

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Dallas Field Services Group
1100 Commerce Street, Room 441
Dallas, TX 75242

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellant: [appellant's name]

Agency classification: Clinical Dietetic Technician
GS-640-6

Organization: Clinical Section
Nutrition and Food Service
Allied Health Services
Veterans Affairs Medical Center
Department of Veterans Affairs
[location]

OPM decision: title at agency discretion
GS-640-6

OPM decision number: C-0640-06-02

Bonnie J. Brandon
Classification Appeals Officer

April 7, 2003

Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards*, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

[appellant's name and address]

Director, Human Resources
Veterans Affairs Medical Center
[location]

Chief, Compensation and Classification Division (051)
Human Resources Management
Department of Veterans Affairs
810 Vermont Avenue, NW.
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Deputy Assistant Secretary for Human Resources Management (05)
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Introduction

On November 20, 2002, the Dallas Oversight Division, now the Dallas Field Services Group, of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from Janet L. Mondaine. We received the agency's administrative report on December 20, 2002. Her position is currently classified as Clinical Dietetic Technician, GS-640-6, and is located in the Clinical Section, Nutrition and Food Service, Allied Health Services, Veterans Affairs Medical Center (VAMC), Department of Veterans Affairs, in [city, state]. The appellant believes that her position should be graded at the GS-7 level. We have accepted and decided this appeal under section 5112 of title 5, United States Code.

Background information

On January 30, 2002, the appellant's supervisor submitted a new position description (PD) to the local Human Resources Management Service (HRMS) asking that the title be changed and the position upgraded. The appellant and her supervisor believe a higher grade is warranted as a result of the appellant's clinical assessment of high-risk patients and new administrative duties. HRMS classified the work in the new PD with the same title and grade as the previous PD. The appellant was formally assigned to her official PD, Number [number], on February 5, 2002. Both the appellant and her supervisor have stated that the appellant's current PD adequately describes the duties and responsibilities of the position.

To help decide the appeal, a Dallas OPM representative conducted telephone interviews with the appellant and her supervisor.

General issue

The appellant and her supervisor had asked the agency to change the position's title to Clinical Dietetic Technician/ADPAC/Administrative Assistant. Since OPM has not prescribed titles for positions in the GS-640 series, the title of the appellant's position is not an issue that may be appealed to OPM (section 511.607 of title 5, Code of Federal Regulations). Therefore, the agency may develop an official title for the position in accordance with section III.H.2 of the *Introduction to the Position Classification Standards*. If the appellant disagrees with the title of the position, she may attempt to resolve the issue by using the agency's grievance procedures.

Position information

The appellant is a member of a health care team at a general medical and surgical facility that provides services for more than 45,000 enrolled veterans in three locations. The VAMC comprises a 50-bed hospital in Muskogee, which provides primary and secondary levels of inpatient medical and surgical care, and three outpatient clinics that provide primary and consultative care in medicine, surgery, and mental health. There is an outpatient clinic in [city], a VA-staffed Community Based Outpatient Clinic (CBOC) in [city, state], and a contracted CBOC in [city, state].

The appellant performs a variety of direct and indirect patient nutritional care duties. In providing direct patient care, the appellant obtains and documents nutritional history and nutrition-related clinical data from patients and medical records; completes diet change procedures, including transcribing to a diet card the changes and/or food preferences; produces and updates daily patient census; makes patient rounds to observe tolerance of prescribed diet, handle patient complaints, answer food service employees' questions, provide patient education, etc; develops nutritional care plans for patients; counsels patients and/or significant others on nutrition, documenting their responses; and coordinates and conducts group nutrition education classes for patients, their families, and/or other care providers.

The appellant uses her knowledge of foods and patient nutrition programs to perform many of the administrative tasks to support the Service. These include collecting data and generating administrative reports such as clinical workload reports, monthly meal reports, patient satisfaction surveys, and nutritive analysis reports. She schedules nutritional consults based on urgency and coordinates and conducts in-service training on administrative procedures for food service workers and dietetic technician students during their rotations in the Service. She provides input into the planning of and teaches orientation and refresher courses to food service workers on menu reading, regular and selected modified diets, safety and sanitation, and food production and service procedures. In addition, the appellant coordinates and conducts community health fair sessions.

The appellant's administrative support duties also include serving as the automated data processing (ADP) applications coordinator for the Service. She troubleshoots minor computer hardware and software problems; conducts orientation for VISTA and PC applications within the Service; and is responsible for access, verification, and signature codes in the systems.

The appellant's PD contains more information about her duties and responsibilities and how they are performed. That information is incorporated by reference into this decision.

Series, title, and standards determination

The appellant does not question the series of her position. We agree with the agency's allocation of the appellant's position to the GS-640 Health Aid and Technician Series. As previously discussed, the agency may construct a descriptive title since OPM has not prescribed titles for positions in the GS-640 series.

The GS-640 standard does not provide grade level criteria. The appellant's position, therefore, must be classified by reference to standards that are as similar as possible to the subject position considering the kind of work performed, qualification requirements of the work, level of difficulty and responsibility, and the combination of classification factors which have the greatest influence on the grade level. The appellant's position consists of duties and responsibilities in areas corresponding to two different classification standards: the standard for the GS-636 Rehabilitation Therapy Assistant Series and the Office Automation Grade Evaluation Guide (OAGEG).

The areas of work regularly assigned and most significant overall to the appellant's position are comparable to those described for rehabilitation therapy assistants. Rehabilitation therapy assistant positions involve treating, instructing, or working with patients in carrying out therapeutic activities prescribed for their physical or mental rehabilitation. Similarly, the appellant's position is involved in treating, instructing, and working with patients to carry out medical nutrition therapy. Rehabilitation therapy assistants require the ability to apply practical knowledge of therapeutic methods and techniques but do not require full professional knowledge of the concepts, principles, and practices of the specialized field of therapy. The performance of these tasks involves direct work relationships with patients and participation as a member of the treatment or nursing care team in direct service to patients. In carrying out medical nutrition therapeutic activities, the appellant is required to apply knowledge of food and medical nutrition therapy; however, the position does not require possession of full professional knowledge of the concepts, principles, and practices of dietetics. Similar to rehabilitation therapy assistants, the appellant participates as a member of the treatment team in direct service to patients.

The appellant uses computers to facilitate her work and the work of her Service. Her position requires knowledge of basic computer terminology and hardware, the ability to interpret operational procedures and links to remote and local information, knowledge of the Dietetics software package, and knowledge of the Clinical Patient Record System (CPRS) sufficient to interface with the Dietetics software package. The appellant's ADP duties are best evaluated by application of the OAGEG. It covers work that involves the use of electronic systems to store, retrieve, manipulate, transfer, compute, and print information. While the appellant's duties involve somewhat more knowledge of the equipment and software than that typical of the routine user, the duties do not require the depth of specialized knowledge required by the GS-335 Computer Clerk and Assistant Series.

Grade determination

Evaluation using the GS-636 standard

Grade levels are determined and defined using two broad factors: *Nature of assignment* and *Level of responsibility*. Qualification requirements are not described separately but are reflected as appropriate in both the nature of assignment and level of responsibility.

Nature of assignment

This factor measures the difficulty and complexity of the work performed by the therapy assistants. It includes the skills and knowledge required to perform treatment activities, the personal contacts involved in working with patients, and the judgment needed to assess patients' reactions and progress and to motivate them constructively. At lower grade levels, the assistant receives on-the-job training and gains experience in observation and in working with patients in simple activities. At higher grades, the assistant applies highly specialized practical skills and knowledge in the treatment of a wide variety of patients who include the acutely and chronically ill.

GS-6 assistants, as a regular and recurring duty, plan and carry out highly specialized and diversified treatment for patients whose physical and mental condition requires the application of nonstandard and standard treatment procedures and approaches. GS-6 assistants make frequent and extensive changes in procedures and approaches to enable patients to overcome their disabilities and continue the treatment. They must judge whether the treatment is causing a negative or adverse effect on other conditions not under treatment. On the basis of these observations and conclusions, GS-6 assistants change or modify treatment procedures, the content of the treatment plan, and approaches used in treating the patient. GS-6 assistants draw upon a broad practical knowledge of the characteristics of physical and mental illness in judging the conditions of patients, in recognizing the relationships between patients' disabilities and the effects of treatment, and in assessing accurately both positive and negative responses to treatment.

The appellant's position meets and does not exceed the GS-6 level, the highest level described in the standard. Similar to GS-6 assistants, the appellant draws upon a broad knowledge of basic foods and normal and therapeutic nutrition to plan and administer medical nutrition therapy for normal patients, as well as patients who are deemed nutritionally at risk. For example, the appellant monitors and revises nutrition care plans for patients who have been identified as malnourished or at nutritional risk. The appellant also adjusts prescribed modified diets to meet patients' needs, preferences, and tolerances, e.g., in cases of swallowing disorders. She monitors patients' eating problems, reviewing menus and making adjustments as needed. This tailoring of diets is comparable to the extensive changes that GS-6 assistants make when using nonstandard treatment procedures to help patients overcome their disabilities. Consistent with the GS-6 level, the appellant performs nutrition screening and assessment of patients using the medical record, patient interview, and discussion with staff (doctors, nurses, and other health care providers) and provides diet instructions, including drug-nutrient interactions, to patients and family members as appropriate. As at the GS-6 level, the appellant evaluates patients' nutritional status to assess the effects of their care plans and keeps the dietitian informed of significant changes. Equivalent to the GS-6 level, the appellant instructs patients on correct procedures for completing menus according to principles of good nutrition and the physician's diet order and writes and/or provides a menu pattern for standard and/or nonstandard diet prescriptions as required.

Therefore, this factor is credited at the GS-6 grade level.

Level of responsibility

This factor covers the nature and availability of the guidelines which control the work; the direction, control, and guidance received from professional personnel; the kind and degree of supervision over the work during its performance; and the degree of review of actions, decisions, and authority delegated to the therapy assistant to modify treatment procedures and to advance patients to higher levels of activity. At higher grade levels, therapy assistants independently apply highly specialized skills and an extensive practical knowledge of treatment activities. At the highest levels, supervision is limited to guidance and review on matters that require professional advice or judgment.

GS-6 assistants work with a high degree of independence in planning and carrying out highly specialized and complex treatment in working out treatment routines, adapting treatment procedures, and changing or modifying the content of treatment plans. They adapt or make changes in procedures and approaches without prior approval of the supervisor and plan treatment without review for patients who are not critically or acutely ill. Reports of patients' condition, responses, progress, and completion of treatment are reviewed by the supervisor for general adequacy and for effectiveness in achieving objectives.

Overall, the appellant's level of responsibility fully meets but does not exceed the GS-6 level, the highest level described in the standard. Like GS-6 assistants, the appellant carries out her assignments independently, following prescribed procedures. On many occasions, she services outpatients, visits the CBOC in [city], and conducts community health fair sessions alone. Similar to positions at the GS-6 level, the clinical dietitian advises the appellant of changes in procedures, is available for assistance when required, and provides competency assessment in accordance with the defined "scope of care." While the appellant's plans for nutritionally compromised patients must be co-signed by a dietitian, the dietitian performs only a cursory review before signing. This level of review is comparable to the GS-6 level where assistants make changes, modifications, or adaptations in treatment plans. Nutritional care plans for other patients are reviewed using the usual peer review process where everyone on the nutrition team reviews each other's work monthly for effectiveness and timeliness of providing quality nutrition care. Comparable to the GS-6 level, the appellant is responsible for monitoring patients and alerting the dietitian or health care team of patients' inability to comply with their diet or other problems that affect their acceptance of food. For the appellant's position, the available guidance, level of independence from supervision, and review of work are equivalent to the GS-6 level.

Therefore, this factor is credited at the GS-6 grade level.

Summary

Since both the *Nature of assignment* and *Level of responsibility* factors are evaluated at the GS-6 level, the dietetic technician duties are graded at the GS-6 level.

Evaluation using the OAGEG

The OAGEG evaluates the use of office automation technology itself, not the duties and responsibilities of the work which the technology supports. The OAGEG is used in combination with other standards to evaluate positions classified in other series when office automation duties are assigned. Office automation refers to the practical use of electronic systems to provide general clerical support. Electronic systems used in an office environment comprise hardware and software components that are capable of storing, retrieving, manipulating, transferring, computing, and printing information.

The OAGEG is written in the Factor Evaluation System (FES) format. Under the FES, factor levels and accompanying point values are to be assigned for each of the following nine factors, with the total then being converted to a grade level by use of the grade conversion table provided

in the OAGEG. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor level description. If the position fails in any significant aspect to meet a particular factor level description, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect that meets a higher level.

Factor 1, Knowledge required by the position

This factor measures the nature and extent of information or facts an employee must understand to do acceptable work. This knowledge must be required and applied.

Comparable to Level 1-3, the appellant applies knowledge of ADP programs on the agency's automated databases, including the Dietetics software package and the CPRS to store, retrieve, and edit data and produce a variety of reports and other documents. For example, she updates and modifies electronic menus, analyzes menus for nutrient content using the computer, and collects data to assist in nutrition related studies. As the Service's ADP applications coordinator, the appellant must have knowledge of basic computer hardware, the ability to understand operational procedures and links to remote information, and basic terminology to troubleshoot minor hardware and software problems and to initiate work orders when she is unable to resolve the problem. For example, she enters work orders to the Information Resources Management organization for resolution of software and hardware problems, maintains the Dietetics package, and coordinates CPRS updates. Consistent with positions at Level 1-3, the appellant uses knowledge of automation to compile clinical workload and other reports and documents for the Service. She is responsible for access codes, signature codes, ADP security, and familiarizing new staff with the systems used in the Service. The knowledge required for the appellant's position fully meets the intent of Level 1-3 where employees use databases and other software to enter, revise, calculate, and retrieve data for standard reports and to transmit and receive documents electronically through computers that are linked to other computers.

The appellant's position does not meet Level 1-4 where employees must have knowledge of the capabilities, operating characteristics, and advance functions of a variety of types of office automation software and knowledge of the similarities, differences, and integration of the different software types into a single document. For example, employees at this level retrieve data, convert it into graphic form, and incorporate it into the text of a report. Our fact-finding shows that the appellant is not required to apply knowledge of a variety of software characteristic of Level 1-4. While the appellant builds and maintains databases or spreadsheets to help meet the Service's special reporting needs, such work does not require knowledge to devise new methods for automating administrative reports as is characteristic of Level 1-4.

Level 1-3 is credited for 350 points.

Factor 2, Supervisory controls

This factor measures the nature and extent of direct or indirect controls exercised by the supervisor over the work performed, the employee's responsibility, and the review of the completed work.

As at Level 2-2, the appellant performs recurring assignments independently, referring unusual or difficult situations to the supervisor or the clinical dietitian. Computer-related problems that the appellant cannot resolve are referred to the Information Resources Management organization. Typical of Level 2-2, the appellant's work is reviewed for compliance with office procedures, technical accuracy of the records kept, correctness in screening data, and documentation in the medical records. The appellant's assignments are more clearly defined and more closely reviewed than at Level 2-3 where the employee independently plans and carries out the work, uses own initiative to resolve problems, and makes adjustments using accepted procedures or practices. At that level, work is reviewed for technical soundness, usefulness, and conformance with office operating requirements and needs. The controls for the appellant's ADP-related work are characteristic of Level 2-2.

Level 2-2 is credited for 125 points.

Factor 3, Guidelines

This factor covers the nature of the guidelines and the judgment employees need to apply them.

Comparable to Level 3-2, the appellant has well-established guidelines for use, e.g., medical center policy, memoranda, and standard operating procedures. Consistent with that level, the appellant uses judgment to identify and select, from a number of similar guidelines and work situations, the most appropriate guidelines, references, and procedures to apply. For situations that do not readily fit instructions or other applicable guidelines, the appellant refers to the supervisor, the clinical dietitian, or the Information Resources Management organization. In contrast to Level 3-3, the appellant is not required to adapt guidelines or deviate from existing instructions to develop a systematic method for naming, identifying, and retrieving information to resolve problems in locating and retrieving electronically stored information. The appellant is responsible for attempting to resolve only minor software or hardware problems before calling on others for assistance. Although the appellant provides instructions for others on the methods and procedures for using the selected software for the type of work to be done, this involves providing direction on applying the well-established guidelines that she uses and does not meet the full intent of Level 3-3.

Level 3-2 is credited for 125 points.

Factor 4, Complexity

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done, and the difficulty and originality involved in performing the work.

Comparable to Level 4-2, the appellant's work involves a variety of tasks, e.g., compiling workload and statistical reports for the Service, updating and modifying electronic menus. The appellant uses her knowledge of the automated record keeping systems to orient new employees, train employees on use of new applications, and perform initial troubleshooting if there are hardware/software problems. While these training, orientation, and troubleshooting activities go somewhat beyond the database maintenance, etc., typical of Level 4-2, they do not exceed the intent of that level. In contrast to Level 4-3, the appellant is not required to consider the nature and capability of different software types or software packages or the similarities, differences, and integration compatibility among software types.

Level 4-2 is credited for 75 points.

Factor 5, Scope and effect

This factor covers the relationships between the nature of the work and the effect of work products or services both within and outside the organization.

Similar to Level 5-1, the appellant's ADP-related duties involve performing specific, recurring tasks required to maintain electronic records, making entries to and retrieving data from electronic records, and providing assistance to other users. While some of the ADP duties may involve some coordination with other services within the facility, the full intent of Level 5-2 is not met. At that level, the work affects the way in which other employees document, store, receive, or transmit information and increases the availability and usefulness of the information involved. In contrast, the appellant adheres to proper formats for various reports, menus, and other documents.

Level 5-1 is credited for 75 points.

Factor 6, Personal contacts, and Factor 7, Purpose of contacts

These factors include face-to-face and remote dialogue with persons not in the supervisory chain.

The appellant's primary contacts are characteristic of Level 1 where contacts are with other employees within the work unit or related units. Comparable to this level, the appellant's typical contacts include clinical dietitians, patients for scheduling consults, and employees of other services within the facility. The appellant's position does not meet Level 2 where contacts are with employees at various levels throughout the agency who are involved in or affected by integrating or changing automated office procedures. Therefore, Level 1 is credited.

The purpose of the appellant's contacts meets Level A where the employee exchanges information to clarify terminology or discuss equipment capabilities. Level B is not met in that the appellant does not plan, coordinate, and integrate work processes or work methods for office automation between and among related work units.

Using the point assignment chart in the standard, the combination of Level 1 for personal contacts and Level A for purpose of contacts results in crediting 30 points.

Factor 8, Physical demands

For the ADP-related work, the appellant's position meets and does not exceed Level 8-1 where the work is sedentary and requires no special physical demands. Therefore, Level 8-1 is credited for 5 points.

Factor 9, Work environment

The appellant's position meets and does not exceed Level 9-1 where the work involves minimal risks and observance of safety precautions typical of office settings. Therefore, Level 9-1 is credited for 5 points.

The total of 740 points falls within the range (655-85) for the GS-4 grade. Therefore, the proper grade for the appellant' ADP-related duties is GS-4.

Summary

| <i>Factor</i> | <i>Level</i> | <i>Points</i> |
|---------------------------------------------------|--------------|---------------|
| 1. Knowledge required by the position | 1-3 | 350 |
| 2. Supervisory controls | 2-2 | 125 |
| 3. Guidelines | 3-2 | 125 |
| 4. Complexity | 4-2 | 75 |
| 5. Scope and effect | 5-1 | 25 |
| 6. & 7. Personal contacts and Purpose of contacts | 1A | 30 |
| 8. Physical demands | 8-1 | 5 |
| 9. Work environment | 9-1 | 5 |
| <i>Total</i> | | 740 |

Decision

Based on application of mixed-grade principles, the appellant's position is properly classified as GS-640-6, with the title to be determined by the agency.