Review the scenario and address the questions below.

You are a nurse practitioner employed in a busy primary care office with responsibilities for managing the office staff, including the medical assistants who aid in client care as well as filing, answering calls from clients, processing laboratory results, and taking prescription renewal requests from clients and pharmacies. The office is part of a larger hospital system. One of the medical assistants has worked in the practice for 10 years and is very proficient at her job. She knows almost every client in the practice and has an excellent rapport with all the providers.

During an office visit, a client requested a refill for an amoxicillin prescription. When examining the empty bottle, you noted that the date on the bottle was 1 week ago. You also noted your name printed on the label as the prescriber though you did not see the client last week. The client explained that she called last week concerned about her cough and spoke to the medical assistant, who assured her that a prescription would be sent to the pharmacy for the concern. You do not recall having discussed this client with the medical assistant; the other providers in the practice deny speaking to or consulting about the client.

Include the following sections:

1. **Application of Course Knowledge**: Answer all questions/criteria with explanations and detail.

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    a. Based on the situation above, what are the ethical and legal implications for the practice at the micro-, meso-, and macro-level of the system?
    b. What changes do you recommend to prevent further episodes of the problem behavior? What coaching and feedback skills can be used to discuss the event with the medical assistant?
    c. Which change model would you use to implement the identified change and why: Lewin's Theory of Planned Change, Plan-Do-Study-Act (PDSA), or Kotter's 8-Step Process for Leading Change?
    d. Identify and discuss one barrier to implementing the change process. Identify and discuss one factor that facilitated the change process.

This situation highlights a serious violation of safety, probably due to a seasoned Medical Assistant (MA) neglecting established protocols, which endangers patients and introduces potential legal issues. Prompt and decisive corrective measures are needed, along with alterations to the prescription procedures, such as enforcing rigorous electronic health record (EHR) documentation and, if required, staff retraining.

At the micro-level, the medical assistant's actions were both unethical and illegal. By prescribing medication without proper qualifications, she potentially jeopardized the patient's health. This misconduct could result in legal consequences for both the individual and the medical practice, including malpractice lawsuits.