

**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, GA 30303-3109

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

Appellant: [Appellant]

Agency classification: Psychiatric Practical Nurse
GS-620-5

Organization: United States Army

OPM decision: Psychiatric Practical Nurse
GS-620-5

OPM decision number: C-0620-05-01

/s/

Timothy P. Heath
Classification Appeals Officer

2/7/01

Date

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

Decision sent to:

[Appellant]

Chief, Position Management and
Classification Branch

[Appellant's Representative]

Office of the Assistant Secretary
Manpower and Reserve Affairs

[Director of Civilian Personnel]

U.S. Department of the Army
Attn: SAMR-CPP-MP

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Civilian Personnel Policy/Civilian
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Introduction

On October 18, 2000, the Atlanta Oversight Division of the U.S. Office of Personnel Management (OPM) accepted a classification appeal for the position of Psychiatric Practical Nurse, GS-620-5, Psychiatric Ward, Department of Nursing, [hospital], United States Army Medical Department Activity, [geographical location]. The appellant is requesting that her position be classified as GS-6.

This appeal has been accepted and processed under section 5112(b) of title 5, United States Code. 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 appellant believes that, based on her education and experience in inpatient psychiatric services, her position should be classified at grade GS-6.

She also believes that her position description is outdated and does not adequately address the full scope of the duties she performs as a psychiatric practical nurse. OPM considers a position description to be adequate for classification purposes when it is considered so by a person knowledgeable of the occupation and the classification standards, and is supplemented by current information about the position's organization, functions, programs, and procedures. We find that the position description describes the major duties and responsibilities of the appellant's position and includes information about the job that is significant to the classification. Combined with the supplemental information provided by the appellant, her supervisor, and her agency, the position description is considered accurate for classification purposes.

Position information

The appellant is assigned to position description number [#]. The supervisor and the agency certified the accuracy of the position description.

The appellant functions as a psychiatric practical nurse in the 21 bed multi-disciplinary psychiatric ward at [Army hospital]. Her responsibilities involve providing nursing care to psychiatric patients with a variety of emotional/psychiatric problems. She serves as a member of the treatment team and participates in patient care planning and suggesting nursing care actions. The appellant selects and adapts various therapies (e.g., one-on-one, small group and special patient therapy, reality orientation, etc.) and reports the effect on patients. She maintains "line of sight" observation of patients where such action is considered in the best interest of the patient. The appellant records and reports gross and subtle observations and facts regarding changes in patient behavior; reactions to the effects of treatment; and positive or negative effects of medication. She escorts and supervises patients participating in group activities; issues medications and ensures patients take them; and recognizes and initiates emergency actions to prevent patients from harming themselves, other patients, or members of the staff.

The appellant works under the supervision of the Charge Nurse who makes daily assignments by providing general instructions on the needs and progress of each patient. The appellant independently carries out recurring assignments and receives specific instructions only in new or unfamiliar situations.

Series and title determination

The appellant does not contest the series or title determination. The agency determined that the appellant's position is best covered by the Practical Nurse Series, GS-620, and titled *Psychiatric Practical Nurse*. We agree.

Standard determination

Practical Nurse Series, GS-620, May 1983.

Grade determination

The GS-620 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 non-supervisory 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.

Factor 1 - Knowledge Required by the Position:

This factor 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. The agency credited Level 1-3.

At Level 1-3, employees must have knowledge reflected in licensure followed by training as a practical or vocational nurse and work experience to demonstrate sufficient skill to perform a moderately difficult range of practical nursing care. The practical nurse serves as a responsible member of the nursing team providing therapeutic, rehabilitative and preventive care for patients in various stages of dependency. The knowledges, skills and nursing care typical of this level include:

- a) knowledge and skill sufficient to conduct procedures such as reality orientation, one-on-one therapy, small group therapy and large group therapy accompanied by supporting documentation;
- b) knowledge of diseases and illnesses (such as diabetes) and skill sufficient to participate in patient/family teaching conferences;
- c) knowledge of the standard medical terminology for the human body, physical and emotional reactions, nursing care, pharmacology, and contraindications to medications, and skill sufficient to provide and gather information during patient care and family conferences with nurses, doctors, patients and family members.

At Level 1-4, in addition to the knowledge and skill described in Level 1-3, employees must have knowledge of a wide variety of interrelated or nonstandard assignments reflected in licensure as a practical or vocational nurse and broad work experience that demonstrates skill sufficient to resolve a range of problems with responsibility for carrying assignments to completion. The skill and knowledge illustrative of this level are:

- a) knowledge of a large body of nursing procedures, patient's illnesses and diseases, patient's charts, nursing care plans and the requirements of the nursing team, and skill sufficient to provide care to a selected patient load of critically ill patients, and
- b) knowledge of the nursing standards and skill sufficient to assess deviations from normal conditions and immediately notify the patient's nursing care plan with delayed notification to the nurse for concurrence in the modification of the plan.

Level 1-3 is met. The appellant works as a member of a team that treats emotionally unstable patients. Some of these patients have the potential to harm themselves, other patients, or members of the treatment staff. The appellant monitors patients and documents observations of patient behavior; intervenes when patients show signs of becoming belligerent or violent; acts as a facilitator during individual and small or large group therapy sessions on anger management and how to get along with others, etc. The work requires the appellant to have the ability to establish effective relationships with patients to encourage and obtain their active participation in their treatment plans. She observes expected results of therapy and medication received by patients, and records the information in the treatment plans. The appellant must also have sufficient interpersonal skills to interact with family members to communicate information on the patient's condition and instruct them on how it may affect their future relationships with the patient.

Level 1-4 is not met. The appellant's patient load does not consist of critically ill patients. She assists in the treatment of patients who are suffering from emotional disorders. The appellant does not have the authority to make modifications to patient treatment plans based on her assessment of changes in the condition of a patient. Any observations of unusual or unexpected changes in a patient's condition are reported to the Charge Nurse and decisions regarding changes to treatment plans are made after conferring with members of the professional staff.

Level 1-3 is credited 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, and the review of completed work. The agency credited Level 2-2.

At Level 2-2, the supervisor provides continuing or individual assignments by indicating at the beginning of the tour 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 in compliance with 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.

At Level 2-3, 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.

Level 2-2 is met. The appellant independently carries out recurring daily assignments following general instructions from the Charge Nurse regarding the condition, needs and progress of each patient and the treatment plan. Specific guidance or instructions are only provided for situations that are new, highly unusual, or require deviation from standard procedures. The adequacy and technical accuracy of the work and methods used are checked during the supervisor's daily rounds.

Level 2-3 is not met. The appellant is not responsible for critically ill patients nor does she independently determine priorities or deadlines for the care of the patients she is assigned. At the beginning of her tour, she is provided instructions by the Charge Nurse concerning what must be done, the quality of work expected and the deadlines and priorities for accomplishing her assignments. The appellant receives additional guidance if there are any new or unusual tasks to be performed.

Level 2-2 is credited for 125 points.

Factor 3 - Guidelines:

This factor covers the nature of guidelines and the judgment needed to apply them. The agency credited Level 3-2.

At Level 3-2, the highest level described in the standard, 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.

Level 3-2 is met. Available guidelines cover the condition and needs of the patient and include the patient's care and treatment plan, ward policy manuals, standard ward procedures and practices and hospital regulations. These guidelines are well known by the appellant, and she uses judgment in selecting and adapting the appropriate guidance. Situations requiring major deviations from established guidelines or those for which guidelines are not available are referred to the Charge Nurse.

There is no evidence in the record that the appellant exceeds this level.

Level 3-2 is credited for 125 points.

Factor 4 – Complexity:

This factor covers the nature, number, variety and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty involved in identifying what needs to be done; and the difficulty involved in performing the work. The agency credited Level 4-2.

At Level 4-2, the work consists of 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.

Examples of the nature of the nursing care are:

- a) Treatment procedures may include applying hot and cold packs, irrigating wounds, changing sterile dressings, catheterizing patients, setting up various types of medical equipment (such as respirators and mist tents), giving medications by mouth or by injection (intramuscular or subcutaneously), and watching the administration of intravenous solutions for proper timing and replacement of medication and/or proper flow.

- b) Support services for doctors performing diagnostic examinations consist of taking and recording measurements, samples, vital signs, input and output, and arranging and passing instruments for biopsies or other tests.
- c) Patient/family teaching consists of following up with the patient by showing the patient/family how to test urine for sugar; reconfirming what the doctor or nurse already covered with the patient concerning preoperative and postoperative/medical nursing care; and showing the patient/family members how to care for and accept postoperative conditions such as colostomy.

The employee must make choices such as: (a) choosing the proper nursing care procedure for the type treatment requested; (b) selecting the appropriate instruments and/or trays for a variety of diagnostic examinations; (c) selecting the correct patient chart and/or patient care plan for posting daily facts or summaries pertinent to the patient; and (d) recognizing the differences in patients' diseases and/or illnesses to provide appropriate patient/family teaching.

At Level 4-3, the highest level described in the standard, the practical nurse has responsibility for independently caring for critically ill patients and is usually alone in a hospital ward. The employee must determine what needs to be done during the tour by reviewing the patients' medical/nursing histories, care plans, needs, present condition, illnesses and diseases, and precedents established by the nursing care team. Close concentration is required to detect deviations from normal so that care may be given immediately. The employee must set priorities and deadlines in order to provide quality care and sufficiently document the patient's chart and nursing care plan to assure that nursing standards have been met. As the patient's needs change, the employee modifies patient care and the nursing care plan accordingly.

Level 4-2 is met. The appellant selects a variety of topics and settings for conducting standardized therapeutic relationships such as reality orientation, small group, and one-on-one therapy for patients with varying degrees and types of emotional illnesses. The level of therapy received by individual patients is determined through the appellant's assessment of differences in their reactions before, during and after sessions. She makes decisions as to the effectiveness of a particular form of therapy based on patient progress and provides this information for incorporation into the patient care plan.

Level 4-3 is not met. The appellant does not care for critically ill patients. She works in a psychiatric ward as a member of a treatment team providing care for patients suffering from a variety of emotional or psychiatric disorders. The nature of the patients' illnesses does not permit members of the staff to function alone during their tours. The appellant does not establish priorities and deadlines nor does she change the patient care plan as described at this level.

Level 4-2 is credited for 75 points.

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 properly understand and evaluate the position. The scope of the work completes the picture allowing consistent evaluations. The agency credited Level 5-2.

At Level 5-2, the highest level described in the standard, 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. Virtually all positions in this series are at this level.

Level 5-2 is met. The appellant's work contributes to a base of standard therapeutic and nursing care for patients suffering from a variety of emotional disorders. Information provided by the appellant regarding patients' behavior and reactions during therapy aid in the planning and providing of further care, and completion or modification of existing patient care plans.

There is no evidence in the record that the appellant exceeds this level.

Level 5-2 is credited for 75 points.

Factor 6 - Personal Contacts:

This factor includes face-to-face contacts and telephone dialogue with persons not in the supervisory chain. The agency credited Level 6-2.

At Level 6-2, the highest level described in the standard, personal contacts are with patients, nursing personnel, and the medical staff in the hospital and with the patient's family members.

Level 6-2 is met. The appellant's regular and recurring contacts are with patients, members of the patient treatment team (e.g., nurses, psychiatrists, psychologists, etc.), and members of patients' families. There may also be occasional contacts with social workers and therapists.

There is no evidence in the record that the appellant exceeds this level.

Level 6-2 is credited for 25 points.

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, and objectives. The agency credited Level 7-3.

At Level 7-3, the highest level described in the standard, 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.

Level 7-3 is met. The purpose of the appellant's patient contacts is to communicate with, influence, and control patients who are fearful, skeptical, or uncooperative. Contacts with members of the patient care team are for the purpose of exchanging information regarding patient status or treatment plans. Contacts with family members are to assist and motivate them to accept the patient's illness.

There is no evidence in the record that the appellant exceeds this level.

Level 7-3 is credited for 120 points.

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). The agency credited Level 8-3.

At Level 8-3, the highest level described in the standard, the work requires regular and recurring ability to physically control or defend against emotionally ill patients.

Level 8-3 is met. The appellant's work involves regular and recurring periods of standing and walking about the work unit. The work also requires that the appellant be able to defend herself, other patients and members of the staff by physically restraining or controlling emotionally ill patients who become physically violent.

Level 8-3 is credited for 50 points.

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. The agency credited Level 9-3.

At Level 9-3, the highest level described in the standard, 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.

Level 9-3 is met. The appellant's work environment is the psychiatric ward of a hospital. The patient population consists of individuals who are suffering from a variety of emotional illnesses (e.g., depression, bipolar and personality disorders, psychoses, etc.). Some patients experience a wide range of behavioral and mood changes and may rapidly become unpredictable (e.g., go from being docile or passive to being extremely aggressive, belligerent, or violent). The

appellant, as well as the rest of the staff, must constantly be aware of and trained for the possibility of physical attack by patients.

Level 9-3 is credited for 50 points.

| SUMMARY | | |
|---------------------------------------|--------------|---------------|
| 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 | 7-3 | 120 |
| 8. Physical Demands | 8-3 | 50 |
| 9. Work Environment | 9-3 | 50 |
| | TOTAL | 995 |

A total of 995 points falls within the range for grade GS-5, 855 to 1100 points, according to the Grade Conversion Table in the GS-620 standard.

Decision

The appellant's position is properly classified as Psychiatric Practical Nurse, GS-620-5.