

STATE OF WISCONSIN  
BEFORE THE WISCONSIN EMPLOYMENT RELATIONS COMMISSION

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**LANA J. HOLLAND**, Appellant,

v.

**Director, OFFICE OF STATE EMPLOYMENT RELATIONS**, Respondent.

Case 750  
No. 66221  
PA(der)-181

**Decision No. 31885-A**

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**Appearances:**

**Lana J. Holland**, appearing on her own behalf.

**David J. Vergeront**, Legal Counsel, Office of State Employment Relations, Post Office Box 7855, Madison, Wisconsin 53707-7855, appearing on behalf of the Office of State Employment Relations.

**DECISION AND ORDER**

This matter is before the Wisconsin Employment Relations Commission on an appeal of Respondent's decision to reallocate Appellant's position, effective July 24, 2005. On November 1, 2006, Commission staff member Danielle Carne was designated hearing examiner, and hearing was held on May 10, 2007, and June 28, 2007. The final brief was filed on August 20, 2007. The examiner issued a proposed decision on March 13, 2008 and Appellant filed written objections. Once the response was received on April 21, 2008, the matter was ready for decision.

As a result of a personnel survey of administrative support positions conducted by the Respondent, Appellant's position was reallocated to the Medical Program Assistant-Senior classification. The Appellant contends that her position is better described by the Medical Staff Assistant classification. The parties agreed to the following issue for hearing:

Whether Respondent's decision reallocating the Appellant's position to Medical Program Assistant-Senior, rather than Medical Staff Assistant, effective July 24, 2005, was correct.

At all times relevant to this matter, Appellant has been employed at the University of Wisconsin School of Medicine and Public Health, in the Department of Rural and Community Health Medical Student Education Program. The Appellant works under the general direction of Dr. Byron Crouse, Professor of Family Medicine and the Associate Dean of Rural and Community Health.

Dec. No. 31885-A

During the course of her appeal, Appellant sought, successfully, to have her position description revised. The relevant portion of the Appellant's revised position description reads as follows:

**PERCENT GOALS AND WORKER ACTIVITIES**

**10% A     *General course administration and planning.***

- A1. Assist with developing policies and procedures for improving the administration and processes of the preceptorships.
- A2. Interpret and apply policies, in conjunction with Associate Dean of Rural & Community Health/Professor of Family Medicine, to a wide variety of situations in order to address and resolve problems and questions encountered by students and faculty. For example, during a student grade grievance: Outline the options available to the student for recourse, make recommendations to the student regarding the most effective course of action for grade review, and help the student negotiate their grievance in accordance with policy.
- A3. Solicit, edit and format material for updating curricular and information materials for students and faculty.
- A4. Prepare and organize materials for production, order duplication, including curriculum and student and mentor handbooks.
- A5. Distribute all written materials to statewide sites.
- A6. Monitor inventory of all clerkship curricular and informational materials.
- A7. Assist all presenters with duplication of materials and handouts.
- A8. Prepare and provide preceptors with specific information about their students.
- A9. Prepare and provide students with introductory information about their clinic modules (assignments).

- A10. Independently compose and develop informational materials in regard to the preceptorship, e.g., compose informational pieces for special medical school reports.
- A11. Develop reports as requested by the Associate Dean of Rural and Community Health/Professor of Family Medicine, School of Medicine and Public Health personnel, granting agencies, and department staff or faculty by gathering and summarizing information appropriately for the various requests.
- A12. Prepare summary reports by gathering and summarizing information or directing others to gather the information on all areas of the preceptorship for general department use, faculty review, annual reports, evaluation, faculty development seminars, and publications.
- A13. Maintain records on faculty teaching and student participation.
- A14. Prepare and maintain all confidential files for clerkship, including student files which contain grades, preceptor evaluations and other pertinent information.
- A15. Advise on overall budget. Prepare and maintain budget for the 4<sup>th</sup> Year Preceptorship and for special Rural & Community projects. Determine supply needs for Rural & Community Health and order all printing, orientation supplies, etc.

**10% B      *Coordination of student, site and faculty scheduling.***

- B1. Assist students in selecting sites for their Fourth-Year Preceptorship providing information on individual site characteristics and opportunities. Work directly with the Statewide Site Directors to determine the type of information needed. Information changes from year to year based on curricular and regional site changes.
- B2. Assign 150-160 students to their fourth-year preceptorships based on the multifaceted preferences submitted by students and requirements by the regional sites.

- B3. Receive student requests for preceptorship changes on a case by case basis. Check availability of site openings and communicate with preceptors for change approvals. Add and drop courses in OASIS to facilitate preceptorship changes.
- B4. Schedule 36 statewide sites for teaching throughout the year which consists of three to six preceptorships per site.
- B5. Recruit site participation.
- B6. Develop schedule of statewide site participation for year.
- B7. Schedule preceptorship teaching sites in the Madison area throughout the year. Identify the number of slots which will be needed each year in the Madison area and identify opportunities for these preceptorships and communicate this information to each clinic's contact person.
- B8. Independently recruit site participation by calling preceptors used in the past or new preceptor leads, secure these physicians for teaching and orient them regarding the Fourth-Year Preceptorship.
- B9. Develop schedule of Madison area site participation for the year.

**10% C *Function as Fourth-Year Preceptorship liaison between the School of Medicine and Public Health and statewide/Madison sites, and departments within the School of Medicine and Public Health.***

- C1. Represent the Rural & Community Health at the third and fourth year Clerkship Directors meetings and provide input.
- C2. Compose any necessary correspondence to sites regarding policy changes, new developments, etc.
- C3. Notify faculty and staff of the students who will participate in their programs and the dates of participation.

- C4. Provide instruction on preceptorship mechanics during the yearly site visits and at the meetings and provide administrative support for the faculty and coordinators at the 36 statewide sites.
- C5. Assist the Associate Dean/Professor as new statewide sites are developed. Assist the new site coordinator in developing customized materials, provide instruction on mechanics of the preceptorship and provide administrative support to the statewide site faculty.
- C6. Advise students in person or over the phone as problems arise regarding program changes, scheduling problems, special needs, grades, etc.
- C7. Assist students in need of student support services by contacting appropriate personnel.
- C8. Independently grant or deny student rescheduling requests based on evaluation of the particular situation and rotation. Review student request and determine what solution would best maximize the student's learning experience while accommodating a reasonable request.

**20% D Management of the Fourth-Year Preceptorship student performance evaluation process.**

- D1. Monitor completed modules from students and make certain they are reviewed by faculty.
- D2. Coordinate distribution and collection of preceptor and mentor evaluation of student performance prior to the end of the preceptorship. Provide detailed instructions and timeline for return of forms.
- D3. Coordinate receipt of completed forms, keep track of delinquent forms and issue reminder forms. Ensure 100% receipt of all graded forms.
- D4. Review preceptor and mentor comments for inclusion in student's Dean's letters and enter comments and grades into OASIS database (as needed) for preceptors.

**5% E Management of the student evaluation of the Fourth-Year Preceptorship process; involves all Fourth-Year Preceptorship student participants completing a three-part course evaluation to evaluate the overall course, and preceptors.**

- E1. Distribute and collect student evaluation forms.
- E2. Review course evaluation data and comments generated from the evaluation forms and troubleshoot problems.

**5% F Management of the Student Orientation Seminar; a half day orientation held in Madison at the beginning of each preceptorship, which includes teaching sessions, and general course introduction activities.**

- F1. Organize and attend half day orientation with students and faculty to prepare students on each preceptorship.
- F2. In the absence of the Associate Dean of Rural & Community Health/Professor of Family Medicine, present information to students on regional sites and clinical modules.
- F3. Advise students as problems arise.

**10% G Coordination of the spring and fall statewide Preceptors Meeting.**

- G1. Lead the organization of the spring and fall statewide planning meetings for faculty, staff and statewide preceptors.
- G2. Set goals for meetings in collaboration with the Associate Dean of Rural and Community Health/Professor of Family Medicine. Develop agendas, workshops and printed materials.
- G3. Send invitations, agendas and advance materials to preceptors.
- G4. Solicit and summarize input from statewide faculty regarding goals, faculty development needs, and teaching experiences.

- G5. Develop budget for meetings, acquire necessary requisitions, arrange for catering, obtain parking permits (if needed).
- G6. Secure facility, schedule rooms and equipment.
- G7. Develop materials for meeting participants, arrange for CME credit for attendees, if appropriate.
- G8. Make arrangements for students to meet preceptors (they will be trained by) during the lunch hour of the spring meeting.
- G9. Actively participate as a member of the meeting to brainstorm on issues such as preceptor development, computer networking in the preceptorships, administrative issues and problems, etc.

**5% H Preceptorship Website, OASIS and Learn 8 UW Course IT Work.**

- H1. Enter information in regard to 36 preceptorship sites (from OASIS) into Preceptorship Web pages. Update pages when information changes.
- H2. Update preceptorship site course information in OASIS as changes occur.
- H3. Enter preceptorship course material into Learn @ UW website, which includes editing, design and layout. Make changes as necessary. Use website to review student module assignments.

**20% I Provision of a high level of administrative support to the Associate Dean of Rural & Community Health/Professor of Family Medicine.**

- I1. Handle incoming telephone calls and visitors. Independently answer questions and make decisions where appropriate to the Fourth-Year Preceptorship Program.
- I2. Using discretion, independently provide information, direct caller/visitor to the appropriate individual, or, if appropriate, schedule an appointment with the Associate Dean/Professor. Research and provide additional information to assist with management of contacts.

- I3. Manage the Associate Dean/Professor's appointment schedule. Independently schedule, plan and coordinate meetings. Attend meetings, as requested, and provide support and input, specifically with the new initiatives of the Rural & Community Health Program.
- I4. Make all travel arrangements for Associate Dean/Professor. This includes plane flights, hotel reservations, meeting or convention registrations, car rentals and meal reservations (if needed).
- I5. Prepare travel preapproval forms, travel and expense reports for Associate Dean/Professor. This includes making certain appropriate receipts accompany reports before submission to the Fiscal Department of the School of Medicine and Public Health.
- I6. Independently screen and respond to written, oral and Email requests from faculty, staff, students and the general public. Provide guidance and support to visitors to the department.
- I7. Compose and prepare correspondence, presentation materials and reports for the various programs.
- I8. Independently plan and perform administrative and office support duties for Rural & Community Health. Develop office protocols and policy and procedure manuals.
- I9. Monitor the Rural & Community Health budget, in coordination with Associate Dean/Professor, for each fiscal year. Maintain oversight of fiscal accounts and blanket orders. Maintain fiscal files; oversee ordering and requisition preparation, monitor open requisitions and balances, close requisitions when appropriate. Audit invoices for accuracy. Independently manage problems as they arise.
- I10. Assist in the ongoing implementation of a 16-24 week course which integrates the primary care clerkship, the fourth-year preceptorship and the fourth year surgery clerkship.



- I11. Coordinate, prepare and distribute the Rural & Community Health Annual Report. Provide input and participate in the writing of the report.
- I12. Prepare affiliation agreements between the University of Wisconsin School of Medicine and Public Health and the 36 hospitals/clinics throughout Wisconsin who participate in the Fourth-Year Preceptorship Program. Prepare faculty appointment documents between the Preceptors (physicians) and the University of Wisconsin. Reappoint as necessary.
- I13. Prepare travel expense reports for statewide preceptors who attend the spring and fall meetings. This includes making certain appropriate receipts accompany reports before submission to the Fiscal Department of the School of Medicine and Public Health.
- I14. Maintain files; analyze contents, discard obsolete material, categorize and store important information, which needs to be retained.

**5% J Perform other duties as assigned by the Associate Dean for Rural and Community Health.**

- J1. Perform miscellaneous tasks as directed by Supervisor.

...

The Appellant's position description is an accurate reflection of the job duties performed by the Appellant.

The relevant portion of the Medical Program Assistant (MPA) classification specifications reads as follows:

**I. INTRODUCTION**

**A. Purpose of This Classification Specifications**

This classification specification is the basic authority under ER 2.04, Wis. Admin. Code, for making classification decisions relative to present and future Medical Program Assistant positions that provide support to a medical program that includes clinical practice and/or medical education.

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B. Inclusions

This classification series includes positions that provide a variety of administrative support activities to a medical program that includes clinical practice and/or medical education.

...

II. DEFINITIONS

...

MEDICAL PROGRAM ASSISTANT – ASSOCIATE

...

Objective level positions function under general supervision and provide program support to the physician's practice/clinic, a family practice clinic or a veterinary hospital/clinic. Job duties include the following types of program responsibilities in one or more of the following areas: . . . 3) General support for a clinic, clinical outreach activities or a medical educational program responsible for typing clinic patient reports; preparing source documents for return to outreach facility, such as X-ray films; entering patient data, Current Procedural Terminology (CPT), diagnosis code, or other information into the data base; responding to requests for medical information; ensuring compliance with state and federal regulations governing release; restricting access when necessary; expediting medical communications for physicians and patients and referring physicians and other healthcare professionals; sorting information, and generating reports as requested by department physicians and staff; and coordinating and maintaining resident schedules or medical student rotations and evaluation records.

MEDICAL PROGRAM ASSISTANT – SENIOR

This is either the objective level or a leadworker level. Positions at the objective level work under general supervision and are the primary communication, information liaison, and coordinator for a physician's practice/clinic, a family practice clinic, or veterinary hospital clinic and utilize a broad knowledge of a specialized program area. The positions perform the full range of medical program support activities and are responsible for responding to questions related to physician's medical specialty; responding to patient or responsible party inquiries related to care received; identifying issues, determining the appropriate resource,

and independently coordinating and communicating resolutions; providing financial information to patients or responsible parties for specified procedures; coordinating telephone calls from patients or referring physicians requiring clinic scheduling, emergency arrangements, Medicare hearings, and insurance disabilities claims; coordinating prescription refill information with local pharmacies; interacting and problem solving with individuals representing outside organizations such as insurance carriers, school district health personnel, professional organizations or conferences, media, etc., and/or departmental and university contacts; scheduling ancillary procedures and procedures with clinic staff; resolving scheduling conflicts, coordinating patient admissions with hospital admissions; coordinating post-operative visits with Home Health Nursing Care; coordinating participation in clinical trials; assisting with patient enrollment, follow-up, and record keeping; reviewing participant forms for accuracy and compliance with protocol; creating and managing multiple in-clinic and other complex schedules and rotations for physicians or medical students; coordinating physician's clinical, educational, administrative, and research schedules; and coordinating resident physician applicant interviews and/or orientation process, representing residency program, and attending national or statewide recruitment fairs. Positions may also guide or train other Medical Program Assistants, providing up to date information and direction, and maintaining daily department schedules, etc.

...

The relevant portion of the Medical Staff Assistant (MSA) classification specifications reads as follows:

I. INTRODUCTION

...

A. Inclusions

This classification encompasses paraprofessional positions that provide advanced staff assistance to a physician or medical program that includes clinical and medication education.

B. Exclusions

Excluded from this series are the following types of positions:

...

3. Positions that for the majority of time (more than 50%) perform administrative support to a medical program that includes clinical practice and/or medical education and are more appropriately classified as Medical Program Assistant.

...

## II. DEFINITION

### MEDICAL STAFF ASSISTANT

Positions allocated to this classification provide advanced paraprofessional staff assistance for a 1) complex clinical practice that encompasses multiple specialty areas (i.e., transplantation and organ procurement organizations, orthopedics and sports medicine programs including professional athletic team associations, etc.) or 2) a health profession education program. Positions develop new approaches, methods, or techniques to respond independently to new, unexpected or complex situations and serve as a liaison to outside professionals, administrators, physicians, scientists, and the media. Work is performed under general supervision.

1. Positions that manage a complex clinical practice receive patient referrals from health care professionals nationally and internationally and serve a unique patient population, such as transplant, sports medicine, etc., and are responsible for representing the physician in specific complex situations such as consulting with and developing strategies to provide service among several individuals, organizations, or resources nationally and/or internationally; establish guidelines to meet program goals and missions; serve as a public relations representative for a physician with responsibility for coordinating multiple local and national medial requests for information; develop approaches for responding to inquiries on emerging health care issues; respond to questions and inquiries from internal and external sources; compose reports for referring and consulting physicians; document patient and/or family or student questions and concerns outside the scope of knowledge and experience, research answers, and communicate to patient, family members or students; screen and prioritize communications, bringing important and urgent matters to the attention of the physician; and may also serve as a resource to Medical Program Assistants, providing guidance or training, overseeing work performed, providing up-to-date information and direction, etc.

...

2. Positions that coordinate health profession education programs and activities are responsible for evaluating the practice management needs of residents; soliciting and coordinating trainers; reviewing programs and recommending content; managing medical student clerkships, rotations, or training; determining student clinical assignments and conducting student orientations; recruiting and orientating preceptors, mentors, orientation leaders; and securing teaching sites.

### **Represented Positions**

Department of Family Medicine – Administer the statewide Primary Care Clerkship (PCC), a required 8-week rotation for third year medical students involving the participation of over 160 physician preceptors including UW faculty and community physicians; coordinate students, sites and faculty schedules; manage course and student evaluation processes; manage student orientation seminar; function as primary liaison between clerkship students and faculty; compose curricular and informational materials; and independently recruit site and preceptor/mentor participation.

. . .

Appellant's position is comparable, from a classification standpoint, to the Medical Program Assistant - Senior (MPA-Sr.) level position, in the UW Medical School Department of Orthopedics and Rehabilitation, held by Wendy Christophersen. The relevant portion of the position summary for Ms. Christophersen's position reads as follows:

. . . Performs oversight and educational support for the educational program and activities in the Physical Medicine and Rehabilitation Residency Program. This person reports to the Director of the PM&R Residency Program, the Administrative Supervisor and the Chair of the Division of Rehabilitation Medicine, and works collaboratively with them in addition to the Director of the UWHC Graduate Medical Education Office, residency program staff, faculty, and community physicians who assist in providing educational experiences for our residents.

Appellant's position is also comparable, from a classification standpoint, to the MPA-Sr. level position, in the UW Medical School Department of Radiology, held by Judy Imhoff. The relevant portion of the position summary for Ms. Imhoff's position description reads as follows:

. . . This is a paraprofessional position of considerable difficulty managing all aspects of the education and daily routines of 150 Medical School students over two-week rotations in the Department of Radiology. The incumbent works under direction from the Clerkship Director of the Department of Radiology.

The incumbent is responsible for identifying, developing and facilitating educational programs. The incumbent acts as liaison between students, faculty, Medical School and UW Registrar. The incumbent is also responsible for searching out and evaluating new educational media for the medical student program. The position requires the ability to work closely with faculty and Medical School officials and requires skills in leadership, training, organization and policy management. This position demands a high level of constant independent assessment of educational programs and creative solutions to problems. Responsibilities also require independent decision making to coordinate the complex daily activities of the Vice Chair of Operations, the Section Head of Pediatric Radiology, and the Section Head of Thoracic Imaging as well as other staff faculty within the Department of Radiology. This position requires a wide range of computer and technical skills and knowledge. This position is at the intermediate level under general supervision.

Appellant's position is also comparable, from a classification standpoint, to the MPA-Sr. level position, in the UW Medical School Department of Medicine, held by Joan Potter Cash. The relevant portion of the position summary for Ms. Cash's position description reads as follows:

. . . Provides administrative support to the Medical Student Education Program in the Department of Medicine which is the largest Department on the UW campus and carries out the largest undergraduate medical education in the Medical School. The incumbent works to provide support for: 1) the Medical Student Education Program; 2) Two faculty physicians who serve as the Internal Medicine Clerkship Co-Directors, the Department of Medicine Chair, and the Senior Student Services Coordinator (Medical Student Program Manager).

The Medical Student Education Program supports the education and training activities of 280 third and fourth year medical students annually. Groups of 26-40 medical students rotate on a monthly basis through the Education Office. The Medical Program Assistant Senior manages administrative aspects for these medical students to meet the goals of the Education Program and Department of Medicine. The Program is directed by the Clerkship Co-Directors and the Medical Student Program Manager. The Medical Program Assistant Senior position serves as a base for all medical student activities and functions as a liaison for the affiliated sites that includes Marshfield, LaCrosse, Milwaukee, William S. Middleton Memorial Veterans Hospital, and Meriter Hospital as well as the Clinical Science Center.

The Appellant's position is not comparable, from a classification standpoint, to the MSA level position, in the UW Medical School Department of Family Medicine, held by Claire Ann Boyce.<sup>1</sup> The relevant portion of the position summary for Ms. Boyce's position reads as follows:

. . . The Administrative Coordinator will administer the DF statewide Primary Care Clerkship (PCC). The PCC is a required 8-week rotation for third year medical students consisting of 150 students/year. There are 6 rotations/year and the clerkship is offered at 7 diverse campuses statewide and involves the participation of over 160 physician preceptors including UW faculty and community physicians.

The PCC is a complex course combining didactic instruction (i.e., topic presentations, doctor/patient communication course, weekly mentor sessions) with clinical experience in family medicine and either general internal medicine or pediatric clinics. This position provides administrative assistance in course planning; independently develops policies/procedures, reports and data, and interprets and applies policies as warranted; guides student activities consisting of coordinating students, sites and faculty schedules, managing course and student evaluation processes, managing the student orientation seminar, and functioning as the primary liaison between clerkship students and faculty; composes/develops curricular and informational materials; independently recruits site and preceptor/mentor participation; and maintains liaison with the Medical School, Departments of Internal Medicine and Pediatrics, course groups, Regional Site Directors, Coordinators and Faculty Preceptors located statewide.

This position will receive general guidance about course direction and function from the PCC Course Director but is expected to independently develop and maintain procedures and support the responsibilities outlined below. The PCC Course Director is often not available on site for consultation. Excellent organizational and interpersonal skills are essential for success in this position. This position reports to the PCC Course Director.

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<sup>1</sup> Claire Ann Boyce is identified in her position description as Claire Ann Holm.

The Commission issues the following

**ORDER**<sup>2</sup>

Respondent's decision to reallocate the Appellant's position to Medical Program Assistant-Senior is affirmed and this matter is dismissed.

Given under our hands and seal at the City of Madison, Wisconsin, this 7th day of July, 2008.

WISCONSIN EMPLOYMENT RELATIONS COMMISSION

Judith Neumann /s/

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Judith Neumann, Chair

Paul Gordon /s/

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Paul Gordon, Commissioner

Susan J.M. Bauman /s/

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Susan J.M. Bauman, Commissioner

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<sup>2</sup> Upon the issuance of this Order, the accompanying letter of transmittal will contain the names and addresses of the parties to this proceeding and notices to the parties concerning their rehearing and judicial review rights. The contents of that letter are hereby incorporated by reference as a part of this Order.



**OFFICE OF STATE EMPLOYMENT RELATIONS (HOLLAND)**

**MEMORANDUM ACCOMPANYING DECISION AND ORDER**

This appeal arises from the Respondent's decision, effective July 24, 2005, to reallocate the Appellant's position to the MPA-Sr. classification, rather than the MSA classification sought by the Appellant. The question before the Commission is whether, considering the duties assigned to the Appellant's position as of July 24, 2005, it is better classified at the MPA-Sr. level or the MSA level.

In an appeal of a reallocation decision, the Appellant has the burden of proof and must establish, by a preponderance of the evidence, that the Respondent's decision to reallocate her position was incorrect. *MAYER ET AL. V. DHSS & DER*, CASE NO. 95-0002-PC (PERS. COMM. 12/7/95). To meet that burden, it is incumbent on an Appellant to show not only that the Respondent was incorrect in classifying her position at the lower level, but also that her position would be correctly classified at the higher, requested level. *DER (CHIAPETTA)*, DEC. NO. 30760 (WERC, 1/2004).

The basic authority for classifying positions is the classification specifications, as they are written and approved by the Office of State Employment Relations. *DWD & OSER (SCHULTZ)*, DEC. NO. 31326-A (WERC, 4/2007). Classification specifications are comparable to administrative standards. Their application to a particular position involves first determining the facts as to the position and then exercising judgment as to which classification best describes, encompasses, or fits the position. Although that process involves some discretion when weighing factors against each other, it is essentially the application of a standard to a set of facts. The overlap of two or more specifications in describing a given position is usual and expected. Once factual determinations have been made as to the specifics of an incumbent's job, they must be applied to the various specifications. The specification providing the "best fit" is used to determine the actual classification. The "best fit" is determined by the specification reflecting job duties and activities within which the employee routinely spends a majority of his or her time. *DER & DPW. PC (DOLL)*, DANE COUNTY CIRCUIT COURT, 79-CV-3860, 9/21/80.

Comparison positions are also an appropriate tool for classifying positions. *SANDERS & HUBBARD V. WIS. PERS. COMM.*, 94-CV-1407, 1408, DANE COUNTY CIRCUIT COURT, 11/27/96. Comparison positions are especially important when a position plausibly can be described by the definition statements of both classifications at issue. *RHODES V. DOT & DER*, CASE NO. 96-0024-PC (Pers. Comm. 8/5/96).

**The class specifications**

It is clear that both of the classifications at issue in this case encompass positions that are involved, at some level, in administration of medical education programs.

The MSA classification is defined by two allocation patterns, the second of which describes “positions that coordinate health professional education programs and activities”. In our opinion, that definition clearly contemplates, at least in a general sense, the type of work the Appellant does with the fourth-year preceptorship program.

At first glance, the kinds of activities defining the MPA-Sr. level, on the other hand, seem to apply only to positions operating in a physician practice or clinic setting. The introduction to the MPA classification series, however, specifically and repeatedly states that the classification also encompasses positions that provide support to “a medical program that includes clinical practice *and/or medical education*” (emphasis added). The intent to include positions operating in medical education settings is further evidenced by the “definitions” portion of the MPA classification specifications, wherein positions at the MPA-Associate level are responsible for “coordinating and maintaining . . . medical student rotations and evaluation records” and positions at the MPA-Sr. level are responsible for “creating and managing . . . complex . . . rotations for . . . medical students”. Thus, the Appellant’s position plausibly fits in the MPA-Sr. classification, as well.

One important distinction between the MSA and the MPA-Sr. classifications is the level of paraprofessional activity associated with each of them. While the term “paraprofessional” does not appear anywhere in the MPA classification specification, Respondent’s experts testified at the hearing that positions classified at the MPA-Sr. level are paraprofessional positions.<sup>3</sup> The MSA classification, on the other hand, is defined specifically as encompassing “advanced” paraprofessional positions.

Although the term “advanced”, as it is used in the MSA classification, is undefined, the context provided by other parts of the specification establishes the type of duties that are properly characterized as advanced. The first allocation pattern, for example, encompasses positions that “manage a complex clinical practice”, “represent the physician in specific complex situation such as consulting with and developing strategies”, “establish guidelines to meet program goals and missions”, “serve as public relations representative for a physician”, “develop approaches for responding to inquiries”, and “research answers”. Similarly, positions in the second allocation pattern are responsible for “evaluating the practice management needs of residents” and “reviewing programs” and “recommending content”.

It is clear that the Appellant spends much of her time providing support to a medical education program. The question is whether the support she provides is the “advanced paraprofessional” type that is required for an MSA level classification. To make that determination, it is appropriate for us to look beyond the language of the MSA and MPA classification specifications.

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<sup>3</sup> This claim is buttressed by the position description for the MPA-Sr. level position held by Judy Imhoff, wherein Ms. Imhoff’s position is characterized as a “paraprofessional position of considerable difficulty”.

### **The comparison positions**

One of the primary arguments raised by the Appellant is that her position should be classified at the same MSA level at which the Claire Ann Boyce position has been classified, because, the Appellant alleges, the two positions perform substantially identical work. Our conclusion in this case is based in part<sup>4</sup> on a close comparison of the Appellant's position with the Boyce position.<sup>5</sup> Based on the evidence provided at hearing, it is apparent to us that the work the Appellant does with the fourth-year preceptorship program in the Department of Rural and Community health is, indeed, similar to the work Ms. Boyce does with the third-year clerkship in the Department of Family Medicine. Nevertheless, the two positions are different from one another in some significant ways.

As identified, the MSA classification encompasses positions that “coordinate health professional education programs and activities”. Whereas all of Ms. Boyce's time is allocated to working directly with the third-year clerkship, the same is not true for the Appellant's position in relation to the fourth-year preceptorship program. Under Goal I, the Appellant spends twenty percent of her time providing direct administrative assistance to Byron Crouse, an associate dean in the Department of Rural and Community Health, who does both work that is related and work that is unrelated to the preceptorship program. The Appellant keeps Dr. Crouse's appointments, makes his travel arrangements, and controls the flow of traffic in and out of his office. Further, an additional five percent of the Appellant's position is allocated, pursuant to Goal J, to performing “miscellaneous tasks as directed by Supervisor”. This work provides, at best, indirect support to the fourth-year preceptorship program. Beyond that, the Appellant has failed to show these miscellaneous tasks are particularly complex, rather than duties consistent with the level described at Goal I. It is work that is clerical in nature and not what we consider to be “advanced paraprofessional” MSA level work.

Further, we note that Ms. Boyce's position oversees the work of a student employed by the clerkship, for ten to fifteen hours per week, to perform data entry, photocopying and word processing work. No doubt there is an equivalent amount of this kind of clerical work generated by the fourth-year preceptorship program associated with the Appellant's position. Because the fourth-year preceptorship program, however, does not have the benefit of a

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<sup>4</sup> The Commission has modified this sentence from the proposed decision in order to more accurately reflect our analysis.

<sup>5</sup> From the Respondent's perspective, this case is subject to a relatively simple classification analysis. The Respondent contends that goals A, B, C, and D of the Boyce position, which represent seventy percent of the work assigned to the position, are the goals that encompass MSA level work. According to the Respondent, because the equivalent work in the Appellant's position description is encompassed by goals A, B, and C, which represent only thirty percent of the work assigned to the Appellant's position, her position does not perform MSA work for a majority of the time and therefore cannot be classified at the MSA level. We take issue with the Respondent's assertion on this point, because we do not see the crystal clear distinction advocated by the Respondent between the work performed by Ms. Boyce under goals A, B, C, and D or by the Appellant under goals A, B, and C, and the remainder of their clerkship responsibilities. That being the case, we have undertaken a more careful analysis of all the Appellant's worker activities to arrive at our decision.

student worker – or any other employee – to whom such tasks can be delegated, it is fair to assume that it is the Appellant who is responsible for either performing them or taking the time to outsource them. This responsibility requires the Appellant to spend an additional percentage of her time performing tasks that also are not at the MSA level.

Beyond data entry, photocopying, and word processing, there are other worker activities described in association with the Appellant's core, preceptorship duties that we do not consider to be advanced, MSA level work. The Appellant, for example, distributes materials, monitors the inventory of clerkship materials, maintains files, adds and drops courses on OASIS, provides administrative support to the statewide preceptorship site faculty, coordinates the distribution and receipt or collection of various forms, sends out invitations and agendas, arranges for catering, obtains parking permits, secures facilities, and schedules equipment for the preceptorship program. Although Ms. Boyce certainly performs some of these same responsibilities in conjunction with her clerkship responsibilities, these types of duties, when added to the host of clerical duties that are unique to the Appellant's position, go even further to undermine the Appellant's ability to show that her position should be classified at the MSA level.

After filing the present appeal, the Appellant sought to have her position description revised. In doing so, she utilized the position description for the Boyce position as a template. Keeping in mind that the Appellant was operating under the objective of aligning her position as closely as possible with the Boyce position, we believe that departures from the precise wording of the Boyce position description also serve as reliable indicators of real differences between the two jobs.

Under worker activity A1, for example, the Appellant is said to “assist with developing” policies and procedures related to the fourth-year preceptorship program. Ms. Boyce, on the other hand, “independently develop[s]” such policies and procedures for the third-year clerkship. Although the Boyce position description indicates that she must convey the policies and procedures to an administrative team and ultimately seek the Director's final approval for them, this process does not diminish, in our opinion, the fact that Ms. Boyce is charged with independently formulating such procedures in the first place. This discrepancy between the Appellant's position and the Boyce position is also reflected in the summary statement found in each of the position descriptions, wherein the Appellant's position is said to “independently maintain procedures” and the Boyce position goes a step further to “independently develop and maintain procedures”.

A similar discrepancy exists under goal A2. Specifically, the Appellant interprets and applies policies “in conjunction with” the Associate Dean of Rural and Community Health/Professor of Family Medicine. Ms. Boyce, on the other hand, is charged with “independently” interpreting and applying such policies.

The Appellant and Ms. Boyce also have different student clerkship orientation responsibilities. Ms. Boyce is responsible for “independently present[ing] information to students on regional sites and clinical assignments”. The Appellant, on the other hand, presents such information to students only on the occasions when Dean Crouse cannot be present to do so. Although the evidence at hearing revealed that the Appellant makes Dean

Crouse's presentation a couple of times per year, it is evident that the Appellant does not function at the level of Ms. Boyce, who consistently presents her own material in a lecture for which it is Boyce's job to assume sole responsibility.

In each of these areas, we find the discrepancy between the tasks that are being performed by the Appellant and Ms. Boyce to mirror the difference, respectively, between the paraprofessional and advanced paraprofessional designations. Considering these discrepancies, in addition to the substantial portion of the Appellant's time spent performing clerical tasks, we are not persuaded that the Appellant has met her burden to show that she performs MSA work for a majority of the time.

As she explained in her objections to the Proposed Decision, the Appellant seeks to rely on the testimony of Suzan Morschhauser, who supervises Joan Potter Cash, to establish that Cash's level of responsibility and independence are actually lower than what is reflected in Cash's most recent position description. The contention is that because the Appellant has significantly more responsibility and independence than Cash actually exercises, and because Cash is classified at the MPA-Sr. level, Appellant's position should be classified at the higher MSA level. The problem with this argument is that Cash's current MPA-Sr. classification level is premised on the accuracy of Cash's most recent position description. Ms. Morschhauser acknowledged at hearing that her testimony was inconsistent with the fact that Morschhauser has signed off on the position description. It is certainly possible that if Cash performs those duties described in Morschhauser's *testimony*, Cash's position would be better described by a classification that is even lower than MPA-Sr., which would clearly undermine any suggestion that the Cash position supports placing Holland's position at the MSA level. Appellant is not entitled to use Cash as a comparison position as if Respondent's classification analysis of the position was based on duties other than those reflected in the approved position description. This result is analogous to the decision reached in *TIEDEMAN & MARX V. DHSS & DER*, CASE NOS. 96-0073, 0085-PC (PERS. COMM. 4/24/1997). The appellants in that case sought reclassification from Therapist 2 to Therapist 3. The record included evidence relating to a Therapist 3 position filled by Don Freidig. Respondent had classified the Freidig position based on duties and responsibilities described in a 1988 position description. Appellants in the *TIEDEMAN* case suggested that Freidig's actual duties were substantially less complex and were accurately described in an unofficial 1993 position description. Appellants also argued that because they performed work that was very similar to the responsibilities described in Freidig's 1993 position description, their positions should also be classified at the Therapist 3 level. In the decision affirming the decisions to classify the two appellants at the Therapist 2 level, the Commission held that Freidig's 1993 position description had

limited relevance to the determination of this case because it was not relied upon for the decision to classify Mr. Freidig's position as a Therapist 3. It was not maintained in the files of respondent DHSS's Bureau of Personnel and Employment Relations as Mr. Freidig's position description. Only the 1988 position description was in those files.

Also see *CARD v. UW & DER*, CASE NO. 83-0198-PC (PERS. COMM. 2/2/1984). OSER's classification determination for the Cash position was based on the accuracy of her official position description and a different set of duties cannot be relied upon as being correctly classified at the same level.

Appellant's duties are similar, for classification purposes, to the collection of duties described in the official position description for Joan Potter Cash. We believe that the mixture of administrative and medical education program duties represented by the Cash position, as well as the Christophersen and Imhoff positions, is more comparable to the Appellant's position than it is to the overall set of duties performed by Ms. Boyce.<sup>6</sup>

The Appellant asserts, in her objections to the Proposed Decision, that Potter Cash, Christophersen, and Imhoff all work in a hospital/clinic. Presumably, Appellant makes this point to contrast her own work, in an academic setting, and to underscore the argument that these other positions are not comparable to her own. It is clear from the record, however, that all three of the positions, like the Appellant's, are primarily involved in the administration of a medical education program. Potter Cash provides administrative support to the Medical Student Education Program in the Department of Medicine; Christophersen provides support for the educational program and activities in the Physical Medicine and Rehabilitation Residency Program; and Imhoff works with medical student clerkships in the Department of Radiology. Regardless of the physical setting in which these individuals work, each of their positions has the medical education component that makes it possible to reasonably compare them with the Appellant's position.

Appellant also argues that a comparison between her position and the Potter Cash, Christophersen, and Imhoff positions should not be determinative in this case, because, as the Respondent's witnesses acknowledged at hearing, those comparison positions were not audited by the Respondent. The problem with this argument is that it simply does not go far enough to support the burden the Appellant bears here. By merely attacking the procedure followed by the Respondent in the reallocation process and arguing that the Respondent could have done more to support its outcome, the Appellant is not producing evidence that establishes that the Respondent's decision to reallocate her position was incorrect. *RASMAN v. DNR & DER*, CASE NO. 85-0002-PC (PERS. COMM. 8/1/1985) (during the Commission's hearing on an appeal of a reclassification denial, consideration of the procedure followed by the respondent in making its findings would serve no useful purpose and would have no probative value in relation to the merits of the appeal because the Commission's hearing on an appeal is a *de novo* proceeding and the facts to be considered are not limited to the findings made by the respondent in its review of the request).<sup>7</sup>

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<sup>6</sup> The Commission has modified this paragraph in the Proposed Decision and has added the preceding paragraph in order to more accurately reflect the Commission's rationale and to respond to information set forth in Appellant's written objections.

<sup>7</sup> The Commission has added the two preceding paragraphs to the proposed decision in order to address arguments raised in Appellant's written objections.

**Summary**

The Appellant did not meet her burden to show both that the Respondent misclassified her at the MPA-Sr. level and that the majority of her duties are better described at the requested MSA level.

Dated at Madison, Wisconsin, this 7<sup>th</sup> day of July, 2008.

**WISCONSIN EMPLOYMENT RELATIONS COMMISSION**

Judith Neumann /s/

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Judith Neumann, Chair

Paul Gordon /s/

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Paul Gordon, Commissioner

Susan J.M. Bauman /s/

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Susan J.M. Bauman, Commissioner