

**Job Analysis, Medical Assistant
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FOR REVIEW ONLY

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*****Please note that for confidentiality purposes, the company name and identifying information has been removed****

I. General Overview and Explanation

██████████ is a doctor's office in downtown ██████████, ██████████. The practice specializes in gastrointestinal disorders and diseases and has been in business for roughly 25 years. During this time, the medical practice has seen much expansion. Examples of this can be seen in the increase in practicing physicians from one to the current four, the hiring of several Registered Nurses, and the creation of the Medical Assistant position. The Medical Assistant (MA) position was developed in an attempt to alleviate much of the stress the doctors were feeling at the time. Physicians within the organization used to spend much of their time completing routine tasks which took away from their primary responsibilities of tending to the patients. The MA was created within the practice in order to alleviate some of the doctors' workload and allow them to spend more time focusing on more essential activities. Because the MAs work so closely with the doctors each individual position can vary quite greatly from the next. As previously stated, the role of the MA is to make the doctors' day run as smooth as possible, and each doctor has their own ideas and thoughts as to how they would like that to be accomplished. However, all else being equal, the majority of the MAs tasks and responsibilities are largely similar regardless of the supervising doctor.

Currently at the ██████████ Group there are 3 Medical Assistants, and one temporary employee. In the organization, the current practice is to have 1 MA for each physician. The temporary employee was brought in by the company to alleviate the excess work put on the other MAs after one of the incumbents resigned.

The present Job Analysis is to aid in the understanding of the fundamental components of the job and the Knowledge, Skills, Abilities, and Other Characteristics (KSAOs) needed to function successfully in this position. In doing this, [REDACTED] can develop successful hiring practices for this position and productively manage talent within.

II. Background Investigation

As previously stated, there can be a high degree of variability in certain aspects of the Medical Assistant position. This is true within a practice, and is exacerbated when looking across offices. Though being a MA does require certain core competencies and will always entail certain core job functions, it is many of the marginal and secondary responsibilities with fluctuate and have different levels of importance placed on them within the office. Because this job analysis will primarily be used to hire a new MA within the practice, the hiring doctor was first interviewed in order to gain an understanding of the expectations of for the particular position. Supplemental research was also conducted via the Occupational Information Network¹ (O*Net), and the current Job Description which was previously developed by [REDACTED].

III. Methodology

To gather data on the Medical Assistant position, two primary sources of data were used – Interview and Survey/Questionnaire. Preferably, and as is the case with most job analysis, the surveys would precede the questionnaire so as to allow for the researcher to clarify and deeper understand some of the survey results. However, in this

¹ <http://online.onetcenter.org/>

particular case, due to several factors including scheduling conflicts and time constraints, the interviews were completed first and a survey was created in order to establish hard data from the topics discussed in the interviews. In this particular job analysis 2 supervisory positions and 3 incumbents were able to complete both sections of the analysis.

The first stage was modeled after a structured interview yet modified since these are usually given to prospective job candidates and in this case it would be used to gather information from current incumbents and supervisors. The interview was broken down into 7 sections: Background Information, Primary Duties, Critical Incidents, KSAOs, Training, Monitoring and Review, and Challenges and Future Changes.

- *Background Information* – This section was used to compile a general understanding of the person being interviewed. Sample topics relate to interaction with the MA position, and a general understanding of the position as a whole.
- *Primary Duties* – Discussed in this section were the daily tasks completed by the Medical Assistant. The primary use of this section was to aid in the creation of the survey which would allow for concrete numbers to be attached to the tasks and duties discussed.
- *Critical Incidents (CI)* – Usually a technique used when doing an employment interview this section was applied in the job analysis in order to gain an understanding as to what the respondent felt was the ideal person for the position. Further probing questions were asked of each CI in order to help

establish some primary KSAOs for the position and how each of them relate to superlative functioning at the position.

- *Knowledge, Skills, Abilities, and Other Characteristics (KSAOs)* – Each subject gave responses as to the basic and ideal KSAOs a Medical Assistant should possess. This was used to create a more simplistic version of KSAOs which more so resemble Competency Models for the survey. Although not as broadly defined and all encompassing as pure competency models, the newly created hybrid encompassed all competencies needed for the specific MA position.
- *Training* – Examined the fundamentals of some of the KSAOs and competencies to see how they were transferred or learned if not immediately present in the employee. Also, gave an idea as to how knowledge gaps are addressed within the organization.
- *Monitoring and Review* – Created an understanding of how performance alignment was handled within the organization. This section also gave the ability to get into some of the more detailed differences which separate working under each doctor.
- *Challenges and Future Change* – Asked subjects to look at the position going forward. Responses were varied but allowed for a larger understanding of the dynamic nature of the position. It also gave the respondents the ability to express how they believed the job could be improved.

After completing the interview for all concerned parties, the survey was created in order to attain statistical data. The survey broke down into two sections which looked at

the two major aspects of a job, duties and KSAOs, in further detail than could have been discussed in an interview. The duties section looked at the major duties that were not doctor specific that each MA completes on a regular basis. This value was measured across two variables, frequency and importance. The frequency section used a scale of zero to five and asked the participant to rate how much time they spent completing each task. The importance score ranged from one through three and asked for the magnitude of that specific duty in the overall job function. The KSAO/Competency section used a Behaviorally-Anchored Rating Scale (BARS) to assess several core KSAOs and competencies. This section asked respondents how important they felt each of the factors was to being successful on the job and measured the results on a five point scale of 'Strongly Agree' to 'Strongly Disagree'.

IV. Analysis and Key Results

One of the ultimate goals of the current analysis was to aid in the understanding of the Medical Assistant position in order facilitate the hiring practices used by this firm. For this reason, a greater emphasis was place on the competencies surrounding the position and the duties that display and utilize them. In this way, the practice can know what it is they are looking for in a strong applicant, and also, both the applicants and supervisors will have clear expectations of the responsibilities of the position. The data was compiled into 3 sections, supervisors, incumbents, and the practice as a whole.

The supervisor results indicate that the top three important tasks that a medical assistant do are, attain the vital signs of patients, handle emergency phone calls, and readjust the doctors' schedules. When looking at task frequency, vital signs and

emergency phone calls remain close to the top, while the retrieval of medical files and charts has become the most frequent task. One of the most notable results is the apparent inverse relationship between importance and frequency of the readjustment of the doctors' schedules. Although this relationship might have been expected, it is the only task that's importance is not shown in the relative frequency.

The manager's ratings of KSAOs and competencies also have several notable trends. Although, according to the supervisors a background in a gastrointestinal specific office is not important, and neither is a background in a more stereotypical business office, a background in a medical office of any kind is ranked fairly high. It should also come as no surprise that certain characteristics such as flexibility, ability to learn on the job, the ability to understand medical information and good time management skills are amongst the highest rated and have little discrepancy amongst raters.

The results given by the incumbents are vastly different than the managerial results. The incumbents believe that looking up test results, retrieving medical files, and getting patients' prescriptions refilled are their three most important tasks. The most surprising of these results is the last, retrieval of files. During the interview process the MAs consistently stated that this was one of the least favorite of their activities and it was consistently described as mundane, boring and time consuming (as can be seen by the highest frequency score). However, the results of the survey indicate that although they loathe the task, the MAs do recognize that it is a critical duty in ensuring smooth operations in the office. Also interesting to note is the high standard error for frequency of each item versus the low standard error for importance of each item. This seems to solidify the original hypothesis that the specific tasks that each doctor expects are

flexible, but the importance of each duty carries the same weight no matter who the practicing physician is.

When rating the KSAOs and competencies necessary for the job the incumbent ratings once again bare little similarity to those of the managers. The two standout leaders in this category are a background in a medical office and a background in a gastrointestinal specific office where all of the MAs 'strongly agreed' that these were important characteristics to have. More surprising however for these results is the low scores that the ability to learn on the job, extraversion and friendliness, and time management received. One would assume that these are important for success on the job, however, that is apparently inconsistent with the opinions of the MAs, as seen by the low scores.

Perhaps the most balanced results and the data sets that will give the most well rounded results pertaining to the entire picture of the Medical Assistant position is the combination of results from all surveys. The results from the duties portion of the survey are widely varied and there are few strong relationships between importance and time spent on a task. Once again, the retrieval of medical files tops the list in both categories, while taking and handling emergency phone calls is second. One of the other seemingly stable results is the last one in both categories. Although it did not receive a terribly low score in either category, giving recalls by phone got the lowest score in both importance and time spent.

The combined results for KSAOs and competencies created a very negatively skewed result with the lowest score being a 3.6 out of 5 and a range of only 1.2. However, the data still shows that a background in a general medical office and the

ability to understand and interpret medical knowledge are crucial. Some of the lower ranking items such as having a nursing degree, extraversion and friendliness, and a background in a general business office can be viewed as characteristics which are not crucial to job success, yet are nice to have in an employee if the situation permits.

V. Implications

The main concern and cause for the current job analysis was the immediate hire of a Medical Assistant to fill a current opening for a doctor as well as the possible and potential creation of further MA positions to share and ease the workload. However, several other implications and practical applications can come of this assessment. Two other areas that can see immediate impact from the findings in this analysis are assessment and performance of current incumbents and training and development.

- *Recruiting and Selecting* – This practical implication will focus mainly on the data and interpretation of the KSAOs and Competencies. The data here will allow for the selection and development process which best fits the needs of the practice. As is the case with any selection process, it is important not to simply rely on one approach, but rather to utilize a combination of techniques in order to most accurately assess candidates. From the results in the KSAO and competency section of the data it can be seen that the interview can be used to assess several of the themes which were deemed important. For example, the interviewer can easily assess the applicant's history in a medical office simply by looking at the resume of that individual. Also, the candidate's understanding of medical information can be measured via a

battery of questions deemed appropriate by a Subject Matter Expert (a doctor in this case), or by having the applicant review and interpret a medically related document or chart. Flexibility, ability to learn on the job and time management skills are all constructs that are not as easily measured through simple interview techniques. For constructs such as these, it may be more efficient and practical to use a test as a selection tool. One such example would be the Wonderlic Personnel Test. Because of its high correlations with Fluid and Crystallized intelligence, and timed component, The Wonderlic seems to lend itself well to the measurement of said concepts.

- *Assessing the Performance of Incumbents (Performance Appraisals)* – During the interview it became increasingly evident that the performance appraisal system was not at the level it could be in order to facilitate organizational effectiveness. Questioned subjects admitted that feedback, both negative but especially positive, was sparse to non-existent. However, this seems to be the case of a loosely defined scope of job rather than anything done with malicious intent. In this instance a job analysis can be very helpful by helping to identify the areas of incongruence, and establishing a platform on which a successful system for performance alignment can be built. Moreover, the data presently reflected a gap in the expectations of the job between the management and the employees. Simply stating an order of actual importance of the tasks based on the information captured will allow for congruent expectations amongst all staff.

- *Training and Development* – The implications related to training and development closely relate to the topic of recruitment and selection because the better job the organization does in selecting the best employees, the smaller amount of time, money, and energy will need to be spent training. For any position in any company a learning curve exists before an employee is completely proficient. It is the job of the employer, and also to their advantage to try and shorten the curve as much as possible. Assuming however, that the organization has indeed selected the best candidate for the position, there are still several things that can be done in order to enhance the current training processes. Current training practices within the [REDACTED] [REDACTED] Group include a full day walk-through and orientation to the office as a whole as well as the position in specific. Also, a considerable amount of time is spent shadowing one of the incumbent MAs in order to understand the workflow. Although there is not much that can be done in terms of stereotypical training classes or book learning, there are some actions and guidelines that would most likely improve overall training effectiveness. The first of these guidelines is to make sure the emphasis of topics covered while training mirror closely the ratings for importance and frequency covered in the analysis. Another action that would smooth the progress of training is creating a set of best practices for some of the most frequently completed tasks. Interviews with the MAs identified several reasons for the protracted process of medical file retrieval. With further discussions, a set of best practices could be developed and the time spent on retrieving the files could

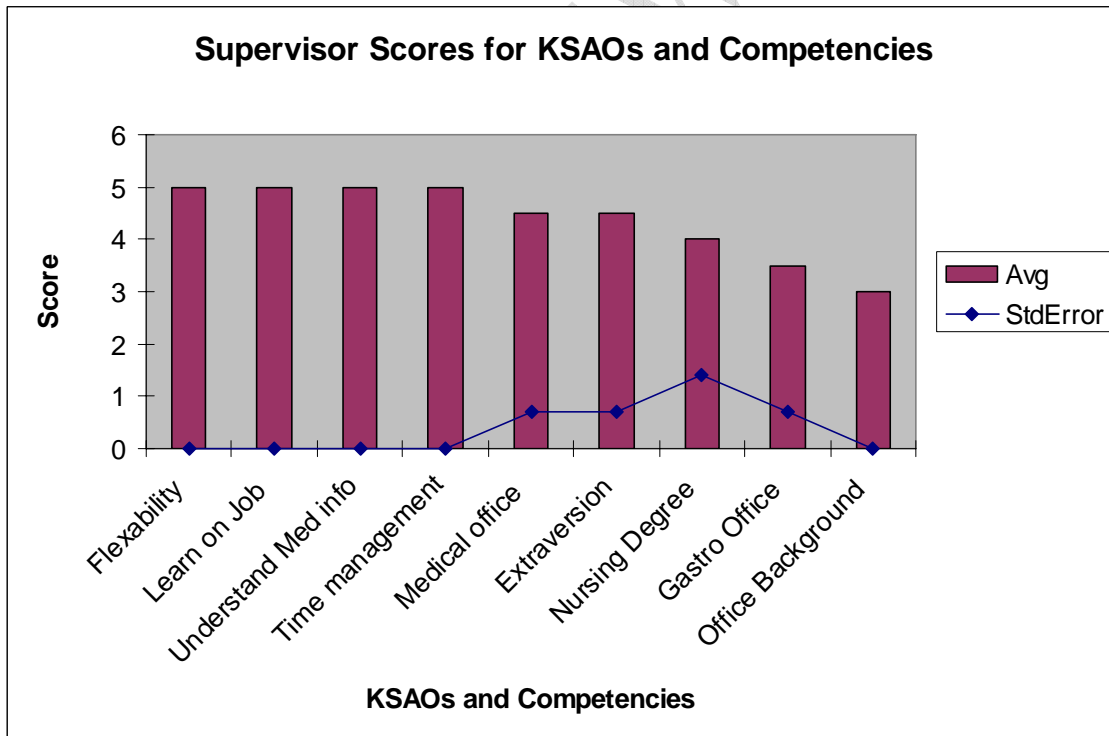
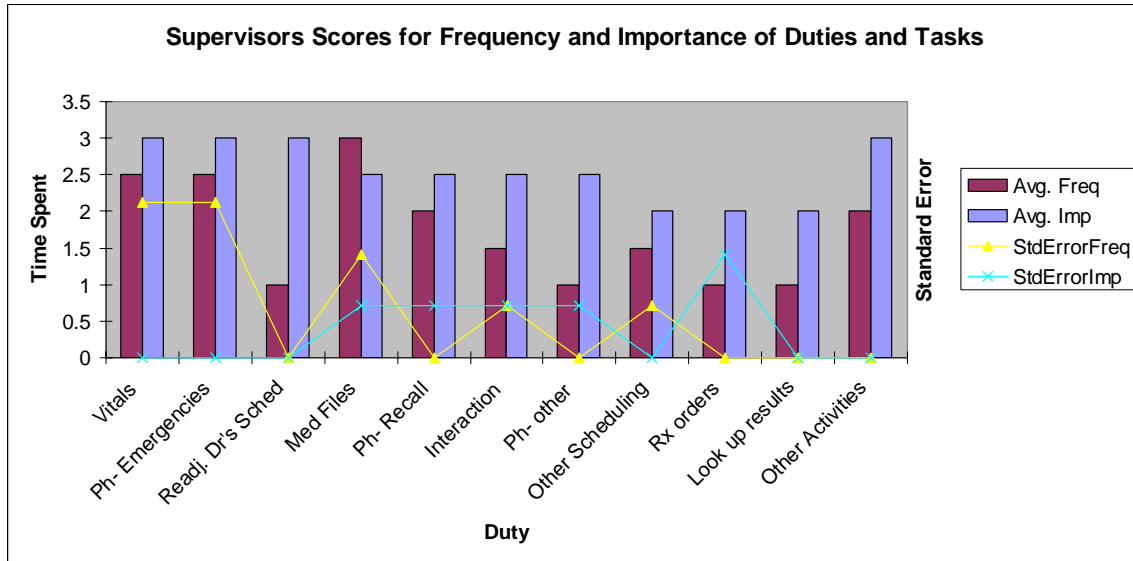
be reduced allowing the MAs to focus their energy on other tasks, and possibly relieving some of the animosity they have towards completing said task.

VI. Evaluation

When evaluating the present job analysis there are several shortcomings which may compromise its integrity as a whole. First, the lack of subjects creates a low statistical significance. With only 2 supervisory positions and 3 incumbents able to take part in the process, the data may have been skewed by one subject's answers. However, this does not seem to be too large of a problem as the standard errors for all of the questions seem to be quite low; this is also an effect of the small range of answers for the responses. Another possible confound in the present analysis is the scope of analysis. This analysis only looked at the position from the perspective of one office. As has been stated throughout the report, although the larger items are assumed to be relatively stable from office to office, there is no guarantee that the information found in this analysis reflects the constant, larger scope items. Nevertheless, because the report and data is only to be used by [REDACTED] Group, the larger scope is not necessarily of major concern. The more prevalent information has to do with [REDACTED]'s practice specifically, and what improvements can be made there.

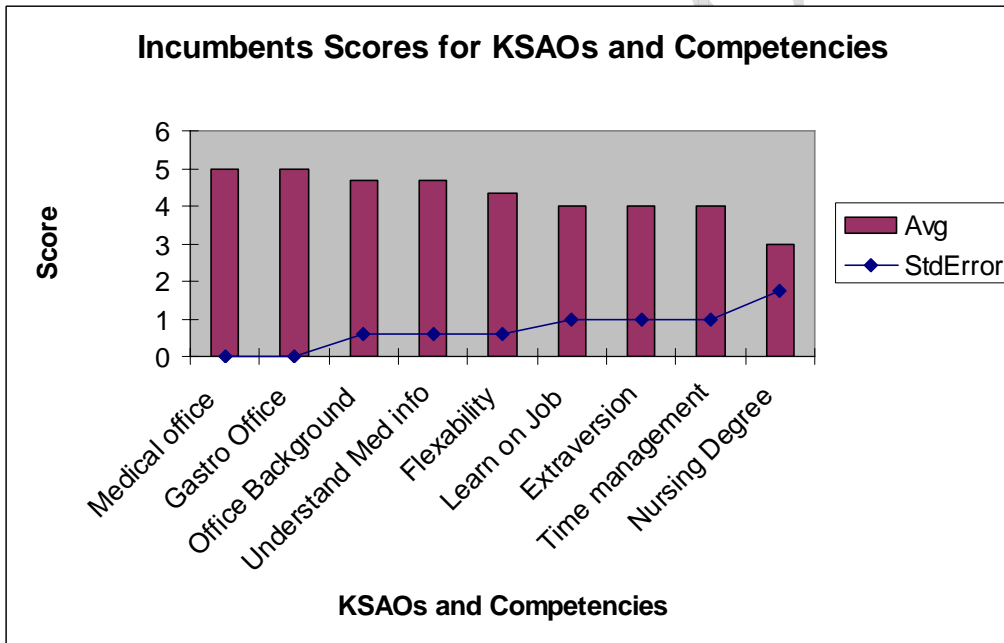
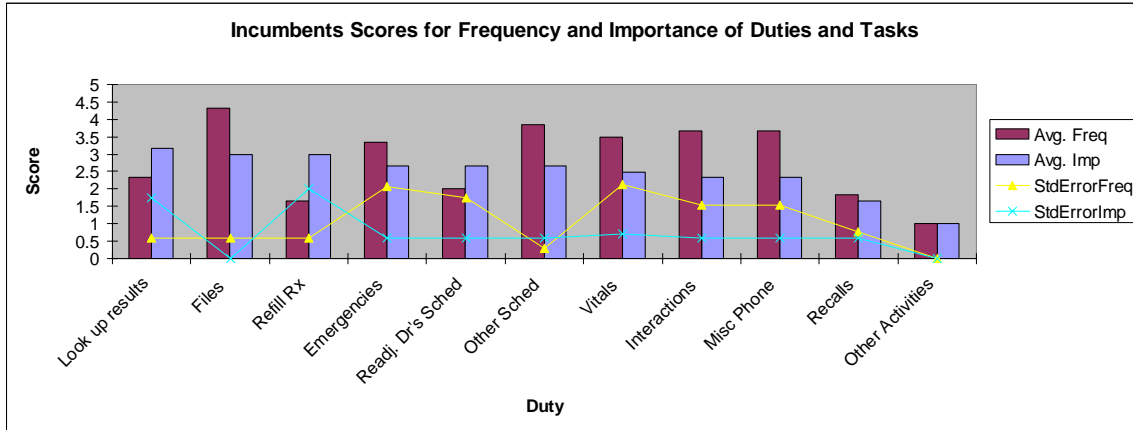
Appendix A

Supervisor's Data:



Appendix B

Incumbent's Data:



Appendix C

Composite Data:

