

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

Chicago Oversight Division  
230 South Dearborn Street, DPN 30-6  
Chicago, Illinois 60604

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

**Appellants:** [Appellants' Names]

**Representative:** [Name]

**Agency classification:** Medical Clerk, GS-679-4

**Organization:** Department of Veterans Affairs  
Medical Center  
[Name] Department  
[City, State]

**OPM decision:** **Medical Clerk (OA), GS-679-5**

**OPM decision number:** C-0679-05-02

\_\_\_\_\_  
/s/

Frederick J. Boland  
Classification Appeals Officer

\_\_\_\_\_  
March 7, 2000

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).

Since this decision changes the classification of the appealed position, it is to be effective no later than the beginning of the fourth pay period after the date of this decision (5 CFR 511.702). The servicing personnel office must submit a compliance report containing the corrected position description and a Standard Form 50 showing the personnel action taken. The report must be submitted within 30 days from the effective date of the personnel action.

### **Decision sent to:**

[appellants' names and address]

[name and address of appellants' representative]

Mr. Ronald E. Cowles  
Deputy Assistant Secretary for  
Human Resources Management  
Department of Veterans Affairs  
Washington, DC 20420

[name and address of appellants' servicing personnel office]

**Introduction**

The appellants contest their agency's classification of their position, number 01898A, as Medical Clerk (OA), GS-679-4. The position is located in the Department of Veterans Affairs, Medical Center, [Name] Department, [City, State]. The appellants believe their position description accurately lists their major duties, but feel their work warrants higher credit for Factor 7, Purpose of Contacts.

**Position information**

The appellants are two of about 40 employees within their department, which includes about nine units, 29 professionals (mostly Psychiatrists, Psychologists, Social Workers, and Nurses), and seven support staff. The support staff consists of about five GS-5 and two GS-4 employees. The higher graded support staff are Secretaries or Program Support Clerks. The lower graded are the two appellants, Medical Clerks. [Appellant's name] works in the [Name] Clinic, which has a staff of about seven. [Appellant's name] works in the [Name] Hospital, which has a staff of about eight. Both units serve psychiatric patients and their families.

The appellants support the professional staff who provide patient care and treatment. The appellants' duties fall under four areas.

**Reception**

The appellants receive visitors from both within and outside the VA, receive and direct new and established patients, and refer calls to staff.

**Recordkeeping**

They assemble patient records, health summaries, and action profiles according to a prescribed format.

**Patient Care and Treatment**

They generate letters to patients informing them of clinic appointments. They determine a patient's eligibility for treatment and schedule follow up appointments, tests, and treatments.

**Miscellaneous**

Their other duties include word processing, filing, updating documents, and distributing mail. The work requires keyboard proficiency (at least 40 words per minute) and familiarity with word processing software, requirements the position description overlooks. Hence, our transmittal letter to the agency requests correction of the position description on this and another matter, as explained under Factor 7 in the Grade Determination section of this decision.

## Analysis and findings

### Series and title determination

The Medical Clerk, GS-679, series covers positions like the appellants' that perform a variety of clerical support duties to facilitate the work of physicians, nurses, nursing assistants and other members of the medical facility unit who provide patient care when 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 prescribed title for positions in the GS-679 series is *Medical Clerk*. Because the position also requires significant knowledge of office automation systems and typing proficiency, the parenthetical title Office Automation, or its abbreviation, OA, is added. The proper title for the position, then, is *Medical Clerk (OA)*.

### Grade determination

The Office of Personnel Management (OPM) *Medical Clerk Series, GS-679*, standard, dated April 1978, is written in Factor Evaluation System (FES) format. This system requires that credit levels assigned under each factor relate to only one set of duties and responsibilities. Under FES, work must be fully equivalent to the factor-level described in the standard to warrant credit at that level's point value. If work is not fully equivalent to the overall intent of a particular level described in the standard, a lower level and point value must be assigned, unless the deficiency is balanced by an equally important aspect of the work that meets a higher level.

Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position. Similarly, acting, temporary, and other responsibilities that are not regular and continuing are not considered in classifying positions. (Temporary assignments of sufficient duration, though, are sometimes recognized in accordance with agency discretion by temporary promotion if higher graded duties are involved, by formal detail, or by performance award.)

The appellants raise issues specific to one of the nine factors discussed in the standard. Accordingly, this decision details our analysis of that disputed factor. However, we independently reviewed the position's duties and responsibilities against the other factors and concur with the agency's credit level assignments on the undisputed factors.

### Factor 7: Purpose of contacts

*The purpose of personal contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives. Contacts credited under Factor 7 must be the same contacts considered under Factor 6.*

[Appellant's name] states:

As the only Medical Clerk assigned to the [Name] Clinic, a psychiatric program within the VA Medical System, I interact with a variety of patients on a regular and recurring basis. I must constantly be aware that there is always a potential for disruptive situations that may escalate. When such a situation arises, I must act quickly and

appropriately to make sure of the safety for all staff and patients. While communicating with this population I maintain a caring, kind, clear and firm, yet understanding attitude. The patients are at high risk for requiring inpatient care. They can be emotionally unstable, withdrawn, combative, verbally abusive, disruptive and sometimes dangerous enough to be committed by the Board of Mental Health.

There are currently 1341 patients enrolled in the [Name] Clinic of which 14 are under commitment to the Board of Mental Health, and 17 patients are considered dangerous. Many of these patients have trouble functioning on daily basis due to emotional and/or social dysfunction. I regularly deal with threatening patients, suicidal and impulsive individuals, and patients suffering from a variety of medical problems. Some of these patients are experiencing acute psychiatric symptoms or may have decompensated clinical conditions that severely impair their capacity to function. They are at high risk for inpatient care and they cannot function on a day-to-day basis due to the presence of a disabling emotional, cognitive and/or social dysfunction. Being part of the [Name] Department Ambulatory Care Team patients are often seen first in [Name] Clinic before being transferred to PTSD, [Name] Hospital and SATC.

Appellant's name] states:

The [Name] Hospital program is located in an outbuilding on the [City] VA grounds. I am the only clerical support for the program. As stated in [Name] Department memorandum, Number 116A-18; there is a diverse group of patients that come to the [Name] Hospital for treatment. This memorandum is attached to this appeal with section C. Types of patients highlighted: 1) Individuals experiencing acute psychiatric symptoms of decompensated clinical conditions that severely impair their capacity to function adequately on a day-to-day basis. The patients characteristic level of functioning is judged to have significantly declined as evidenced by the nature and degree of the presenting symptoms. Such acute states frequently follow a serious crisis or situational stressors. 2) Individuals at risk of requiring inpatient hospital care. Without the ongoing support of the program, the patient would in all likelihood require inpatient treatment. 3) Individuals who exhibit impaired ability to function autonomously on a day-to-day basis due to the presence of disabling emotional, cognitive and/or social dysfunction.

There is always the possibility of a crisis situation within the [Name] Hospital. Examples of crisis situations in which I have been the initial contact person include: patient falls, respiratory distress, suicide ideation and threats, weakness and syncope, psychotic behavior, and angry impulsive behavior. Many of these situations have resulted in the patient obtaining a more restrictive form of care. . . .

I enforce and establish a degree of control in gaining patient's compliance to the [Name] Hospital restrictions, which include no substance use, no borrowing or stealing and no aggressive behavior. I supervise patients that are involved in the Incentive Therapy work program and give direction to assist them in improving work skills.

The appellants have Level 6-2 credit for their moderately structured contacts with patients and their family members. They believe the nature of their contacts with some of the patients warrants greater credit. As the appellants note, some of the patients are easily excitable, irrational, or withdrawn. The [Name] Hospital, for example, treats patients with schizophrenia and mood disorders who at admission typically suffer from major impairment in judgment or thinking and whose speech may be illogical or irrelevant. Even three months after admission, these patients typically demonstrate moderate impairment according to clinician ratings on the Global Assessment of Functioning (GAF) scale.

The Clinics under [Name] Department annually schedule over 14,000 appointments. The [Name] Clinic alone has about 1,300 patients. [Appellant's name], who works in the [Name] Clinic, daily sees approximately 20-50 patients attending individual appointments or group sessions. [Appellant's name], who works in the [Name] Hospital, sees roughly the same number. Both estimate in their

exchanges with patients, about four a week become extremely rude or upset.

The appellants already have credit at Level 7-2 for drawing upon considerable experience and tact in relaying instructions to patients to prepare them for medical tests or taking extra pains in giving instructions regarding appointments and activities to basically cooperative patients who may be confused or do not understand. For example, escorting a confused patient to an appointment when attempts to relay the instructions do not work is indicative of this level.

The purpose of Level 7-3 contacts, in contrast, is to elicit information or communicate orders, instructions, restrictions, or the like to patients whose mental state renders them uncooperative. Medical Clerks at this level exercise greater skill in getting information from patients to complete records, in giving instructions for scheduled appointments and therapeutic activities, and relaying physicians' orders regarding restrictions on personal finances or unit privileges. Level 7-3 credits the ability to engage the patients in these necessary conversations and gain their cooperation, rather than only avoiding topics that may trigger hostility, physically subduing patients, or suffering encounters with hostile patients. (The appellants already have credit for such encounters under Factor 9.)

Though the position description fails to address the appellants' responsibilities for gaining such cooperation in their exchanges with patients, supervisory memoranda suggest such an expectation exists. The [Name] Hospital Medical Director's April 16, 1999, memorandum regarding the position emphasizes the unusual difficulty the appellants face in any communication with some patients and intimates the staff's reliance on their expertise to nevertheless obtain background information for clinicians and to convey important instructions to these patients. The Administrative Officer's May 7, 1999, memorandum suggests the position assists professional staff in time consuming communication chores by taking pains to ensure that patients comprehend staff instructions and comply with their orders. It notes, for example, the staff relies on the position to ensure recently discharged patients who are still under clinical care understand the necessity of making and keeping their appointments so that their progress and condition may be professionally monitored. The [Name] Department Chief's memorandum of May 10, 1999, underscores the unusual difficulties the position faces communicating such things to easily excitable or emotionally disturbed patients. Our follow up interviews with supervisory staff confirmed management's expectation that the position function in a manner exceeding medical clerks in similar clinical settings, whose communications with psychiatric patients emphasize only patience, caution, and repetition. The interviews also confirmed that in recruiting for the position, management looks for significantly greater communications skill than that described at Level 7-2.

In response to our request for specific work examples of their communicating orders, instructions, and restrictions to uncooperative patients, the appellants cited conveying staff orders for special consultations and tests to reluctant patients. The appellants explain why the staff ordered the procedure, where and when it will take place, and what special instructions, such as liquid and food restrictions, must be followed. Patients typically receive no notification of special procedures prior to the day they are ordered. This frequently results in upset patients unwilling to undergo the ordered tests or procedures until the appellants calm them and secure their cooperation.

The appellants exercise greater communication skill in monitoring corridors and waiting rooms for

problem patients. They cited instances where patients leave group sessions and enter their work areas visibly upset and angry. Though the patients do not want to return to their sessions, the appellants can often calm them and secure their return without staff intervention. Patients may enter the clinic or hospital visibly agitated shifting back and forth and avoiding eye contact. The appellants also may calm these patients and get them to their appointments or destinations without incident or staff intervention.

Both appellants supervise patients enrolled in the Incentive Therapy Work Program, which pays patients 50 cents an hour for tasks such as cleaning, typing lunch lists, and filling supply orders. They must deal with patients who become agitated or uncooperative in these programs, often without staff assistance. They secure adherence to program rules and enforce such restrictions as no drinking or eating in certain areas, no talking where it would disturb patients in sessions, and no inappropriate behavior such as stealing. For example, one patient taking another's cigarettes will often refuse to return the cigarettes. [Appellant's name] cited confronting such a patient and persuading the uncooperative patient to return the property.

Additionally, [Appellant's name] persuades reluctant patients to complete computer administered psychological tests and calms them when they become frustrated with using a PC. Lastly, both appellants receive calls from suicidal patients. While professional staff take these calls, it is after the appellants' first attempt to calm the callers and persuade them to come to the center for treatment.

Because of management's expectation that the position function in a manner significantly exceeding medical clerks' normal communication responsibilities and because the appellants perform tasks akin to Level 7-3's criteria on a regular and recurring basis, we evaluate this factor at that level and credit 120 points. As these responsibilities impact the grade of the position, our transmittal letter requests that they be explicitly stated in the position description.

### FACTOR LEVEL POINT SUMMARY

Factor	Level	Points
1	1-3	350
2	2-2	125
3	3-2	125
4	4-2	75
5	5-2	75
6	6-2	25
7	7-3	120
8	8-1	5
9	9-2	20
	Total:	920

The table above summarizes our evaluation of the appellants' work. The total of 920 points falls within the GS-5 grade range (855-1100 points) as shown on page 5 of the standard.

#### **Decision**

The position is properly classified as Medical Clerk (OA), GS-679-5.