

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



Philadelphia Oversight Division
600 Arch Street, Room 3400
Philadelphia, PA 19106-1596

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

Appellant: [appellant's name]

Agency classification: Nursing Assistant
GS-621-5

Organization: Ambulatory Medical Clinic
[name] Army Health Clinic
U.S. Department of the Army
[location]

OPM decision: Nursing Assistant
GS-621-5

OPM decision number: C- 0621-05-01

Robert D. Hendler
Classification Appeals Officer

/s/ 7-7-98

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), 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]
[appellant's address]
[location]

Chief, Classification Division
U.S. Department of the Army
Office of the Assistant Secretary
Civilian Personnel Operations Center,
Northeast Region
314 Exchange Road
P.O. Box 6000
Aberdeen Proving Ground, MD 21005-6000

Director of Civilian Personnel
U.S. Department of the Army
Room 23681, Pentagon
Washington, DC 20310-0300

Director, U.S. Army Civilian Personnel
Evaluation Agency
U.S. Department of the Army
Crystal Mall 4, Suite 918
1941 Jefferson Davis Highway
Arlington, VA 22202-4508

Chief, Position Management and
Classification Branch
Office of the Assistant Secretary
Manpower and Reserve Affairs
U.S. Department of the Army
Attn.: SAMR-CPP-MP
Hoffman Building II
200 Stovall Street, Suite 5N35
Alexandria, VA 22332-0340

Chief, Classification Branch
Field Advisory Services Division
Defense Civilian Personnel
Management Service
1400 Key Boulevard, Suite B-200
Arlington, VA 22209-5144

Introduction

On May 6, 1997, the Philadelphia Oversight Division of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant's name]. His position is classified currently as Nursing Assistant, GS-621-5, position description (PD) #70233. The appellant, however, believes the classification should be Health Technician, GS-699-7. The position is in the Ambulatory Medical Clinic, [name] Army Health Clinic ([initial]AHC), U.S. Department of the Army, [location]. We have accepted and decided his appeal under section 5112 of title 5, United States Code (U.S.C.).

General issues

The appellant believes that, while his PD is accurate, it is not classified correctly. Specifically, the appellant cites his duties in applying and removing casts and braces as not being classified at the proper grade level. He believes this work warrants classification at the GS-7 grade level. The appellant has cited his coverage by a negotiated agreement that states employees will be compensated at the highest level duties they perform on a substantial basis. He believes his casting and bracing work is at a higher grade level than his other duties, and management is obliged to compensate him at this level as required by the negotiated agreement.

In addition, the appellant believes his position is in the wrong series. The appellant cites exclusion 4 of OPM's position classification standard (PCS) for the Nursing Assistant Series, GS-621 that states "positions involving, as a primary responsibility, performance of such specialized duties as application and removal of casts or the setting up of traction for ward patients (See the Health Aid and Technician Series, GS-699)" are excluded from classification to the GS-621 series. Based on this exclusion, the appellant believes his position should be classified as a Health Technician, GS-699.

The appellant's rationale raises issues warranting clarification. OPM PCS's must be applied within the confines of the position classification theories, principles, and practices established by OPM. The Introduction to the PCS's (Introduction) states that:

Some positions involve performing different kinds and levels of work which, when separately evaluated in terms of duties, responsibilities, and qualifications required, are at different grade levels. . . .

In most instances, the highest level of work assigned to and performed by the employee for the majority of time [emphasis added] is grade-determining. When the highest level of work is a smaller portion of the job, it may be grade controlling only if:

- The work is officially assigned to the position on a regular and recurring basis;
- It is a significant and substantial part of the overall position (i.e., occupying at least 25 percent of the employee's time); and

- The higher level of knowledge and skills needed to perform the work would be required in recruiting for the position if it became vacant.

In the General Schedule classification system each grade represents a band of difficulty. Some positions perform work of the difficulty and complexity that minimally meets the grade level requirements. Other positions perform work at the top of the grade band, but do not meet the minimum requirements for elevation to the next grade level. For example, all nursing assistant positions performing work at the GS-5 grade level would be assigned to the same class; i.e., Nursing Assistant, GS-621-5. This does not mean that all nursing assistant positions at the GS-5 grade level perform identical work, or that the grade controlling GS-5 grade level work is performed the same percentage of each position's work time.

In addition, when placing a position with mixed duties into a specific classification series, the entire position must be considered. In this case, the appellant performs duties covered by three separate series: Nursing Assistant, GS-621; Health Technician, GS-640 (formerly GS-699); and, Medical Clerk, GS-679. In such cases, the primary and paramount responsibilities of the position must be identified. When the position's highest level of work is performed in more than one series, this normally is the duty that occupies the majority of the incumbent's time. In this case, the appellant estimated that he spends approximately 70 percent of his time on nursing assistant duties; 15 percent on casting and bracing duties; and, 15 percent on medical clerk duties. The appellant's supervisor estimated that the appellant spends approximately 35 percent of his time on the casting and bracing duties. This figure does not coincide with the documentation presented in the appeal file nor with the statistics presented by the appellant. In either case, the duties covered by the GS-621 series occupy most of the appellant's work time.

The appellant recently has had another duty added to his responsibilities that is not included in his official PD. This involves taking pictures of dermatological conditions with special cameras connected to a computer. The images are electronically transferred to [name] Army Hospital where they are read by dermatologists. A diagnosis is transmitted to the appellant who provides it to the doctor who requested the procedure. This duty will occupy approximately five hours per week of the appellant's time. As such, this new assignment does not affect the classification of this position.

The classification appeal process is a de novo review that includes a determination as to the duties and responsibilities assigned to the appellant's position and performed by the appellant, and constitutes the proper application of PCS's to those duties and responsibilities. Our analysis of the position is based in large part on the information provided during the telephone audit with the appellant, and an interview with his immediate supervisor, [name of supervisor], supervisor of the Ambulatory Medical Clinic on June 23, 1997, and our independent review and analysis of the entire appeal record. Our audit with the appellant and our interview with his supervisor confirmed that the PD of record contains the major duties and responsibilities performed by the appellant and is hereby incorporated by reference into this decision.

Position information

The appellant serves as a nursing assistant in the Ambulatory Medical Clinic at [initial]AHC. He is responsible for helping patients who are referred to the clinic by doctors and for treating walk-in patients. His responsibilities consist of taking vital signs, collecting samples such as urine, taking throat cultures, serving as a scrub nurse for minor surgeries, performing electrocardiograms, and dressing wounds. When performing these duties, the appellant must recognize infection or other abnormal symptoms such as chest pains, fever, or poor color and determine if the patient should be seen by a doctor. The appellant also must inform patients of the proper methods for wound care and clarify physician instructions for patients.

The appellant also is trained to apply and remove casts and braces. Casts are applied to stable fractures. Unstable or displaced fractures are transferred to another treatment facility. Casting materials include fiberglass and plaster. The appellant fabricates, modifies and removes casts. He also must apply braces and splints. Patients are referred by doctors for braces but the appellant frequently must determine which of several universal braces to apply. Adjustments for size may be made. If the appellant is not sure of what type of brace is required, he consults with the referring doctor. The appellant must instruct patients on the care and maintenance of casts and braces. He also must make and apply slings and support bandages. The appellant and his supervisor currently are the only clinic staff trained to perform these functions. A reservist also does casts and braces while on reserve duty (approximately two days per month).

The appellant performs clerical duties approximately 15 percent of his time including making appointments for patients, answering the telephone, and logging patients into and out of the clinic.

Series, title, and guide determination

The agency has determined the appellant's position is covered by the Nursing Assistant Series, GS-621, is titled Nursing Assistant, and is graded using the Nursing Assistant, GS-621 PCS and the Medical Clerk, GS-679 PCS. The appellant has disagreed with the determination to place his position in the GS-621 series due to his work with casts and braces. As discussed earlier, the appellant believes that since this work is excluded from coverage by the Nursing Assistant Series, GS-621, his position is placed improperly in this series.

We concur with the agency that the GS-621 PCS covers the preponderance of the appellant's work and the position is placed appropriately in that series. Aspects of the position, however, are not covered directly by this PCS, including the appellant's casting and bracing functions. This work is covered by the Health Aid and Technician Series, GS-640 (formerly GS-699). This series has no published grade level criteria. The GS-640 PCS states that positions are to be evaluated by reference to PCS's for other nonprofessional technical positions in the GS-600, Medical, Hospital, Dental and Public Health Group. We have determined that an appropriate grade comparison can be made to the Orthotist and Prosthetist Series, GS-667 PCS for this work since it covers knowledge, skills and abilities related to those required for casting and bracing.

The GS-667 series includes positions that design, fabricate, or fit orthotic or prosthetic devices to preserve or restore function to patients with disabling conditions of the limbs and spine or with partial or total absence of limbs. The work requires: (1) knowledge of anatomy, physiology, body mechanics, the application and function of orthoses (braces and orthopedic shoes) and prostheses (artificial limbs), and of the materials available for the fabrication of such devices; (2) skill in the use of tools and specialized equipment; and (3) the ability to deal effectively with patients and their problems, and to work with other members of the medical team. The work includes, among other things, fitting patients with braces worn for a long or short period of time, and serve as rigid immobilizing devices, or as light flexible supporting or correcting devices designed to permit a fixed range of movement and function.

We also find the appellant's medical clerical support work is covered by the Medical Clerk Series, GS-679.

Grade determination

Evaluation Using the GS-621 PCS

The appellant's nursing assistant duties are evaluated using the published Nursing Assistant, GS-621 PCS which is written in Factor Evaluation System (FES) format. Positions graded under the FES format are compared to nine factors. Levels are assigned for each factor and the points associated with the assigned levels are totaled and converted to a grade level by application of the Grade Conversion Table contained in the PCS. Under the FES, factor level descriptions mark the lower end, i.e., the floor, of the ranges for the indicated factor level. If a position fails in any significant aspect to meet a particular level in the standard, the next lower level and its lower point value must be assigned unless the deficiency is balanced by an equally important aspect that meets a higher level.

The appellant did not disagree specifically with any of the factor levels assigned by the agency. We reviewed carefully the levels assigned to the factors by the agency and the accompanying rationale. We found these determinations to be appropriate for all factors.

Factor 1, Knowledge Required by the Position

Factor 1 measures the nature and extent of information or facts which the employee must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, principles and concepts) and the nature and extent of the skills needed to apply those knowledges. To be used as a basis for selecting a level under this factor, a knowledge must be required and applied.

At Level 1-2 (200 points) incumbents must have knowledge of a variety of common procedures that typically requires some previous training or experience such as: knowledge and skill sufficient to take a variety of samples such as sputum or urine samples, seal samples for analysis by others, and conduct simple tests, such as vital signs, and recording results; knowledge and skill sufficient to change sterile dressings, to monitor I.V. fluids, to sterilize surgical instruments, and to maintain the sterile condition

of medical supply items; knowledge and skill sufficient to maintain and store medical supply items and equipment; knowledge and skill sufficient to enter specific information onto the patients' records such as commonly used medical terminology (e.g., terms of tests, test results) characteristic of the nursing unit; knowledge and skill sufficient to pass medical instruments and materials to the doctor performing diagnostic tests in the hospital ward; and, knowledge and skill sufficient to observe and report on simple reactions by patients to medications (e.g., obvious drowsiness).

In contrast, Level 1-3 (350 points) requires, besides the above, knowledge of a body of standardized rules and skill sufficient to perform procedures requiring considerable training and experience to carry out nursing care and resolve recurring problems. Nursing tasks require: knowledge of a body of standardized patient care and skill sufficient to perform procedures such as catheterizing, irrigating, and suctioning patients; and other supporting procedures such as patient charting and patient/family teaching; knowledge of a body of standardized psychiatric patient care and skill sufficient to conduct procedures such as reality orientation, one-to-one therapy, small group therapy and large group therapy accompanied by supporting procedures such as patient charting and patient/family teaching; knowledge of equipment terminology (rotating frames, cardiac monitors, respiratory therapy machines, etc.), drug terminology (names from the drug formulary), and supply terminology (bandages, solutions, sterile trays, etc.) and skill sufficient to identify and use equipment, drugs and supplies properly and to communicate proper use with nurses, medical staff and family members; knowledge of surgical equipment, instruments and supplies setup and patient positioning and draping techniques and skill sufficient to prepare the operating room for surgery ranging from hernia to extensive genitourinary surgery and sufficient knowledge of surgical procedures and terminology and manual dexterity to pass instruments to the surgeon; knowledge of and skill sufficient in surgical procedures and terminology and manual dexterity to pass instruments to the surgeon; an understanding of diseases and illnesses (such as diabetes) and skill sufficient to teach patients (diabetic self-care) and to impress upon patients and family members the necessity to continue the procedures as proper health care; knowledge of the standard medical terminology for the human body, physical and emotional reactions, nursing care, and contraindications to medications and skill sufficient to provide and gather information in patient care/family conferences with nurses, doctors, patients and family members.

The knowledge required of the position meets, but does not exceed, Level 1-3, the highest levels described in the PCS, in that the appellant must apply more knowledge and skill than described at Level 1-2. This is displayed by his work with hypertensive patients who must be monitored closely and must be advised of the proper treatment of their condition. In addition, the incumbent must have sufficient skill to help doctors in surgical procedures including identifying proper surgical instruments and preparing patients for minor surgery. Therefore, Level 1-3 (350 points) is assigned.

Factor 2, Supervisory Controls

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

At Level 2-2 (125 points) the supervisor provides continuing or individual assignments by indicating generally what is to be done, limitations, quality and quantity expected, deadlines and priority of tasks. The supervisor provides additional, specific instructions for new, difficult or unusual tasks including suggested work methods or advice on available source material.

The employee uses initiative in carrying out recurring tasks independently without specific instructions, but refers deviations, problems, and unfamiliar situations not covered by instructions to the supervisor for decision or help. The supervisor assures that finished work and methods used are technically accurate and according to instructions or established procedures through daily rounds. Review of the work increases with more difficult tasks if the employee has not previously performed similar tasks. This is typical of the subject position. The appellant performs his work independently. Patients are assigned as they arrive. The appellant initiates action of the patient without input from a supervisor. For example, if a patient is scheduled to see a cardiologist, the appellant reviews their chart and, if the patient has not had an electrocardiogram within the past three months, performs an electrocardiogram.

At Level 2-3 (275 points) the supervisor makes the patient assignments at the beginning of the tour by defining the patient cases to the employee who is responsible for a patient load of critically ill patients. The employee sets priorities and deadlines for the patient care during the tour without prompting from the supervisor. The supervisor is available in the hospital (but is usually only briefly present during the tour) to help the employee with unusual situations which do not have clear precedents.

The employee plans and carries out patient care independently according to patient care/treatment plans, patients' charts, and instructions from the nursing/treatment team throughout the tour without specific instruction for each patient's condition and modifies nursing care as conditions warrant. Upon completion of the tour, the employee is responsible for presenting the report on patient care to the oncoming nursing team since the employee usually performs alone. The employee's completed work is evaluated by the oncoming nursing team for conformity to nursing policy and requirements. The subject position does not meet this level since the appellant is not working with critically ill patients and is not responsible for reporting to an oncoming treatment team on a patient load. Therefore, Level 2-2 (125 points) is assigned.

Factor, 3 Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them. Guides used include, for example: manuals, established procedures and policies, traditional practice, and reference materials.

At Level 3-1 (25 points) specific guidelines covering all important aspects of assignments are provided. This level is surpassed in the subject position.

At Level 3-2 (125 points) ward policies, practices and assigned procedures are well known by the employee so that reference to the guidelines is rarely necessary. Other guidelines include the tour report, patient care/treatment plan, and the patient's medical history. The employee varies the order and sequence of procedures and uses judgment in selecting the most appropriate application of the guidelines based on the patient's condition and previous instructions. Unusual developments are referred to the supervisor.

The appellant's position meets, but does not exceed Level 3-2, the highest level described in the PCS. The appellant follows established procedures preferred by the doctors who are assigned to KAHC. Practices are changed as the doctors change. For example, some doctors prefer to have diagnostic tests run before seeing a patient. The appellant must be aware of these preferences and insure they are completed without consultation to written procedures. Therefore, Level 3-2 (125 points) is assigned.

Factor 4, Complexity

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

At Level 4-1 (25 points), the work consists of a few simple nursing tasks which are clearly related and easily mastered. There is little or no choice to be made in deciding what needs to be done. The subject position exceeds this level.

At Level 4-2 (75 points) the work consists of duties that involve related steps, processes or methods. The decisions regarding what needs to be done involve various choices requiring the employee to recognize the existence of and differences among a few easily recognized situations. Actions to be taken or responses to be made differ in such things as the source of information, the kind of transactions or entries, or other factual differences.

The employee must make choices such as: (1) which personal care task to perform first (e.g., bathing versus feeding the patient); (2) selecting the proper instruments and/or trays for the doctor in diagnostic examinations; (3) choosing the appropriate nursing care procedure for the type of treatment assigned; (4) selecting the proper patient's chart/nursing care plan for posting patient facts and summaries of nursing care; and, (5) recognizing the differences in patients' diseases and/or illnesses to provide proper information for the patients' records and to supply appropriate information for patient/family teaching purposes.

The appealed position meets, but does not exceed Level 4-2, the highest level described in the PCS. The appellant must be aware of signs of infection or other problems when examining patients. For example, in hypertensive patients, the appellant must, not only monitor blood pressure, but also look for more subtle indicators of problems such as color and chest pains. Therefore, Level 4-2 (75 points) is assigned.

Factor 5, Scope and Effect

This factor covers the relationship between the nature of the work, i.e., the purpose, breadth, and depth of the assignment and the effect of work products or services both within and outside the organization. Effect measures such things as whether the work output facilitates the work of others, provides timely services of a personal nature, or affects the adequacy of research conclusions. The concept of effect alone does not provide sufficient information to understand properly and evaluate the impact of the position. The scope of the work completes the picture allowing consistent evaluations.

At Level 5-1 (25 points) the purpose of the work is to perform specific, routine tasks such as making beds and giving bed baths. The work facilitates the work of the nurses and represents a limited service to patients in the unit.

In contrast, at Level 5-2 (75 points), the highest level described in the PCS, the purpose of the work is to provide nursing care that covers personal care, diagnostic support procedures, treatment procedures, patient charting and patient teaching. The work contributes to a base of standard nursing care upon which further nursing care may be planned and/or provided by nurses. The scope and effect of the subject position meets, but does not exceed, this level. The appellant must instruct patients on wound care and clarify physician instructions to patients. Therefore, Level 5-2 (75 points) is assigned.

Factor 6, Personal Contacts

This factor includes face-to-face contacts and telephone dialogue with persons not in the supervisory chain. Levels described under this factor are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place (e.g., the degree to which the employee and those contacted recognize their relative roles and authorities).

At Level 6-1 (10 points) contacts are with patients, nurses, and doctors in the immediate nursing unit and supporting personnel in the hospital or facility.

In contrast, Level 6-2 (25 points), the highest level described in the PCS, personal contacts are with patients, nursing personnel, and the medical staff in the hospital and with the patient's family members. This is typical of the contacts in the appealed position. Patients in the Ambulatory Medical Clinic are either referred there from other areas in the hospital or self-referred. Therefore, Level 6-2 (25 points) is assigned.

Factor 7, Purpose of Contacts

Purpose of personal contacts range from factual exchanges in information to situations involving significant issues. The personal contacts which serve as the basis for the level selected for this factor must be the same as the contacts which are the basis for the level selected for Factor 6.

At Level 7-2 (50 points) contacts with patients are for the purpose of (1) motivating the patient to accept the illness and to persuade the patient to stay with the regimen; (2) showing to the patient how to provide self-care (e.g., changing a colostomy bag); and (3) explaining to or advising the patient on proper follow up care, the consequences of improper care, or general diet and nutrition for good health maintenance. Also, at this level, contacts with doctors and other hospital staff are for the purpose of coordinating work efforts. For example, contacts with the laboratory are to obtain lab results that provide data upon which doctors and nurses plan future patient care. Contacts with family members are to motivate the family to accept the patient and his or her illness. These contacts are typical of this position. For example, patients may be referred from the surgical unit for follow-up treatment, and the appellant must insure patients and their family members are aware of proper wound care.

At Level 7-3 (120 points) work involves regular and recurring contact with patients who are unusually difficult to care for or communicate with because of such problems as lack of self-control, resistant or abusive behavior, or impediments in ability to understand or follow instructions. The employee must exercise skill in influencing and communicating with these patients. The subject position does not meet this level since the appellant is not dealing with patients who are unusually difficult to handle because of lack of self-control or abusive behavior.

Therefore, Level 7-2 (50 points) is assigned.

Factor 8, Physical Demands

This factor covers the requirements and physical demands placed on the employee by the work assignment. This includes physical characteristics and abilities (e.g., specific agility and dexterity requirements) and the physical exertion involved in the work (e.g., climbing, lifting, pushing, balancing, stooping, kneeling, crouching, crawling, or reaching). To some extent the frequency or intensity of physical exertion must also be considered, e.g., a job requiring prolonged standing involves more physical exertion than a job requiring intermittent standing.

At Level 8-1 (5 points) the work requires moving and transporting light items such as supplies, papers, books, trays and equipment on a regular and recurring basis. No special physical demands are required to do the work.

However, at Level 8-2 (20 points) the work involves long periods of moving about the work unit. Work requires regular and recurring bending, lifting, stooping, stretching, lifting and repositioning patients, or similar activities. In contrast, Level 8-3 involves regular and recurring physical control or defense against emotionally ill patients.

The subject position falls at Level 8-2 level since the appellant is required to transfer patients onto examining tables and to reposition patients as needed for examination. The appellant's work does not meet Level 8-3 since the appellant is not dealing with patients who are emotionally ill. Therefore, Level 8-2 (20 points) is assigned.

Factor 9, Work Environment

This factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety regulations required. Although the use of safety precautions can practically eliminate a certain danger or discomfort, such situations typically place additional demands upon the employee in carrying out safety regulations and techniques.

At Level 9-1 (5 points) work is performed in an environment which involves everyday risks or discomforts requiring normal safety precautions. At Level 9-2 (20 points) work involves regular and recurring exposure to infection and contagious diseases. Special gloves, gowns, or masks are required as safety precautions. This is indicative of the subject position in that the appellant sees walk-in patients who have conditions that have not been diagnosed and may be infectious.

The position does not meet Level 9-3 (50 points) where the work environment involves a high risk of regular and recurring exposure to potentially dangerous situations such as noxious gases, fumes and explosives. There are regular and recurring situations where physical attack by patients requires safety training. Therefore, Level 9-2 (20 points) is assigned.

Summary of Nursing Assistant Duties

In summary, we have evaluated the nursing assistant duties of the appellant's position as follows:

Factor	Level	Points
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	8-2	20
9. Work environment	9-2	<u>20</u>
Total points:		865

A total of 865 points falls within the GS-5 grade level point range of 855 - 1,100 points on the Grade Conversion Table in the GS-621 PCS.

Evaluation Using the GS-667 PCS

We find that the appellant's duties to apply, modify and remove casts and braces can be evaluated using the published Orthotist and Prosthetist Series, GS-667. The PCS is in a narrative format that requires determining the Nature of Assignment and Level of Responsibility of assigned duties.

Nature of Assignment

This factor covers the scope and difficulty of assignments, the types of problems assigned, and the knowledge, skill, and ability required to perform them.

At the GS-5 grade level, employees measure patients, make models, draft patterns, and repair more common braces, shoes, or prostheses, such as braces for the trunk and cervical spine, short and long splints for the hand, above-knee prostheses for average length above-knee stumps, below-elbow prostheses for average length below-elbow stumps, arch supports, and shoe modifications. They adjust patterns used in fabricating devices to the individual stance and condition of patients, to identify pressure points and to facilitate the fitting process.

Employees at this level typically receive additional instructions in the more complex fabricating procedures such as plaster casting, plastic laminating and leather molding (used in making replicas of disabled body members or parts), and advanced classroom and on-the-job instruction in general

anatomy with emphasis on the musculoskeletal system, and the application of the theories of body mechanics in the fitting of orthotic or prosthetic devices.

Employees at the GS-5 grade level must apply: (1) a knowledge of anatomy through formal classroom training and a basic understanding of the application of the anatomical concepts to orthotic and prosthetic problems; (2) the ability to understand the individual needs of patients and to use tact and patience in dealing with patients' problems and viewpoints; (3) the ability to display their basic skill in the use of tools and equipment in combination with basic techniques and procedures to fabricate or repair braces, shoes, or prostheses; and, (4) the ability to take accurate measurements and lay out work.

They fabricate standard items such as trusses, belts, corsets, shoe inserts, artificial feet, ankle bases, and knee blocks that follow established patterns and standard practices; and repair orthoses or prostheses by replacing broken cables or belts. As the employees show the required level of skill, assignments may include fitting (under close supervision) patients with orthotic or prosthetic appliances such as arch supports, leg or leg-thigh braces.

In contrast, GS-7 employees measure and fit patients with all types of custom-made orthotic or prosthetic appliances for the more common disability levels, not complicated by unusual physiological conditions. They fabricate orthotic or prosthetic devices which require a high level of skill in working with metals, leather, plastics, fabrics, and other materials. The work of the GS-7 employee requires the ability to read and understand prescriptions, a thorough grasp of methods, techniques, and the sequence followed in undertaking the development of orthotic or prosthetic appliances; a thorough knowledge of materials and their applications; a basic knowledge of physiology, anatomy, and tissue characteristics to recognize physiological abnormalities; and a high level of skill in the use of tools and equipment.

Typical GS-7 assignments involve measuring, fabricating, and fitting patients with braces for the trunk and cervical spine, leg braces and leg-thigh braces; or with prostheses for common disability levels including either short or very long stumps. They also develop forms, lasts, and patterns for the less difficult foot-ankle disabilities.

The appellant uses universal braces for most of his work. He may need to make minor size adjustments to braces by cutting them down. The casts fabricated are for stabilized fractures. This work does not exceed the applying if standard procedures to make the limited types of brace adjustments and equivalent duties typical of the GS-5 grade level of the PCS. The appellant is not involved in custom fabrication of braces nor do his duties require the level of knowledge of anatomy or fabricating techniques described at the GS-7 grade level.

Level of Responsibility

At the GS-5 grade level, employees have contacts with patients. They must have a keen sense of responsibility and approach patients and their needs with understanding, tact, and patience. They are

expected to work cooperatively with coworkers, doctors, nurses, and other members of the health care team. Supervision at GS-5 grade level is less direct on assignments involving the fabrication or repair of orthotic or prosthetic devices as the incumbent becomes more skilled and develops proficiency in following standard methods, procedures, and techniques. The subject position compares favorably with this level of responsibility. The appellant has contact with patients and must work with doctors in determining the correct requirements for braces and casts.

At the GS-7 grade level, independent contacts are made with patients, doctors, therapists, nurses, and colleagues. Employees at this level may discuss cases with physicians, primarily to receive instructions concerning conditions to be met in fitting the prescribed devices of GS-7 grade level technical complexity. The appellant does not get involved with such complicated fittings that he must consult with doctors and therapists to the extent envisioned at the GS-7 grade level.

Summary of Health Technician Duties

The appellant's duties in casting and bracing do not exceed the GS-5 grade level. Because they do not occupy 25 percent or more of the appellant's work time, these duties may not control the grade level of his position.

Evaluation Using the GS-679 PCS

The medical clerk duties covered by the GS-679 PCS are at a lower grade level than either the nursing assistant or casting and bracing duties and, therefore, will not be addressed in-depth.

Decision

The appellant's position is classified properly as Nursing Assistant, GS-621-5.