We teach our students exactly where their authority ends, and we teach them to say so out loud without embarrassment. A fence is not an insult to the horse. It is what makes the pasture safe. The professional who knows the boundary is the professional you want holding the needle.

Zoe Med-Tech Academy has been training medical assistants for ten years, and we currently hold classes in Barnesville. We maintain a stalwart partnership with the National Healthcareer Association. We purchase our educational materials and our examinations from them, and we have applied to become one of their testing sites. They have been excellent partners. Their materials standardize our curriculum and support our students' readiness, so they walk into the examination prepared rather than hopeful.

In our laboratory, students learn CPR. They measure blood pressure and pulse until accuracy becomes habit, tested with double headed teaching stethoscopes so the instructor hears precisely what the student hears. There is no bluffing a heartbeat. They learn phlebotomy and venipuncture, which is its own quiet lesson in gentleness. They study ethics and confidentiality.

Let me speak directly to two people.

To the young person deciding what comes next, and to the adult worn down by a job that is going nowhere: look hard at this. Months of serious study, a national credential, honest pay, work that matters on your first day, and no debt hanging over your head.

To the physicians, clinic administrators, and hospital directors reading this: hire them. Train them further, promote them, and pay them like the resource they are. Every rural practice that stays open because the exam rooms are properly staffed is a community that gets to keep its doctor. Every child in our corner of Georgia who is seen this week instead of next month is the return on that investment.