

Northwestern Memorial Physicians Group— Clinical Career Ladder for Medical Assistants

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ABSTRACT

Northwestern Memorial Physicians Group (NMPG) took the unusual step of developing a clinical career ladder for its medical assistants (MAs) in 2003, and, more recently, for its patient services representatives (PSRs). Medical assistants are the largest group of non-licensed employees at NMPG. High turnover rates and dissatisfaction among MAs led the organization to develop a clinical career ladder for MAs to recognize their achievements, to challenge them to excel, and to improve retention.

Clinical ladder programs for nursing staff are relatively common in hospital settings. These programs are developed to attract, develop, and retain high-quality nurses by recognizing excellence in clinical skills and patient care.ⁱ Nurses receive promotions up a series of career “rungs” or steps based on demonstrating competence and professionalism. Clinical ladders have been occasionally implemented for other licensed health care workers, but seldom for unlicensed support staff, and seldom in ambulatory care settings.ⁱⁱ

Inspiration & Background

Northwestern Memorial Physicians Group (NMPG) is a primary care medical group practice owned by Northwestern Memorial Hospital. The hospital is an academic medical center that serves as the primary teaching hospital for Northwestern University Feinberg School of Medicine. NMPG includes internal medicine, obstetrics and gynecology, pediatrics, dermatology, occupational medicine, integrative medicine, wellness and disease prevention, and executive health. The group has 16 clinics throughout the greater Chicago area.

NMPG holds yearly meetings that bring together all staff from across the organization. In 2003, when the president asked staff to submit questions for the annual meeting, one of the nurses asked, “Can

Practice Profile

Name: Northwestern Memorial Physicians Group

Type: University-affiliated medical group

Location: 16 clinics in the greater Chicago area

Staffing:

410 employees, including

- 120 Providers
 - 6 Midwives
 - 8 NPs/PAs
 - 106 Physicians
- 52 Nurses
- 84 MAs
- 45 Patient Service Reps
- 109 Administrative Staff

Number of Patients: 250,000

Annual Patient Visits: 337,021

Patient Demographics:

- 60% female
- Average age: 40
- Most are from Chicago
- Most have employer-based insurance

we have a clinical ladder for MAs?” She had worked in a hospital that had clinical career ladders for nurses, and thought that such a program might also benefit non-licensed staff in the outpatient setting.

At that time, MAs at NMPG were dissatisfied with their pay and lack of opportunity for advancement. There was a high rate of turnover among MAs. Administrators observed that while some MAs were “sort of a challenge,” many were very bright and capable, but could not afford to go back to school for advanced degrees.

The administrators decided to develop a clinical ladder program for MAs to get them more engaged and encourage and reward them for improving the quality of care at their clinics. Nursing supervisors met as a group to discuss the idea. They looked for models from their own experience. While many organizations had clinical ladders for RN staff, they could not find any other organizations that were using a clinical ladder for MAs.

“We are recognizing that the MA is in a critical role (i.e. a vital piece of the puzzle to delivering collaborated, organized, and efficient patient care); it only makes sense that we nurture and develop them and make sure that they are and remain engaged; to help them grow within the organization as much as they can within the role.”

*-Cindy McGinnis Davis,
Director Human Resources-*

Compensation and Reward: The planning group worked to develop a meaningful learning experience that would result in a reasonable reward on completion of each rung of the ladder.

The group also had to figure out how to incorporate the career ladder into the existing organizational structure and document changes in PeopleSoft, the human resource management software used by the organization.

Administrators decided to keep the percent change in pay resulting from completion of career ladder projects separate from pay increases resulting from promotions. They determined that the career ladder step increase should equal one-half a promotion or merit increase. At the time the program was initiated, the average merit pay increase was approximately 4%, so they set the career ladder increase at 2%.

“I tell MA candidates about the clinical ladder program because I’ve heard MAs say, “There is nowhere to grow; nowhere to go after here.”

-Matt Hess, Human Resources Coordinator-

Clinical Career Ladder

MAs are informed about the career ladder program during their first job interview with NMPG and from supervisors. MAs who have successfully completed the program have also encouraged other MAs to participate.

Overview: To qualify for the clinical career ladder program, an MA has to have completed at least one year of employment at NMPG, must be certified, and must be in good standing.

In order to apply, an MA needs to complete an application and solicit letters of recommendation from his or her supervisors. In the application, the MA must propose a special project for which there are measurable goals and objectives. Ideally, the MAs self-generate the proposals, but in practice, this is sometimes a more collaborative process with providers and supervisors. Supervisors have found that many MAs need initial coaching to develop focused and achievable goals.

Applications are reviewed by a group of managers and directors. Administrators experimented with different sizes and composition for the review panel. At first the group was comprised of the vice president of operations, the compliance director, the director of operations, and the risk manager. This seemed too small, so they tried to have all of the practice managers involved. They determined that this was too large. Now a practice manager attends the meeting only if one of his or her employees is

applying. NMPG recently instituted a new position, manager of clinical education, who is responsible for chairing the review panel.

Individual MAs can only apply once a year, although there are two application cycles per year. Interest in this program is relatively high; administrators may receive 5-10 applications per round from the pool of 84 MAs.

About 80% of applications are accepted. As one reviewer noted, “We don’t say “yes” to everyone.” Applications are occasionally rejected for lack of focus or measurable goals and objectives, or not meeting the tenure and good standing requirements.

There are three levels of MA based on completion of career ladder steps. The basic level is MA, and employees can achieve MA I and MA II through successful completion of clinical ladder projects.

MA I projects usually take about six months to complete while MA II projects take approximately one year. MA I goals are expected to be focused in one of the following areas:

- Process improvement in the practice site or in the organization
- Implementation of an educational session for staff or active participation in a committee or task force
- Additional education or training in an area that improves the MA’s practice such as customer service, conversational Spanish, pharmacology, etc.
- Self-improvement through various methods including working with a mentor.ⁱⁱⁱ

MA II projects are intended to foster collaboration and leadership and may include emphasis in the following areas:

- Cross-training in lab, front desk, and medical records
- Cross training for coverage of other practice divisions such as Internal Medicine, Dermatology, Pediatrics, or Ob/Gyn
- Participation in evaluating medical assistants at level I on yearly staff competencies

- Ongoing self-improvement through formal education, mentor selection, and other methods as identified in written annual goals.^{iv}

Project Implementation and Completion: Once an MA is accepted into the clinical career ladder, she or he works with the practice manager to arrange additional experience akin to a mini-internship to obtain cross-training in a skill or practice division. The work is included in the MAs’ everyday schedule. Projects are intended to be practical and skill-building through every-day application and hands-on learning.

Projects are extra work for the practice manager or supervisor, who must first coach the MA in developing an application, and then guide the MA’s work on the project and coordinate with other clinics or departments as necessary to implement the project. For example, if an MA in Internal Medicine wanted to cross-train in Ob/Gyn, his or her supervisor would need to find coverage for him or her in Internal Medicine, and arrange a schedule with the Ob/Gyn supervisor for the MA to observe in that division.

At the completion of each special project the MA must submit documentation of how the project was completed and how the knowledge gained supports the organization’s goals of “best patient experience; best people” and/or exceptional financial outcome. The practice manager and/or the MA present the results to the review panel. Sometimes the projects do not result in a promotion because the MA did not achieve his or her goals or because the MA did not document his or her work.

With the successful completion of the project(s) and all affiliated goals/activities of the clinical ladder step there is a 2% permanent pay increase and title change.

Project Descriptions: Many projects have included cross-training that allowed MAs to learn laboratory, front desk, or medical records skills so that they could assist and cover for other employees. This makes the MA a more flexible and valuable employee.

Occasionally, cross-training simply allows an MA to better understand how his or her own role impacts and is impacted by other clinic functions. For example, an MA may study billing and coding procedures as part of the career ladder project. The

goal is for the MA to understand billing and coding better so she or he can examine how it impacts his or her own work as an MA and how his or her work as an MA impacts billing. The MA will probably not work as a biller unless she or he changes job classification. Staff noted that one MA did actually change her job classification to become a coder because she enjoyed the work so much, but that meant applying for a different position within the organization.

Some MA projects have led to expansion of clinical roles for MAs who have been recognized as being especially focused and skilled.

One very competent MA was trained to work in a Coumadin clinic run by a physician provider. She went through six months of training with a physician who taught the material at the level he would teach to medical students. The MA was able to complete the curriculum at the same level of quality as the nurses involved, so she was allowed more responsibility than generally allocated to MAs. This MA fills a care management role utilizing software (StandingStone) with specially developed protocols to help direct her work with patients to adjust their medication. She works with an RN and a physician to administer this program.

Another MA helped to develop a tool to screen for post-partum depression in the Ob/Gyn clinic. She had heard complaints that patients' depression was being missed, so she wanted to help create a tool to identify this devastating condition. She worked with a psychologist to develop the tool and arranged to have the psychologist come and speak to the staff about this issue. This screener is now used by six of the eight physicians and the midwives in the clinic.

Ongoing Training

Clinical Training: MAs receive competency training within their first 90 days of employment. As one administrator noted, "We don't want to hire and just assume; they need to know how to work at NMPG." It is hands-on training within the regular workday, with sign-off on a checklist by a supervisor. This clinical training is being upgraded and revised by the new manager of clinical education. (See "Future Plans".)

Customer Service Skills: Since 2004, new MA hires have been required to attend customer service

training. The training takes several hours and includes topics such as effective patient outcomes, appropriate work dress, email, and other communication with patients, how to address upset patients and not take conflicts personally. This training, which is intended to improve patient satisfaction scores, includes role playing around these issues. Training sessions are conducted by personnel from the patient satisfaction department and human resources personnel. (See "Challenges".)

"You get a lot more retention and pride in their (MA) job. The quality of care is improved. Process flow and retention is improved. You don't get as much turnover. It gives them something to work towards, and that is good."

-Sheila Barton, Manager of Clinical Education-

MA Roles

Human resources representatives noted that MAs are a vital part of operations. In most cases, they are paired one-on-one with a physician. MAs keep the physician moving and serve as a liaison between the patient and the physician. A few sites are experimenting with a system where MAs work with any physician onsite that needs their assistance, but this is an exception to the rule.

MAs generally perform traditional medical assistant tasks such as rooming patients, collecting and documenting vital signs and initial history, phlebotomy, and administering vaccinations. In some specialties such as dermatology, they may assist with minor procedures. MAs also assist with prescription refills, which may be done via e-prescribing.

Physicians generally have 36 hours of patient time per week while the MAs have 40. When the physician is not there, or between patients, MAs conduct follow up calls with patients. MAs work with the physician to make sure that patients' tests are completed and MAs then call patients to report normal test results. MAs may also assist with

scheduling. Some providers have more than one MA assisting with callbacks due to the large volume of patients.

In clinics that do not yet use electronic health records (EHRs), MAs are responsible for pulling charts.^v

NMPG has been cautious about MA role development due to concern about scope of practice issues and usurping nurse roles. MAs do not administer any medications, nor do they do any phone triage or health coaching—all of these tasks are handled by RNs.

According to one administrator, a couple of the clinical career ladder projects have really pushed the envelope in terms of MA roles in the organization. However, these cases tend to be exceptions for star performers.

Resources

NMPG has worked to develop a stable payer-base in order to generate strong downstream revenue while also providing charity care. NMPG is owned by Northwestern Memorial Hospital, while their specialists to whom they refer are a part of the Northwestern Memorial Faculty Foundation—a faculty practice affiliated with the Feinberg School of Medicine.

The organization has made a material commitment to the MA clinical career ladder and staff training in general by hiring a nursing supervisor to fill the recently re-introduced position of manager of clinical education. Northwestern Memorial Hospital has significant educational resources that can be tapped to further develop educational initiatives on the outpatient side.

The 2% pay raise for completion of a clinical career ladder project comes out of the individual clinic budget. However, one manager noted that the costs of the pay raises were minimal and a good investment in staff training and retention.

Clinical career ladder project activities take place during the workday. While this requires extra work on the part of MAs and their supervisors, physicians are reportedly very supportive of the program because they want more knowledgeable, professional MAs. The MAs usually do their work on their projects when their physician is out of the

office.

Challenges

MA Skills and Professionalism: Finding MAs with the right skills, attitudes, and work ethic can be challenging. In order to assure that MAs have the right skill set coming in, human resources instituted pre-employment testing for MA candidates. Applicants must pass a computerized aptitude test on verbal ability (including spelling and grammar), numeric competence (basic arithmetic and math), and medical terminology. MAs are required to be certified, or obtain certification, within the first six months of employment. (See “MA Career Impacts” for more information on certification requirements.)

In order to maintain MA skills during employment, NMPG developed standardized core competencies for MAs. These are included in job descriptions and annual performance reviews so that expectations and standards are clear and applied across the organization.

Concern about overuse of sick leave, tardiness, and customer service skills prompted human resources to develop and incorporate a behavioral assessment tool into pre-employment testing. Human resources staff and supervisors have found this useful, in conjunction with pre-employment testing and other screening, in understanding candidate aptitudes and training needs.

Customer Service: Because Northwestern Memorial HealthCare has a reputation for high quality, patients expect exemplary service and “to be catered to.” This puts particular pressure on frontline staff to keep wait times to a minimum and provide top-notch customer service.

NMPG collects satisfaction scores within a week of each patient visit using the online Press Gamey patient visit insights survey. While NMPG scores well overall in customer satisfaction surveys, managers would like it to be in the 90th percentile by 2012. Managers are utilizing customer service training to target the two areas they feel could be improved—wait times and MA customer services skills. MAs tend to receive lower patient ratings than other NMPG employee groups. Managers reported sometimes receiving patient comments such as, “Why are you hiring people who never smile?”

Customer service training is currently targeted towards new hires. The organization will expand this training to provide refresher classes for incumbent employees starting in 2011. This training is described in more detail under “Ongoing Training”.

One administrator noted that the MA clinical career ladder tends to attract the best MAs, but the organization should not neglect the MAs that are more “on the edge”. Some MAs may be clinically adept but just need additional training in customer service to become high quality employees. Anecdotally, success and recognition in this arena may build confidence and interest in eventual participation in the career ladder program.

MA Workload: While the clinical career ladder was developed to inspire and reward MAs for creativity and performance, administrators reported that some MAs may be skeptical of the program because of a concern that if they participate, they will be given more work and/or more challenging work.

While participants found the new skills and responsibilities worthwhile, they did note challenges in finding the time to learn new skills while managing their regular duties.

Economy: Some MAs have completed both the MA I and MA II rungs and are eager for further educational and promotional opportunities. Ideally, supervisors would encourage these high performers to obtain nursing degrees.

However, time and finances are barriers to pursuing further education for many employees. Administrators have wanted to institute a tuition reimbursement program for some years. However, the recession and current lack of openings for new nurses within NMPG has discouraged management from committing to this expenditure.^{vi}

Location: Sometimes the location of NMPG has served as a challenge to recruiting MAs for certain practices. NMPG has had difficulty recruiting MAs for clinics located in the suburbs north of Chicago, such as Lake Forest. Most of the incumbent MAs live in the South Side of Chicago and would have to make a 2 hour commute north. The organization has been conducting outreach to a new set of MA training programs and assigning some externs from these programs to the northern clinics. Many practices end up hiring an extern who has worked in

their clinic. The managers, staff and providers have gotten an opportunity to work alongside externs and evaluate their skills. NMPG administrators are also working with the affiliated hospital to assist with recruitment in the suburbs.

Outcomes

The literature suggests that despite the purported benefits of clinical ladder programs, formal evaluations of these programs are uncommon,^{vii} especially in the ambulatory care setting. An extensive formal evaluation of an RN clinical ladder conducted at Inova Health System hospitals in Virginia did establish that Inova’s program enhanced employee satisfaction, retention of program participants, and resulted in cost-savings due to decreased turnover amongst participants.^{viii}

While much of the current evidence of the impact of the MA clinical career ladder at NMPG is anecdotal, administrators and MAs feel that the program has improved MA retention and satisfaction as well as outcomes in individual offices.

Recruitment: While the clinical career ladder program may impact recruitment, human resources personnel report that the Northwestern name and prestige is the main draw for new employees.

NMPG accepts a large number of externs every year, and hires many of these externs. It currently gets all of its externs from a private MA program offered by a local private college. Graduates from this program are preferred because they receive an associate’s degree through the program and take the certification exam as part of their schooling. There are two classes a year and NMPG takes between five and twelve MA externs per class.

Retention: The average tenure of MAs at NMPG is three years, although there are MAs who have worked there for up to thirteen years. Very few of the MAs who participate in the clinical ladder voluntarily leave the organization, and very few are discharged.

Administrators feel that the clinical ladder has had a positive impact on retention, although decreased turnover may also be related to the recession and high rate of unemployment. The organization’s total turnover for all positions decreased from 8-10% in 2007/2008 to 5% in 2009/2010. MA turnover dropped dramatically in the same period, decreasing

from 32-38% in 2007-2008 to 16-17% in 2009-2010. Inversely, participation in the clinical ladder program increased to a high of 11% in 2010 compared to an average of 8% over the prior three years.

Cost Savings: Human resources consultants noted that it costs roughly \$9,000 to recruit, hire, and train a new MA. Turnover is expensive; hence it is worth the 2% raise associated with the clinical career ladder in order to retain good MAs.

“From a recruitment perspective, the cost of hiring for any position is expensive. Naturally, when we hire MAs, we like to keep them. Hence, when we balance the cost of the clinical ladder against the cost of losing them and having to re-hire; it is an easy choice.”

*-Cindy McGinnis Davis,
Director Human Resources-*

MA Career Impacts

Certification and Standardization: Around the same time NMPG adopted the MA clinical career ladder, the group also decided to require that MAs become certified. Administrators hoped that by requiring certification they could even out some of the disparities in skill levels they observed among MAs and encourage a certain level of professionalism. They gave incumbent MAs a year to obtain certification.

NMPG administrators originally preferred certification through the American Association of Medical Assistants (CMA or Certified Medical Assistant). However, they made the decision to require the Registered Medical Assistant (RMA) certification required through American Medical Technologists. The intent was to get the MAs up to the same basic level without having to terminate anyone. NMPG administrators report that the CMA certification is more difficult to obtain and more expensive to take, has only bi-yearly testing opportunities, and requires graduation from an accredited program. Administrators observe that in contrast, the RMA certification is reasonably priced,

candidates can take the test whenever they are ready, and there is a provision for work experience as an alternative to graduation from an accredited program. There is no pay raise associated with certification at NMPG.

Promotional Opportunities: As noted previously, there are three levels of MA based on completion of career ladder steps. The basic level is MA, and employees can achieve MA I and MA II through successful completion of clinical ladder projects. With the completion of each ladder there is a 2% permanent pay increase and title change. The Clinical Ladder I increase averages \$700 per MA annually in the first year rewarded, while the Clinical Ladder II increase averages \$936 per MA annually.

The number of Clinical Ladder Participants (Level I/II) since program inception has been 35 total (33 Medical Assistants and 2 non-medical assistants). About 18% of those who complete the Clinical Ladder I step go on to complete the Clinical Ladder II.

A majority of Clinical Ladder participants (71%) are experienced MAs with 10+ years total professional (career) experience by the time they participate in the program. However, the years employed with NMPG before participation has ranged anywhere from one to seven or more years.

NMPG is anticipating an increase in overall participation in 2011 based on the large number of MA applicants to the first round program announcement this year.

Administrators would like to develop a level beyond MA II for those who have really pushed to advance further and develop special projects for their offices.

Merit Raises and Bonuses: All employees are reviewed annually and may receive a merit raise based on that review. Completing a clinical career ladder project can be helpful in that it shows initiative and might enhance an employee's chances of receiving a merit raise. However, clinical ladder merits are granted independently of annual performance salary merits. An MA participating in the clinical ladder could receive both types of compensation in the same year.

There is also an annual employee bonus based each clinic's performance in meeting the organization's patient satisfaction, patient care, and

financial goals. In 2010, this averaged about several hundred dollars per person pro-rated based on hours.

Benefits: Employees who work over 24 hours per week are eligible for benefits, which include medical, dental, and vision benefits as well as life, disability, and accidental death and dismemberment insurance. Employees may participate in a 401(k) retirement plan. MAs at NMPG are not part of any union.

Tuition discounts are available for classes at Northwestern University, but the university does not have a nursing program or many other programs that would be a likely career ladder for MAs.

Staff Recognition Program: NMPG sponsors the quarterly “Star Performer” program. Patients and fellow employees can nominate an exemplary employee using a nomination card. There are boxes for nomination cards in every office and clinic. If nominated, employees are invited to a recognition luncheon or brunch. Every department has a winner every quarter.

Satisfaction & Aspirations: The clinical career ladder program allows MAs to participate in career exploration and make positive contributions to their divisions. Because MAs can cross-train in other clinics, they can test whether they have the interest or aptitude to work as an MA in another area of clinical care. Some MAs report greater satisfaction as a result of participation, rising expectations, and a desire for further opportunities for advancement.

Finally, some MAs are seeking additional education to expand their role in the organization in fields such as nursing and hospital administration.

Future Plans

NMPG just created a new position for manager of clinical education. The incumbent in this role works with the directors to develop a training curriculum for new hires and to update annual competency requirements and testing. She spearheads the clinical ladder committee to review applications and final reports for the career ladder projects.

The manager of clinical education surveyed staff and physicians about office functions. The survey included questions about triage; communication between physicians, patients and staff; role

definition; teamwork; skill sets; and competencies. She found that while 92% of staff (including nurses and medical assistants) agreed with the statement “I love taking care of patients and am confident in the care I provide”, a small proportion felt somewhat unsure whether they had the requisite skills. Most (82%) felt that their input was valued by their providers, while 11% did not.

Overall survey results and comments from staff indicated that they were overall invested in their work and desirous of more feedback and better venues for office communication and teambuilding. The manager is incorporating these survey results into a plan to further address the training needs of these staff to build their confidence in their skills and enhance office communication and employee recognition.

She is in the process of conducting a round of competency exams, moving from clinic-to-clinic to familiarize herself with each clinic’s needs. When this process is completed, she will look at revising the testing to include additional material to meet identified needs. She hopes to identify and include MA staff who can be trained to conduct the standardized competency training themselves during the next round. She has found that the MAs themselves are eager to help and willing to cover for one another during competency exams.

“We like to think of our MAs as healthcare professionals. A big part of our excellent patient service delivery model is our MAs being good at what they do and taking pride in it. To ensure this, we support their clinical competencies through annual assessments and training; strategically look for ways to continuously develop their core skills of communication, reasoning, teamwork, and technology (our clinical ladder).”

*-Cindy McGinnis Davis,
Director Human Resources-*

The manager of clinical education intends to improve MA clinical skills, starting with new hires and moving to re-testing of long-term staff who may need refresher training and updating on current practices in clinical procedures. She is also working on integrating clinical training with the customer service training offered by human resources and the patient satisfaction department.

Replication and Lessons Learned

NMPG has developed a fairly unusual initiative for frontline staff recognition and career development by creating a clinical career ladder for medical assistants. The organization has also recently developed a similar program for patient service representatives (PSRs), a group of employees who work in billing and administrative services. The creation of the role of the manager of clinical education signals an increased commitment to staff development.

While administrators have not yet promoted the initiative outside of the organization, they believe it could easily be replicated elsewhere.

The renewed commitment to clinical education will allow administrators to develop tools for more systematic assessment of these efforts so that they can document clinical ladder outcomes. Additional elements that might be helpful in understanding the impact of these efforts would be better documentation of employee projects and follow up with physicians, supervisors, and patients on the utility of career ladder projects. Linking career ladder projects and additional training with measures of patient, employee, and provider satisfaction might also be helpful in tracking the impacts of these initiatives.

"[The clinical ladder program] has met my expectations. I have been exposed to a lot of things I did not know were out there when I was in MA school...I am excited about my current position and my future role at Northwestern."

-Leandra Fleming-Smith,
Coumadin Coordinator, RMA-

"I am grateful to be compensated for something that helps me to grow while benefitting the office...Just the growth and being more well-rounded in the field and in the office is worth more than the pay increase."

-Kenya Jackson, MA I-

Preliminary data suggest enhanced retention among clinical ladder participants and possible inherent cost-savings. Participating MAs report that the projects are meaningful to them and help them to understand their options and develop new skills.

Notes

- i. Zimmer M. (1972). Rationale for a ladder for clinical advancement. *Journal of Nursing Administration*, 2(6), 18–24.
- ii. Nelson, JM & Cook, PF. (2008) Evaluation of a career ladder program in an ambulatory care environment. *Nursing Economic\$*. 26(6), 353-360.
- iii. NMPG MA Clinical Ladder Requirements.
- iv. Ibid 1.
- v. NMPG is using Cerner's Power Chart Office EHR system in most of its clinics. The staff and providers at the Ob/Gyn clinic do not yet use the EHR because they cannot manipulate the software to fit their needs, and they cannot extract information easily in an emergency situation. Because of this, they feel that use of the HER would be a liability unless they can get a program more suited to Ob/Gyn. Dermatology, likewise, is not yet on the EHR system.
- vi. NMPG offers tuition discounts for programs offered through Northwestern University, but the university does not have a nursing program or many other programs that would be a likely career ladder for MAs.
- vii. Schmidt, LA; Nelson, D; & Godfrey, L. (2003) Clinical Ladder Program Based on Carper's Fundamental Patterns of Knowing in Nursing. *Journal of Nursing Administration*, 33(3), 146–152.
- viii. Drenkard, K., & Swartwout, E. (2005). Effectiveness of a clinical ladder program. *Journal of Nursing Administration*, 35(11), 502-506.

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