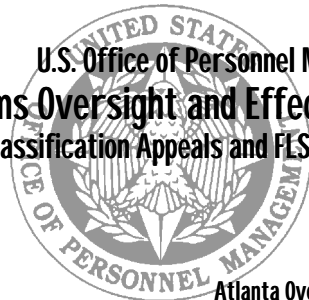


U.S. Office of Personnel Management  
Office of Merit Systems Oversight and Effectiveness  
Classification Appeals and FLSA Programs



Atlanta Oversight Division  
75 Spring Street, SW, Suite 972  
Atlanta, Georgia 30303-3109

**Classification Appeal Decision  
Under Section 5112 of Title 5, United States Code**

<b>Appellant:</b>	[Appellants]
<b>Agency classification:</b>	Medical Clerk (Office Automation) GS-679-4
<b>Organization:</b>	Department of Veteran's Affairs
<b>OPM decision:</b>	Medical Clerk GS-679-4
<b>OPM decision number:</b>	C-0679-04-01

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Kathy W. Day  
Classification Appeals Officer

7/3/98

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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:**

[Appellants' representative]

[Chief, Human Resources Management]

Mr. Ronald E. Cowles  
Deputy Assistant Secretary for  
Personnel and Labor Relations  
Department of Veterans Affairs  
Washington, DC 20420

## Introduction

On March 31, 1998, the Atlanta Oversight Division, Office of Personnel Management (OPM), accepted a group classification appeal for the position of Medical Clerk (Office Automation), GS-679-4, [organizational location], Department of Veterans Affairs. The appellants are requesting that their position be reclassified to Medical Clerk (Office Automation), GS-679-5.

This appeal has been accepted and processed under section 5112(b) of title 5, United States Code (U.S.C.). This is the final administrative decision on the classification of the position subject to discretionary review only under the limited conditions and time outlined in part 511, subpart F, of title 5, Code of Federal Regulations.

## General issues

The appellants believe that they perform duties and responsibilities identical to other Medical Clerk positions in their organization that are classified at a higher grade. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellants' position to others as a basis for deciding their appeal.

To help decide the appeal, an Atlanta Oversight Division representative conducted several telephone audits of the appellants' position, including interviews with the appellants and their immediate supervisor. In reaching our classification decision, we have reviewed the audit findings and all information of record furnished by the appellants and their agency, including their official position description.

## Position information

The appellants are assigned to position description number [#]. The agency and supervisor have certified the accuracy of the position description. The appellants furnished a list of fourteen tasks that explain their disagreement with the accuracy of their position.

Based on our findings, task numbers 2, 3, 6, 7, 9, 11, 12 and 14 are covered under the administrative and clerical duties and responsibilities in their position description. Therefore, we have limited our discussion to task numbers 1, 4, 5, 8, 10, and 13.

The appellants' official position description does not meet the standards of adequacy in the Introduction to the Position Classification Standards. OPM considers a position description adequate for classification purposes when it is considered so by one knowledgeable of the occupational field involved and of the application of pertinent classification standards, principles, and policies, and supplemented by otherwise accurate, available, and current information on the organization, functions, programs, and procedures concerned.

**Task 1:** The appellants state that their position description excludes responsibility for on-the-job training for new employees. During our interview with the immediate supervisor, he confirmed

that the appellants spend approximately two weeks training new employees to perform all of the administrative and clerical aspects of their assigned unit. Over the past year, 5 new employees were hired and trained by the appellants which equates to approximately 19 percent of their time. While on-the-job training does not represent a significant percentage of time in terms of a major duty (i.e., 25 percent or more of time), it does impact on the appellants' level of responsibility and must be considered in the overall evaluation of the position. For example, the appellants provide on-the-job training to new medical clerks on the surgical, medical, psychiatric and nursing home care units to accomplish administrative and clerical tasks involving patient care. The appellants independently provide instructions on the administrative medical processes and procedures and special requirements used in each unit, keep the supervisor informed of the trainee's progress and check completed work assignments. The appellants use a checklist to determine whether the trainee can perform individual tasks. Since on-the-job training is not in the appellants' position description, the agency must amend the position description to include this work.

**Task 4:** The appellants state that their position description does not include their responsibility as the "SUPERUSERS" of the new computerized patient record system or their responsibility to train the clinical staff on the system. The appellants' position description should address the use of automated equipment to perform clerical functions.

**Task 5:** The appellants believe that they perform ambulatory care duties for patients upon check in and out after a 23 hour outpatient observation stay. Their duties involve entering data into VISTA, another automated system, as a procedure and diagnosis code and checking patient records to ensure eligibility for service or non-service connected benefits. They also ensure the accuracy of encounter forms before submission to the billeting section of the hospital. According to the supervisor and the appellants, this work was recently added to the position. A position description does not have to describe every duty and responsibility so long as the primary functions of the position and the qualification requirements of the position are accurately reflected in the position description. Based on the appellants' and supervisor's explanation of these duties, we find that the work is already captured under the appellants' receptionist and patient record responsibilities.

**Tasks 8, 10 and 13:** The appellants state that they assist the supervisor in informing employees of available employee activities and services such as Equal Employment Opportunity presentations, bond drives, Combined Federal Campaign, and so forth. In addition, task 10 states that the appellants believe they perform workload assessment and scheduling and task 13 involves notifying the supervisor of potential problem areas and making suggestions for more efficient methods to accomplish tasks. The supervisor stated that administrative duties are assigned to the GS-5 Lead Medical Clerks, not to the appellants. Although the appellants furnished a few examples where they recommended suggestions to improve the efficiency of the methods used to accomplish tasks, the work is not a regular and recurring assignment, has not been officially assigned to the appellants, and may be more appropriately recognized under the agency's incentive awards program. Since the supervisor has ultimate responsibility for the administrative and technical supervision of the staff and has authority to assign duties and responsibilities to a position, tasks 8, 10, and 13 cannot be

considered in the classification of their position. Only the regular and recurring duties and responsibilities, as assigned by management, can be considered.

The appellants work under the supervision of a supervisor and the technical direction of a Lead Medical Clerk. However, the position description does not address how the Lead Clerk interfaces with the appellants. For example, the Lead Clerk answers questions regarding current policies and procedures, makes suggestions to the supervisor on more efficient methods to accomplish tasks, points out potential problem areas so that corrective action may be initiated promptly, and serves as liaison with professional staff for any administrative problems that arise on any nursing unit, resolving them or contacting the supervisor. In addition, the supervisor stated that the Lead Clerks conduct a quality review of the appellants' completed work assignments. Problems of an administrative nature are brought to his attention by the Lead and discussed jointly with the appellants.

Since a position description must contain accurate information that is significant to its classification, the position description must be amended to include on-the-job training of new employees, the use of automated equipment and the correct supervisory relationships.

A summary of the position follows:

The appellants work in the Ward Administration Section of the hospital and work in more than one unit during an assigned shift. They perform medical record management, receptionist and administrative duties and transcribe physician orders for data input into the hospital's computer program. They assemble patient and medical information in correct sequential and chronological order and ensure forms are submitted for completion and signature by the clinical staff, properly coded, and meet quantitative and qualitative standards of completeness in accordance with hospital standards, department regulations, medical-legal and quality assurance requirements. They also request records from other facilities and forward them to the medical record technician and assist in Quality Management/Utilization Reviews.

The appellants collaborate with the clinical staff in the administration and coordination of ward activities. They provide orientation to physicians, nurses and medical students on all ward activities including the safeguard of medical records, proper format for requesting medical tests, the requirements for completing medical records for discharge and transfers and daily activities. They maintain accurate patient census of nursing unit, obtain information from patients and clinical staff to complete medical records, provide directions and instructions for therapeutic activities and relay physicians' orders which may restrict patient's activities. They receive telephone calls and telephone communication for test results and report the results to the appropriate staff member. They respond to emergency situations, file tests and consultation results in the medical record, arrange and coordinate clinical appointments for patients, arrange late meals and ensure patients are informed about follow-up appointments. They ensure informed consent forms are available for patients' and physicians' signature prior to treatment; complete requests from patients to release medical information; coordinate all transfer activities and transportation; and process forms to request personal funds on deposit for patients.

They coordinate psychiatric commitments by ensuring forms are properly completed by physicians and nursing staff and communicate with appropriate county courts to complete commitment process. They initiate elopement procedures by contacting police and security service, the family, and city, state and Federal police departments and maintain administrative ward forms and office supply inventory.

The appellants interpret and transcribe a variety of physician orders that cover patient care activities such as diets, tests, treatments, medications and transfers. They ensure data is correctly and timely input into the computer system.

The appellants work under the general direction of the supervisor. The supervisor establishes priorities and deadlines, provides assignments and adjusts work and schedules based on workload demand. The supervisor or a higher grade clerk provides instruction on changes to procedures and regulations and guidance for highly unusual situations. Since the work is performed independently in the nursing unit, the clerk must use sound judgment to make independent decisions based on the needs of the staff. The Lead Medical Clerk monitors the work through quality assurance reviews and occasionally spot checks work for accuracy and compliance with established guidelines and the supervisor's instructions. Overall work is evaluated by the supervisor for quality and effectiveness and for adherence to policies, rules, and regulations.

### **Series determination**

The agency placed the appellants' position in the Medical Clerk Series, GS-679. The appellants do not contest their series, and we agree with the agency's determination.

The Medical Clerk series includes all positions the primary duties of which are to perform clerical work in support of the care and treatment given to patients in a ward, clinic or other such unit of a medical facility. The work requires a practical knowledge of the medical facility's organization and services, the basic rules and regulations governing visitors and patient treatment and a practical knowledge of the standard procedures, medical records and medical terminology of the unit supported.

The position is properly placed in the GS-679 series.

### **Title determination**

The title *Medical Clerk* is used for all nonsupervisory positions classified in the GS-679 series. The agency added the parenthetical title *Office Automation* to denote the requirement for office automation and typing skills. However, the parenthetical title is added only when the position requires significant knowledge of office automation systems and a fully qualified typist. The supervisor stated that while the appellants' position does require knowledge of office automation systems, it does not require a fully qualified typist. The parenthetical *Office Automation* is, therefore, not added to the title.

The position is properly titled *Medical Clerk*.

### **Standard determination**

Medical Clerk Series, GS-679, April 1978.

### **Grade determination**

The GS-679 standard is written in the Factor Evaluation System (FES) format. Under the FES, positions are placed in grades on the basis of their duties, responsibilities, and the qualifications required as evaluated in terms of nine factors common to nonsupervisory General Schedule positions.

A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position factor 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 in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard.

Under FES, positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a classification standard must be evaluated by reference to the Primary Standard, contained in Appendix 3 of the Introduction to the Position Classification Standards. The Primary Standard is the "standard-for-standards" for FES.

#### Factor 1 - Knowledge Required By The Position:

This factor measures the nature and extent of information or facts that a worker must understand to do acceptable work, such as the steps, procedures, practices, rules, policies, theories, principles, and concepts; and the nature and extent of the skills needed to apply this knowledge.

At Level 1-3, the highest level in the standard, a thorough knowledge of procedures for assembling patient charts, recording physicians' orders including orders for drugs, integrating X-ray and test reports in records, graphing and charting medical data, and scheduling patient appointments, in order to relate the clerical functions (e.g., record keeping, patient-related, etc.) of the unit to the total patient care process is required. In addition, positions require knowledge of internal organization of patient records and the relationship of their parts in order to search records and extract medical information and data relevant to the planning of patient treatment and to review records for completeness, accuracy and consistency with medical facility requirements upon the discharge of patient, and knowledge of the various medical facility units and services in order to record and report medical information such as X-ray and test results, to give preparatory instructions to patients for a

variety of diagnostic procedures and properly arrange patient appointments to avoid conflicts in patient care and treatment.

Level 1-3 is met. The appellants' work requires knowledge of the organization of patient records and their relationships in order to assemble and extract a variety of medical data and information relevant to patient treatment and follow-up; knowledge of medical terminology to understand doctors' orders and record the results of medical tests; and knowledge of the procedures for quality assurance activities, releases, admissions, transfers, discharges, patient scheduling, psychiatric commitments, and privacy considerations.

At Level 1-4, as described in the Primary Standard, positions require knowledge of an extensive body of rules, procedures, or operations that require extended training and experience to perform a wide variety of interrelated or nonstandard procedural assignments and resolve a wide range of problems.

Level 1-4 is not met. The appellants use a variety of procedures in the performance of their assignments. However, the work is performed in accordance with established agency and hospital procedures, and no deviations are permissible due to the legal implications that may arise. Highly unusual situations or problems are referred to the supervisor. There is no evidence in the appeal record that the work requires the use of nonstandard procedures to carry out assignments or to resolve problems.

This factor is assigned Level 1-3, for 350 points.

#### Factor 2 - Supervisory Controls:

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility for carrying out assignments, and how completed work is reviewed.

At Level 2-2, the highest level in the standard, the clerk receives instructions from a higher graded clerk, Charge Nurse, Chief of Outpatient Department or Chief of Ward Administration, on the non-recurring assignments and changes in unit procedures. Most assignments are performed independently according to established procedures and/or previous experience. The employee refers questions on new situations to the supervisor or another clerk with more experience (e.g., a question concerning the procedure for ordering a treatment not commonly prescribed for a patient in that unit). Finished work is generally spot-checked for compliance with the unit procedures and established medical facility requirements for the internal organization of medical records. Completed assignments involving such things as recording physicians orders, reporting of test results, and release of information on patient treatment are closely reviewed for accuracy by the supervisor.

Level 2-2 is exceeded. The appellants believe they perform their duties independent of supervisory controls. However, evidence in the appeal record shows that the appellants work under the technical guidance of a Lead Clerk, the general direction of a supervisor and management of the Ward Administration Manager. In addition to the supervisor making assignments, reviewing and



scheduling work, he keeps employees fully informed about items of general interest; holds meetings to discuss work activities, organizational directions and policies, and employee suggestions and general work problems; and controls the production functions of the staff to ensure a high quality of performance. Although the supervisor's position description states that he selects and gives detailed information to each employee about what is to be done and exactly how it is to be done and that he thoroughly and clearly explains correct work methods, work sequences, and changes in work, we found that this was not an accurate statement. He may teach, train and develop skills of other workers, but the appellants have sufficient knowledge of the procedures, regulations and requirements of their job and enough experience in carrying out their assignments that the supervisor holds them accountable for training new employees. The problems encountered by the appellants are resolved within established guidelines and based on the needs of the staff.

At level 2-3, in the Primary Standard, the supervisor makes assignments by defining objectives, priorities and deadlines and assists the employee with unusual situations that do not have clear precedents. The employee plans and carries out the successive steps and handles problems and deviations in the work assignments in accordance with instructions, policies, previous training, or accepted practices in the occupation. Completed work is usually evaluated for technical soundness, appropriateness, and conformity to policy and requirements. The methods used in arriving at the end results are not usually reviewed in detail.

Level 2-3 is not fully met. The appellants carry out routine assignments independently and make decisions and recommendations within established procedures, policies. However, deviations or unusual problems are referred to the Lead Clerk and the supervisor.

Although Level 2-2 is exceeded, Level 2-3 is not fully met and cannot be credited. Therefore, this factor is assigned Level 2-2, for 125 points.

#### Factor 3 - Guidelines:

This factor covers the nature of guidelines used, and the judgment needed to apply them.

At Level 3-2, the highest level in the standard, guidelines consist of numerous written and oral procedural instructions typically regarding the scheduling of patient appointments, eligibility for treatment and paid services such as travel expenses, release of patient information, required preparations and procedures for medical tests, and procedures for requesting, filing, and completing medical records of patients. The employee is frequently required to use judgment in applying guidelines to situations such as screening walk-in patients requesting treatment, locating medical records of patients when several locations in the facility are possible, fitting patients requiring immediate medical attention into full appointment schedules, and applying regulations governing patients' eligibility for services when there are discrepancies or omissions in facts about the patient.

Level 3-2 is met. The appellants' guidelines consist of a variety of established regulations, procedures, and practices associated with hospital unit administration and clerical responsibilities. The appellants use judgment to select and apply appropriate guidelines to various situations.

At Level 3-3, in the Primary Standard, guidelines are available but are not completely applicable to the work or have gaps in specificity. The employee uses judgment in interpreting and adapting guidelines, such as agency policies, regulations, precedents, and directions, for application to specific cases or problems. The employee analyzes results and recommends changes.

Level 3-3 is not met. The appellants' assignments do not require them to deviate from established guidelines. Procedural guidelines for completing medical clerk duties and responsibilities are applicable, standardized and approved by the administration and the hospital association.

This factor is evaluated at Level 3-2, 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.

At Level 4-2, the highest level in the standard, the work involves several processes such as compiling, recording, reviewing, selecting, and interpreting medical data and information incidental to a variety of patient care and treatment activities. Procedures for the performance of work are established. Variations in work result from changing priorities which frequently depend upon the urgency of the situation and the differences in medical information available for each patient.

Level 4-2 is met. The appellants assemble, compile and consolidate patient and medical records for assigned nursing units. They use standard procedures and processes to complete their assignments. They are required to work in more than one unit on a given shift and must be familiar with the similarities and differences of each unit, as well as the needs and priorities of the clinical staff. They must adjust work to meet emergency situations and be flexible due to workload demands or unit coverage requirements.

At Level 4-3, in the Primary Standard, the work includes various duties involving different and unrelated processes and methods. The decision regarding what needs to be done depends upon the analysis of the subject, phases, or issues involved in each assignment, and the chosen course of action may have to be selected from many alternatives. The work involves conditions and elements that must be identified and analyzed to discern interrelationships.

Level 4-3 is not met. The appellants' assignments primarily involve the use of the same standard operating procedures and processes for patient records and transcribing doctors' orders regardless of the unit to which they are assigned. While the appellants must recognize the differences and

similarities in the work requirements for the different units and the needs of the clinical staff, their work does not require the level of analysis or the consideration of a large number of alternatives as is typical of Level 4-3.

This factor is assigned Level 4-2, for 75 points.

Factor 5 - Scope and Effect:

This factor covers the relationship between the nature of the work, as measured by the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

At Level 5-2, the highest level in the standard, in addition to receptionist and recordkeeping duties, the clerk performs functions such as giving patients correct instructions on test preparations, diets, etc., and properly recording physicians' orders, which may have significant effects on patient care. The accurate and proper performance of these duties affects the efficiency, accuracy, and acceptability of further processes or services such as medical tests.

Level 5-2 is met. The purpose of the appellants' position is to perform the full scope of administrative medical and clerical duties and responsibilities of the unit. The work affects the accuracy of patient and medical records and the treatment and tests given to patients in the unit.

At Level 5-3, in the Primary Standard, the work involves treating a variety of conventional problems, questions, or situations in conformance with established criteria. The work product or service affects the design or operation of systems, programs, or equipment; the adequacy of such activities as field investigations, testing operations, or research conclusions; or the social, physical and economic well-being of persons.

Level 5-3 is not met. The appellants' duties do not have broad impact on programs, systems or other activities nor do they affect the total social, physical and economic well-being of patients.

This factor is evaluated at Level 5-2, for 75 points.

Factor 6 - Personal Contacts:

This factor measures face-to-face contacts and telephone dialogue with persons not in the supervisory chain.

At Level 6-2, the only level described in the standard, personal contacts include staff members of the unit responsible for administering direct patient care (i.e., physicians, nurses and nursing assistants); patients and their visitors; employees of other medical services (e.g, laboratory, radiology, outpatient services, medical administration); employees of community and social services (e.g., employees of nursing homes and private hospitals, clergy, law enforcement officials and social workers).

Level 6-2 is met. The appellants have personal contacts with the clinical staff, medical students, and administrative employees of the hospital; patients, visitors, and family members; and city, county, state and Federal government police departments.

At Level 6-3, in the Primary Standard, personal contacts are with individuals or groups from outside the employing agency in a moderately unstructured setting. For example, the contacts are not established on a routine basis; the purpose and extent of each contact is different; and the role and authority of each party is identified and developed during the course of the contact. Typical of contacts at this level are those with persons in their capacities as attorneys; contractors; or representatives of professional organizations, the news media, or public action groups.

Level 6-3 is not met. The appellant does not have contacts with persons described at this level.

This factor is evaluated at Level 6-2, for 25 points.

#### Factor 7 - Purpose of Contacts:

In General Schedule occupations, the purpose of personal contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, and objectives. The personal contacts which serve as the basis for the level selected for this factor must be the contacts which are the basis for the level selected for Factor 6.

At Level 7-2, the purpose is to initiate and follow through on work efforts pertaining to the treatment of patients. The clerk makes arrangements with medical staff and various medical facility departments, clinics or services in preparing schedule of patient appointments and works cooperatively with medical staff upon discharge of patient to ensure data and information in permanent records are accurate, complete, and meet the medical facility requirements. The clerk at this level draws upon considerable experience and tact in relaying instructions to patients to prepare them for medical tests and in making suggestions or providing advice to lower graded clerks concerning changes or problems in unit practices.

Level 7-2 is met. The purpose of the appellants' personal contacts is to obtain and exchange information for patients and medical records, coordinate the scheduling of tests, treatment and other medical or insurance, payment or benefit requirements with other units, and to provide receptionist services for visitors, family members or patients. The appellants deal with a variety of patients.

At Level 7-3, contacts are for a purpose similar to that in Level 7-2, but in addition, the work requires regular and recurring contact with patients who are unusually difficult to communicate with because of their poor physical condition or acute psychiatric disorder. Patients may be characterized as being easily excitable, irrational, withdrawn, and not easily able to accept or understand instructions. The medical clerk is required to exercise skill in getting information from patients to complete records, in giving instructions for scheduled appointments and therapeutic activities, and relaying physicians' orders for such things as restrictions of personal finances or unit privileges. An example of this level

is the medical clerk working in a locked psychiatric unit with a variety of severely ill patients, who through frequent contact with the patient must establish a degree of control in gaining patients' acceptance of rules and procedures of the unit, and in following physicians' orders for restrictions in activities.

Level 7-3 is not met. While the appellants may deal with some patients who are difficult to communicate with, their patients do not typically consist of individuals with the types of severe conditions described at this level which would make dealing with them unusually difficult.

This factor is assigned Level 7-2, for 50 points.

#### Factor 8 - Physical Demands:

This factor measures the requirements and physical demands placed on the employee in performing the work assignment, including the agility and dexterity required, and the extent of physical exertion.

At Level 8-1, the only level described in the standard, the work is mainly sedentary but requires some bending, walking, standing, and the carrying of such things as patient records, light sterile supplies, and letter mail. Some positions may involve more frequent walking to various locations of the medical facility (e.g., those located in medical facilities without escort service and without automated information systems), but these positions require no unusual physical demands to perform the work.

Level 8-1 is met. The appellants normally perform their work at a work station. They are required to walk to various locations of the medical center to take or retrieve records of patients, for consultations, and for supplies.

At Level 8-2, in the Primary Standard, the work requires some physical exertion, such as long periods of standing; walking over rough, uneven, or rocky surfaces; recurring bending, crouching, stooping, stretching, reaching, or similar activities; or recurring lifting of moderately heavy items, such as typewriters and record boxes. The work may require specific, but common physical characteristics and abilities, such as above average agility and dexterity.

Level 8-2 is not met. There is no evidence in the appeal record that the appellants exert this level of physical ability in the performance of their duties and responsibilities.

This factor is evaluated at Level 8-1, for 5 points.

#### Factor 9 - Work Environment:

This factor considers the risks and discomforts in the employee's physical surroundings, and the safety precautions required.

At Level 9-2, the highest level in the standard, the work is generally performed in or near the nurses' station in a medical facility unit. The unit environment exposes the employee to such things as communicable diseases and physical abuse from emotionally disturbed patients and distraught visitors. Safety precautions are necessary.

Level 9-2 is met. The appellants rotate through different nursing units. Their work is normally performed at or near the nursing station.

At 9-3, in the Primary Standard, the work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress that require a range of safety and other precautions (e.g., working at great heights under extreme outdoor weather conditions, subject to possible physical attack or mob conditions, or similar situations where conditions cannot be controlled).

Level 9-3 is not met. The appellants do not work under these types of safety or environmental conditions.

This factor is evaluated at Level 9-2, for 20 points.

<b>SUMMARY</b>		
<b>FACTOR</b>	<b>LEVEL</b>	<b>POINTS</b>
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	5-2	75
6. Personal Contacts	6-2	25
7. Purpose of Contacts	7-2	50
8. Physical Demands	8-1	5
9. Work Environment	9-2	20
	<b>TOTAL</b>	<b>850</b>

A total of 850 points falls within the range for GS-4, 655 to 850 points, according to the Grade Conversion Table in the GS-679 standard.

**Decision**

The position is properly classified as *Medical Clerk, GS-679-4*.