



THE CAREER LADDER MAPPING PROJECT

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Allied Health Project on Career Ladders:

**Health Career Path Mapping and
Worksite Training Development Project**

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Executive Summary

The Career Ladder Mapping project is funded by the Center for the Health Professions, University of California, San Francisco (UCSF), through grants from the California Endowment and the California Healthcare Foundation. The project partnership is comprised of the Shirley Ware Education Center, Service Employees International Union (SEIU) Local 250, AFL-CIO and Kaiser Permanente-Northern California Region. The main goal of the project is to evaluate and map career paths for 60 hard-to-fill positions within the healthcare setting, using Kaiser Permanente-Northern California Region as a model. The project identifies barriers to career advancement and advises development of career ladder training initiatives. The project includes a recommended model for work-site-training programs designed specifically to offer entry-level health care workers career advancement opportunities within three occupational clusters. These clusters include patient care, technical and clerical classifications. While research for the project focuses on the Kaiser Permanente model of care, the recommendations are intended to be applicable to the broader healthcare industry. With good reason, media, government and medical professionals have paid a great deal of attention to the worsening shortage of nurses in the United States. The problem is immense. In 2001, more than one-in-seven hospitals reported a severe shortage of nurses – with more than 20 percent of Registered Nurse (RN) positions now standing vacant. The American Hospital Association (AHA) documented 126,000 hospital nursing vacancies in 2001. These shortages affect all regions of the country, both rural and urban settings. Since 1998, 60 percent of hospitals surveyed by the AHA said recruitment of nurses has become even more difficult.

Although no region is unaffected, the problem is more severe in some states. According to the General Accounting Office, “The per capita data that tracks the number of nurses per 100,000 in population rank California 49th out of the 50 states.”

The growing lack of nurses is only one piece of the picture. Healthcare systems are unable to fill more than 10 percent of their open positions for other critical positions such as pharmacists and clinical laboratory scientists. This situation is expected to worsen for other crucial providers such as radiology technicians, who anticipate a growth in demand of 20 percent by 2008. Hospitals are finding it difficult to find qualified workers to fill thousands of other positions from surgical technicians to medical assistants. The shortages also effect areas outside of direct patient care, including clerical jobs and other entry-level positions.

No magic bullet exists to fix this severe and growing problem. A large untapped source of new RNs, Licensed Vocational Nurses (LVNs), radiology technicians, medical assistants and surgical technicians is close at hand in the very hospitals suffering these shortages. This is the pool of workers in entry-level and unlicensed assistant jobs. Given an opportunity, these workers could ascend the health-career ladder. Currently they cannot afford to stop working to attend school full-time. These workers often face

other obstacles – such as limited English proficiency, below average basic skills in English and math, lack of a high school diploma, inadequate transportation options, financial or family obligations that prevent them from enrolling in community college classes. A lack of career counseling at places of employment also contributes to many healthcare workers being unaware of the many career-advancement opportunities now available to them.

Employers are sympathetic to the idea of on-the-job training, but find it difficult to implement due to a lack of resources, funding and staff. Once Employers participate in a successful program – whether the training is for entry-level workers or RNs– the work-site-training model brings benefits to both the employer and the employee. For the employer, the training programs provide a way to fill positions with workers familiar with the workplace culture. These programs allow employers to diversify their work force with minorities and men in an otherwise white, female-dominated field. Work-site-training also creates a “feeder system” for departments that have difficulty recruiting employees for certain hard-to-fill positions. Consequently, this opportunity for advancement generates loyalty among employees that reduces turnover and the cost of recruitment. For the employee it means career advancement, higher income and the enhanced motivation to do a good job. For both employer and employee, all these benefits combine to reach the ultimate goal: improved patient care.

The demands of implementing effective work-site training in healthcare are myriad. A first step is to map out the pathways by which hospital employees can advance their careers. A second step is to develop partnerships with the employers, unions, community colleges and government to develop and implement programs. A third step is to support employees on their path to career advancement by maintaining relationships with the Project Partners and assisting each individual at every step of their career ladder. The partnerships formed are essential to support the work-site-training programs from implementation to placement on the job.

The Project Partners

The Health Care Workers Union, Service Employees International Union Local 250, AFL-CIO affiliate, is the second largest healthcare workers union in the nation, the largest in California. “An organization of over 85,000 Northern California caregivers, united to achieve better care for our patients and better lives for ourselves and our families.”¹ Local 250 is at the forefront of the rejuvenated American labor movement, and we are committed to building a strong, effective, diverse and democratic voice for working people.

Local 250 members include certified, licensed and registered nurses, dietary and environmental service workers, paramedics, respiratory therapists, lab technicians, pharmacists, homecare providers, clerical workers and many other classifications who work under union contracts at approximately 300 Northern California private and public facilities. Local 250 is comprised of six divisions including Kaiser Permanente, Acute Care, Convalescent, Home Care and Emergency Medical Services.

Local 250 has been vital to the development of career pathways. It has created professional and technical councils to provide strength in the profession for needed legislative changes that affect education and the demands of the workforce. In addition, the union supports programs that aid in all levels of healthcare, beginning with individuals who require English as a Second Language (ESL) or General Education Diploma (GED) classes. SEIU Local 250, AFL-CIO started a non-profit organization in 1996, in the memory of former Secretary/Treasurer Shirley Ware, to specifically address the education and career training needs of its members.

The **Shirley Ware Education Center** was founded by the Health Care Workers Union, SEIU, Local 250 in 1998, to provide needed training for current healthcare workers and to train new workers in response to the healthcare staffing crisis. In the first few years of training programs, hundreds of workers have taken advantage of the opportunities offered by the Center. Among other projects, the Shirley Ware Education Center has developed Certified Nurse Assistant and career upgrade programs and provided workers with health and safety education. The center seeks innovative ways to provide entry-level opportunities in healthcare. In the community, the Shirley Ware Education Center works with other agencies to train and/or retrain potential healthcare workers, providing them with the necessary skills for jobs.

The Shirley Ware Education Center is a non-profit organization and all of its programs are funded by grants. Funding organizations have included the U.S. Occupational Safety and Health Administration, The California State Employment Development Department, the U.S. Department of Labor, and the Oakland Private Industry Council (PIC).

In 1999, the Shirley Ware Education Center received the Oakland PIC's "Excellence in Service" award and continues to receive OSHA to provide needlestick and back injury prevention training to Local 250 members.

Kaiser Permanente, the largest non-profit health maintenance organization in California serves 8.1 million members in 11 states and the District of Columbia. Headquartered in Oakland, California, Kaiser Permanente has been taking care of patients for more 50 years. There are 12 service areas in California which include 28 medical centers with 84,000 employees. The company is broken down into three entities: the Permanente Medical Groups, Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc. In 2000, Kaiser Permanente entered into a national labor-management partnership with the unions of the AFL-CIO.

Local 250, the Shirley Ware Education Center and Kaiser Permanente, in conjunction with other AFL-CIO affiliates make up the National Labor Management Partnership. Established in 1997, the goals of this partnership are "designed to improve the quality of healthcare, make Kaiser Permanente a better place to work, enhance Kaiser Permanente's competitive performance, provide employees with employment and income security, and expand Kaiser Permanente's membership."² This was developed to create an atmosphere of collaboration, inclusion and mutual trust. The goals of the company, its employees and members are now one and the same: To provide quality patient care to Kaiser Permanente members and improve health services for their surrounding communities.

Shirley Ware Education Center

Health Career Path Mapping and Worksite Training Development Project

The Public Healthcare Crisis

Today's demographics tell an alarming story. Between 2010 and 2030, the U.S. population will show a six percent decline in the proportion of people aged 18-64. Meanwhile, the proportion of the population aged 65 and older will increase from about 13 percent of the population to 20 percent. That is, there will be an additional 30 million Americans aged 65 or older. During this period, the ratio of caregivers to people most likely to need care will decrease by about 40 percent.

Statistics on the shortfall of Registered Nurses (RNs) in the United States show the dimensions of the problem. According to the Health Resources and Services Administration, the number of RNs under the age of 30 dropped 41 percent between 1983 and 1998. For every five RNs retiring during the next seven years, only two new nurses are expected to take their place.¹ In 2001, according to a survey by the American Hospital Association, there were 126,000 unfilled RN positions at the nation's hospitals. One in seven hospitals reported RN vacancies.² This shortage affects rural and urban hospitals in all regions of the United States. According to a study by Dr. Peter Buerhaus and colleagues, the U.S. will experience a 20 percent shortage in the number of nurses needed in the U.S. healthcare system by the year 2020. This translates into a shortage of 400,000 RNs nationwide.³

For some states, however, this grim prediction of a possible future crisis 10 or 20 years down the road has been overtaken by the current situation. California is one of those states.

According to the General Accounting Office, California ranks 49th out of 50 states for employed RNs per 100,000 population.⁴ The U.S. average is 782 RNs per 100,000 residents, the California average is 544. Eighty-nine percent

of California RNs with active licenses are working full or part time. This limits the supply of non-practicing RNs who can be recruited back into the nursing workforce. That workforce is rapidly aging. The average RN in California is 47 years old, and 30 percent of California RNs are over 50. The state already relies heavily on migration of nurses here. Fifty percent of California RNs were educated in another state or country, but the rate of migration has dropped by 26 percent in the past seven years. While some say the health crisis is a future concern, in California, acute care beds are already being closed due to a lack of staffing. The 2000 Scott Commission Report predicted "a shortfall of 25,000 in California nurses by 2006."⁵ By 2020, California will need more than 60,000 additional RNs, which will require increasing new RN graduates by 30 percent. Regionally, the impact of this problem will be felt at different rates. According to a report issued in 2001, in the mountain and northern counties of California, nearly 50 percent of RNs are over age 50, and an astonishing 16 percent are over age 65. Future nursing shortages caused by the retirement of these older RNs are likely to appear in that region first.⁶

Arrayed against this ever-worsening nursing shortage is the rapidly growing population of the state itself. Between 2000 and 2025, California's population is expected to grow by 52 percent, half from foreign immigration. Alongside that increase will come another: the first wave of America's 78 million baby boomers turns 65 in 2011. Compared with other states, California today is home to largest population of people over 65, 3.5 million of them, a cohort that is expected to increase by 172 percent over the next 40 years.⁷ Currently, the fastest growing segment of this over-65 population is the over-85 segment, 46 percent of whom are disabled.⁸

Providing enough nurses to meet the needs of this aging population, to say nothing of younger Californians, is only part of the predicament the healthcare industry faces. A shortfall is also rapidly becoming apparent among allied and auxiliary healthcare workers – the support and technical staffs, which include professionals in the laboratories, imaging and unlicensed assistants, clerical personnel and others. Allied and auxiliary healthcare workers make up more than 60 percent of the nation’s 10.5 million-person healthcare workforce. These workers play critical support roles in the healthcare system.⁹ According to Janet Coffman, at the Center for Health Professions at the University of California at San Francisco, “Decreases in auxiliary staff, particularly in clerical and custodial positions, training and development, and support technology, have been identified as exacerbating the already stressful nursing environment.”¹⁰

In addition to population growth and the percentage of Californians who are living longer, there are many causes underlying the growing shortage of qualified staff throughout the healthcare industry. These include the aging of the current healthcare workforce, increasing turnover rates, new and higher paying opportunities for women outside the healthcare industry and the lack of upgrade career mobility training programs for current employees.

In California, the healthcare worker shortage has a regional inflection – the explosion of Silicon Valley-related industries. Here, where biotech companies are luring experienced nurses out of the hospitals and clinics, the appeal of these companies is obvious – often there are better benefits, better pay and shorter workdays. For an aging nursing population in particular, this can be very enticing. Nurses also find it very appealing to be aggressively appreciated by these companies for the knowledge they have accumulated from their years in the health field. Finally, biotech companies seem to offer an otherwise elusive hope to nurses fatigued by long hours – the possibility of retiring early, in a financially comfortable fashion.

The state has an increasingly diverse population. According to the *San Francisco Chronicle*, “one-third of all Latinos in the nation now live in California.”¹¹ Moreover, the U.S. Census reports that 9.3 percent of California’s population is of Asian descent, half of them first-generation immigrants. This presents an acute need to find workers who can respond to

the bilingual needs of their patients.

Recently, the state of California released its hospital licensed nurse to patient ratios. These ratios will have a serious impact on hospital recruiting needs. The ratios include both LVNs and RNs working together to give patients a higher quality of care.

Finally, nursing is a physically demanding profession. With the workforce shortage already in a higher-than-average age bracket, many nurses are questioning how much longer they can work. The General Accounting Office (GAO) reports that 40 percent of all RNs will be older than age 50 by the year 2010.¹² According to the American Organization of Nurse Executives, the average RN turnover rate in acute care hospitals in 2000 was 21.3 percent.¹³ A study released in April 2001 found that one out of every five nurses currently working is considering leaving the patient-care field for reasons other than retirement within the next five years.

In the past, in order to fill shortages, some facilities recruited foreign nurses, but the new trend is to train current U.S. healthcare workers because the shortage has become worldwide.

The Career Ladder Mapping Project

The Career Ladder Mapping Project was funded by the Center for the Health Professions, University of California, San Francisco, through grants from the California Endowment and the California HealthCare Foundation. To help ameliorate the worsening healthcare staffing situation, the Shirley Ware Education Center, in conjunction with Service Employees International Union (SEIU) Local 250, AFL-CIO, and Kaiser Permanente in Northern California began development of a career ladder mapping project in 2001. While research for the project focuses on Kaiser Permanente's model of care, the results are intended to be applicable to the broader industry. The pathways illustrate in detail the skills, educational requirements and certification processes for 60 job classifications. The goal was to identify, map and develop career pathways into and through healthcare specialties that could be used to aid and encourage career advancement for incumbent workers within the healthcare industry. Skill assessment tests, academic training, the factoring in of experience, and state and national certifications were key elements included in the mapping project.

Career Ladder Pathways

Given the wealth of positions and skill levels in healthcare, it is not implausible for an individual to move anywhere on the healthcare ladder with advanced education. However, when recruiting from the internal workforce, many employees have been exposed to certain areas of practice that interest them, and they may want to follow those specific career tracks. Educating employees about career ladder steps will help them select and reach their professional goals. If an employee wants to move ahead in his or her current area of expertise, career ladders allow them to use the experience they have already gained.

To organize our analysis in a way that would assist program development and career counseling, we arranged the career pathways into three clusters: patient care, technical and clerical. The Patient Care cluster consists of individuals that have direct patient contact – such as nurses. The Technical

cluster includes those workers who run tests or dispense medications – such as pharmacy technicians. The Clerical cluster includes employees who process paperwork or handle billing, dictation and scheduling – such as a Unit Assistant.

An example of the pathways identified within each cluster is illustrated below – the Nursing Pathway. The Nursing pathway is based largely on experience collected through programs that have already been implemented under grant-funded projects by the Shirley Ware Education Center and Kaiser Permanente. Nursing was also chosen due to its impact on today's health care crisis: RNs represent the largest classification of patient care providers in the U.S.; therefore the shortage of RNs is of critical importance to hospitals and other employers of RNs nationally. Higher-skill nursing positions require several years of formal education – longer if one wants to specialize – therefore our aim was to focus on and develop career ladders in nursing first, to meet the immediate need, while we continue to develop programs for other entry-level healthcare opportunities in other clusters.

For further detail on all of the clusters and pathways, see graphic representations in Appendix A.

Barriers to Advancement

As we researched programs, interviewed incumbent workers and developed our career maps, it became clear that our instincts about barriers to career mobility were valid: simply mapping out career paths will not prompt a wave of employees going back to school, particularly among low-wage workers, who often have less formal education and fewer resources at their disposal. The following section outlines six main areas that we identified as barriers to advancement. Training programs for healthcare workers must address these barriers if the programs are going to be successful in attracting and graduating students. Successful practices to overcoming barriers are mentioned where applicable. See Appendix D for surveys of incumbent workers.

Six Major Barriers to Advancement

- Lack of a GED or high school diploma
- Remedial education and language challenges
- Structural barriers to education
- Workplace culture and entry-level opportunities
- Cost of transportation
- Cost of training

Lack of a GED or High School Diploma

The lack of a GED or high school diploma gets in the way of formal education for many entry-level workers. The figures are staggering: since 1983, “over six million Americans dropped out of high school altogether. In 1996, 44 percent of Hispanic immigrants aged 16-24 were not in school and did not hold a diploma.”¹⁴

Given the growing need for healthcare workers in general, Hispanic and other under-represented workers specifically, it is critical that we develop educational programs that enable these potential workers to overcome obstacles that get in the way of employment opportunities.

Toward that end, in the fall of 2002, SEIU Local 250 and the Shirley Ware Education Center initiated a GED program for Union and community members. In addition, SEIU Local 250 has designed programs to help individuals to enter classes in Vocational English as a Second Language (VESL). Since the Fall of 2002, 164 students have enrolled in VESL classes at SEIU Local 250, which run eight hours per week for 16 weeks.

Remedial Education and Language Challenges

The need for remedial education and classes in English as a Second Language plays a large role in the advancement of minorities, especially in California. Therefore, the development of any healthcare training programs must include a thorough assessment of students in this regard.

Many students have obtained their high school diploma, a symbol of an education that was supposed to provide them with the fundamental skills required for a job. However, graduating from high school no longer guarantees that an individual is prepared to take college-level courses. In fact, “in the U.S., in 1995, nearly 30 percent of first-time college freshmen enrolled in at least one remedial course, and 80 percent of all public four-year universities were compelled to offer remedial courses.”¹⁵

Most graduates do not realize they are not adequately prepared for college courses. They are told that with a high school diploma they now have the necessary basic skills. One report found that, since 1983, more than 10 million Americans have reached the 12th grade without having learned to read at a basic level. And more than 20 million have reached their senior year unable to do basic math.¹⁶ These students will often fail college studies, in healthcare or other fields, because they were not academically ready when they matriculated.

Cultural background also plays a role, especially when English is not a student's first language or when fundamentals in education have not been provided in school. One study found that the average black and Hispanic 17-year-old has National Assessment of Educational Progress (NAEP) scores in math, science, reading and writing that are equivalent to an average white 13-year-old child.¹⁷

Good verbal and written communication is vital to any place of employment, but is particularly important in healthcare when filling out patient charts, reporting out at the end of shifts or articulating a patient's condition to other providers. If individuals do not read well, the likelihood that they can write or speak well is low. Establishing what the fundamental skills are or what they should be for language – including reading comprehension and writing composition – and identifying the minimum skills required to succeed in a training program (e.g. what grade level the textbook is written

for), is important. Starting individuals in training programs who have at least a minimum level of such skills is vital to their success. Those who don't have the skills or require a brush-up need to be pulled out for remedial help before entering the training program.

We recommend inclusion of supportive services in training programs in order to supply students with the tools necessary to succeed. It is important that training programs properly assess a student's current level of skills. Upon receiving assessment results, trainers and counselors must provide the plans for remediation, which generally include case management and strengthening students' fundamental skills. This can be accomplished through mentors, tutoring, on-line courses and referrals to adult education programs as well as independent study.

Structural Barriers to Education

Certification Requirements

Students entering college or work-site programs usually receive a certificate or degree of completion when they graduate. Within the healthcare industry there may be additional requirements such as: fingerprinting, criminal background checks, state board exams and national certification. However, many students assume that the certification step is all they need.

In reality, a student may have to be certified through several different certifying bodies and, sometimes, even through different processes. So the student must identify the profession, identify potential employers and find out what the employer's preference of certification is for that particular job.

One hurdle arises when there are state and national certification options that the employer prefers. Pick the wrong one, and the successful student may not be able to get the expected job. Thus, there is a dire need for the standardization of certifications and education about what employers require. Otherwise, it will remain a process that continues to frustrate the graduated student, depending on the State, the company or the most influential certifying body.

Prerequisites

In addition to certification standardization, there is also the need for college prerequisite standardization. Each college must meet minimum state requirements for particular programs like nursing. However, the prerequisites required for the same degree program vary between community colleges. When a student applies to multiple schools to increase his or her chances for selection, they therefore need to take an array of extra prerequisites to meet the required courses for each college. There are also "recency requirements," which state that certain classes (primarily the sciences, such as anatomy, physiology and microbiology) must be taken within the last five to seven years to be accepted toward the degree program. This type of requirement can put off the working adult who is trying to further their education, who may have taken classes years before, before family and other obligations put their education on hold.

In a recent survey by the Shirley Ware Education Center (see Appendix D), more than half of the healthcare workers surveyed said finding the time to participate in education programs was difficult. Class schedules often do not accommodate working adults, especially those employed in the around-the-clock world of hospitals. For example: workers surveyed who were trying to fulfill the prerequisites for the nursing program preferred evening classes; however most community colleges' nursing classes and clinicals are only offered during the day. This problem is also representative across the spectrum of specialties.

Recommendations

To address these barriers, we recommend formation of a formal committee representing hospitals and healthcare systems, the State Chancellor of Community Colleges, government, Labor Unions and other relevant organizations to standardize prerequisites and focus on streamlining the differences in degree and certification requirements in each healthcare discipline. In California, there are different educational systems, all preparing students for similar programs or progression into advanced programs. It is vital for community colleges and the four-year schools to work together to establish realistic prerequisites for new students. Students come from all backgrounds, but the focus should be development of realistic programs. The committee should also urge the community colleges to incorporate flexible class schedules and condensed programs to meet the needs of working adults.

Workplace Culture and Available Entry-level Opportunities

Workplace culture often does not support the work-site training for career advancement. Ironically, this stems in part because of the healthcare shortage itself. Managers constantly try to fill vacant positions and cover for employees on vacation. Constant turnover does not allow managers time to truly find out the desires of the employees, nor does it allow them time to help cultivate employees' long-term goals. In fact, many managers seek to retain the employees they have, particularly their top performers. Managers also hinder career advancement with inflexible scheduling and other obstacles which create barriers to employees' efforts to get ahead. Employer-supported training programs may be able to help here if they: help to train replacement staff; help managers backfill or replace staff who go into training programs; or provide a project manager whose sole job is to oversee the needs of work-site training components.

A second problem arises when employees advance within their same department, particularly when an employee has worked in a lower classification for a long time, often other staff or managers have trouble adjusting to the employee's new capacity. In addition, because of the already entrenched

hierarchy of classifications, the workplace culture does not always allow newly upgraded workers the status of the new position. This work site cultural bias usually exists when an employee has worked in one classification for a long period of time and then upgrades into a higher job classification. One difficulty they may have is delegating to former co-workers, especially when staying on the same nursing unit. Another difficulty is the need for a higher level of critical thinking and confidence in the decision making process attached to the new role of the upgraded employee.

A final problem is a potential management bias against marketing entry-level opportunities to low-income and welfare-to-work individuals. There is often a stigma attached to this demographic – the idea that such individuals are not hard working and have too many personal problems. This bias is then unconsciously reinforced by the fact that many jobs are advertised only via the Internet. Low-income individuals, particularly those on welfare, do not have easy access to computers and therefore miss out on many opportunities.

Cost of Transportation

Entry-level workers struggle with public transportation needs and the high costs of owning and maintaining a vehicle. Many of them use public transportation or rely on vehicles that are much older and require a high level of maintenance. Often times the workplace, the school, the clinical training site and where people live are great distances apart.

Juggling these transportation needs between school, work and clinical, coupled with the high cost of transportation in general, can present serious hurdles to students and employees. The cost of living in the San Francisco Bay Area is extremely high – and that includes the daily costs of the public transportation system. Finding affordable housing for students generally requires them to live great distances from their places of employment. Consequently, there is a pronounced need for employer-based transportation.

This is made evident by the popularity of existing programs. For example, as a result of employee requests, Kaiser Permanente's South Bay service area recently established a transportation assistance program.¹⁸ The program uses Kaiser Permanente shuttles and carpools to remedy employee complaints that the commute across the bridge from

Redwood City to Fremont and back was not worth the time it took away from their family and themselves. The shuttle system has improved the commute such, that employees who live in the East Bay are now better able to accept jobs in South Bay Kaiser Permanente facilities.

The numbers speak for themselves. From Oct. 20, 2001 to Dec. 31, 2001, there were 454 riders on the shuttle. Between Jan. 2, 2002 and Feb. 28, 2002, the number of riders nearly doubled to 890.

Costs of Training

Though community college tuition is relatively low, most employees do not have the monetary or family flexibility to work and simultaneously attend school. Reducing work hours is not usually a viable option because employees need the income to sustain their families. It is not unusual for workers to hold two jobs. The cost of books and supplies is also a hurdle. Healthcare studies require many science classes, and science books are often the most expensive.

There is also the expense of child-care. Low-income individuals often depend on other family members who help out while the employee works. Adding time for classes under such circumstances can be difficult. Moreover, statistics show that in 1996, almost 20 percent of American households provided informal care to a relative or friend age 50 or older. The organization Futurework estimates that this figure will more than double in the next five years.¹⁹ Unless training is subsidized, many low-skilled/low-wage and current healthcare workers simply cannot participate in available programs. One possible solution is for the broader industry to examine the possibilities of work-site day care.

Recommendations

The ultimate purpose of this document is to provide the paths and tools for employers, labor-management partnership teams, educators and others to work together to create career mobility opportunities for healthcare workers. The document has mapped out pathways, along which training programs can be created or tailored, and has identified barriers that programs, employers, educational institutions and government agencies need to address in order for the programs to succeed.

Further, the community needs to take advantage of innovative programs already in progress, or those that have been successful in the past. Developing new programs is much more difficult than making adjustments to programs for an institution's specific needs. Some pilot programs already underway exhibit many positive aspects. However, even in expanded form, they are not completely adequate to the task. As we mapped the career ladders, it became clear that new training programs are vital to resolve the workforce shortage. Career ladders aid in the development of programs, as well as provide employees the knowledge or interest in finding out more.

The remainder of this document therefore focuses on some of the benefits of career ladder programs and gives examples of successful models and programs put in place by Kaiser Permanente and the Shirley Ware Education Center/SEIU Local 250, to help provide tools and rationale for investing in career ladder training.

Benefits for Mapped Career Ladder Training Programs

There are significant benefits for both the employer and the employee when currently employed healthcare workers are trained at the work site with the collaboration of academic institutions, unions and the industry. Employers are able to train using their own forms and clinics, which can alleviate the “new employee” orientation to the work area. Listed below are additional benefits:

- **Diversity.** Work-site training will diversify the workforce at higher levels, since many low-wage healthcare workers are minorities anxious to advance their careers.
- **Personal Enrichment.** Collaborative training programs can encourage workers to continue their education to meet their career goals. Students are empowered by the community college experience.
- **Flexibility.** As technology increases, new training programs allow currently employed workers to learn new skills within a system already familiar to them. This provides a cross-training environment. If jobs become obsolete this training would offer new avenues for existing employees.
- **Professional Growth.** New training expands an employee’s current skill-set. The new skill-set is enhanced by the experience of familiarity with customer satisfaction, patient confidentiality, infection control and other elements particular to the health field; these skills do not have to be relearned. Upgrading from within allows experience to count.
- **Loyalty.** On-site training increases morale and loyalty. The investment made by the employer promotes a sense of loyalty and mutual trust, making it more likely that those employees who go through the program will stay at Kaiser Permanente.
- **Recruitment.** New programs can develop a feeder system to other departments that have difficulty recruiting to certain positions. Successful work-site training creates a model to continue innovative ways to recruit and retain from the incumbent workforce. Students that have completed training programs advertise their success to others and generate a desire for other workers to explore new career pathways.

Training programs with positive outcomes increases visibility and willingness to expand into other areas of the career ladder.

- **Strong Clinical Skills.** By working with community colleges, training programs can make use of colleges’ skills labs to practice skills before transitioning to the clinical arena. Alternately, if colleges do not have lab space available, employers may be able to use space at the hospital to set up a remote skills lab using current hospital equipment.
- **Coursework Tailored to the Employer.** By involving managers in curriculum development, instructors can incorporate employer-specific forms, policies and other practices into the curriculum, so that students graduate with an understanding of their future worksite.
- **Additional Instructors.** Colleges sometimes have trouble identifying or releasing faculty to teach specialized courses. By partnering with employers, colleges are able to draw on educators or staff from the employer to teach didactic or clinical coursework. If the employer is able to pay their employees to teach, the employee retains his/her rate of pay and benefits, and receives the professional development opportunity to teach.

Successful Career Ladder Programs offered by the Project Partners

The Shirley Ware Education Center, Kaiser Permanente and local Community Colleges have collaborated to develop innovative pilot programs to train internal staff for new, higher-paying positions using the career ladder model. Funded by a federal H1B Skills Training grant the program is able to provide training with academic credit. Students receive on-the-job training to become nurse assistants, medical assistants, unit assistants and surgical technicians. These programs utilize Kaiser Permanente-specific training materials during the didactic portion of training. The clinical training is done at the student’s Kaiser Permanente work-site, which allows for an easier transition into the new position. The H1B program has had an 89 percent success rate and continues to do well. Students attend class 40 hours a week

and receive full pay and benefits during this time. They do not have to work their previous job during training; upon successful completion of the program graduates are guaranteed benefitted positions in their new role. Kaiser Permanente and other grant funds pick up the additional costs that the H1B grant does not cover. Some of the expenses include tuition, books, uniforms, training materials and clinical instructors. Other services offered under this model are: pre-program assessment, case management services, referrals to other supportive services, mentoring and tutoring as needed. Students are also given assistance on their community college campuses, such as orientation to the library, skills labs, learning center and education support services. This model of collaborative work-site training has proved to be very successful. Therefore, Kaiser Permanente retains a workforce already interested and skilled in healthcare.

Another collaborative component of the grant, the Licensed Vocational Nurse to Registered Nurse program takes currently employed LVNs and assists them to graduate from accredited Associate Degree Nursing Programs. Upon completion they will be eligible for the Board of Registered Nursing exam. The training allows employees to go to school full time and work part time, while keeping full benefits and wages. Each week, they receive one paid day off from Kaiser Permanente to help balance their class and work schedules. The grant also pays for books, supplies and graduation fees. These students also receive case management throughout the process, which provides resources such as job placement. The graduates of the LVN to RN program have all successfully passed the state boards on their first attempt, this is a one hundred percent success rate.

Funding Career Ladder Programs

Naturally, innovative ideas and best-practice training projects require funding. However, the growing workforce shortage has encouraged the state, employers and other funders to dedicate more money to developing healthcare career ladders and training programs. They are doing this in order to quickly address the immediate and future needs of the workforce. Some examples of programs that fund career mobility are outlined below.

SEIU Local 1199 Trust

SEIU, Local 1199, AFL-CIO in New York has found a way to fund projects centered on the needs of healthcare employees. Local 1199 has 220,000 members. The 1199/ Employment Training & Job Security Program has two main sources of funding:

1. “Collective Bargaining Agreement money in which the Employers pays 0.5 percent of gross payroll and 0.25 percent of gross pay roll to TUF (Training & Upgrading Fund) and JSF (Job Security Fund) respectively, and lump sum payments to the P&P Fund Inc. (Planning & Placement Fund).
2. Federal and/or State Grants.”²⁰

There are six different funding sources developed under Local 1199’s Employment Training & Job Security Programs:

- Hospital League/1199 Training and Upgrading Fund
- Job Security Fund, the Planning & Placement Fund
- 1199/Health Care Industry RN Training and Job Security Fund
- Local 144 Greater NY Health Care Education Fund and the Local 144 Health Facilities Training and Upgrading Fund
- RN Training Fund

Each fund has a different primary focus. For example, the Job Security Fund gives first preference to laid-off workers, and the Hospital League focuses on Adult and Preparatory Education like GED and ESL. A funding source guaranteed through collective bargaining allows the further development of already-existing best practices, such as the training of low-income workers and implementation of programs that relieve some of an employee’s barriers to advancement, like lack of child care. Because grant cycles tend to be two years on

average, the security of funding will enable developers to create programs for professions that require a lengthier training period, which factors into the workforce shortage crisis.

Gavlin College Allied Health Department

The Gavlin Community College Nursing Program in Gilroy, California, is an example of a “Career Ladder” program. The sequence of courses for students interested in careers in Allied Health follows a career pathway. The sequence of classes is designed to offer students maximum flexibility in achieving career and educational goals, while providing for entry into the next level of the career ladder. The courses have been developed in certain career “steps.” The completion of each step allows a student to work in each occupational category while pursuing a higher degree. A career step must be completed before moving on to the next step. There are three chief steps:

1. The Certified Nursing Assistant (CNA) program or possession of a current California CNA license in good standing. Students receiving this certificate will have job entry skills for the occupation of a Certified Nurse Assistant in a convalescent facility.
2. The Licensed Vocational Nurse (LVN) program. Students completing the Vocational Nurse Program and passing the state licensing examination will have job entry skills for the occupation of a Licensed Vocational Nurse.
3. The Registered Nurse (RN) program. Upon completion of the Registered Nursing Program and passing the State licensing examination and completion of an Associate of Science Degree, students will have job entry skills for the practice of nursing.

Funding Opportunity Examples from Kaiser Permanente

Kaiser Permanente is a leader in providing financial assistance and incentives for its’ employees as well as community members to advance their education. Listed below are some of the many ways:

- **Tuition Reimbursement:** Kaiser Permanente will reimburse employees for up to \$1000 each calendar year. For tuition fees, books and related expenses toward courses. The amount reimbursed is prorated if an employee works less than full-time.

- **Education Leave:** Students may utilize their education leave for taking classes that enhance their work environment. Full-time employees can receive up to 160 hours after the first year of employment at Kaiser Permanente.

- **Forgivable Student Loans:** This program offers forgivable loans of \$5000-7500 per year to employees and non-employees who are enrolled full-time in the final two years of an approved healthcare program in selected nursing and professional/technical specialties. Loans are offered through a competitive interview process. Kaiser Permanente employees get preference. Loans may be forgiven by working for Kaiser Permanente for two to four years after graduation.

- **Tuition Deferrment Loans:** Students in the Kaiser Permanente School of Allied Health Sciences imaging programs are automatically eligible for tuition deferrment loans to cover one hundred percent of tuition. Graduates can repay the loan after graduation or have it forgiven through service if they work for Kaiser Permanente after graduation.

- **Deloras Jones RN Scholarship Program:** This program offers need and merit based scholarships to nursing students across California. The need based scholarship of \$1000-2500 requires applicants to submit a 1040 form to confirm their adjusted gross income. Applicants must, in addition, fall into one of five categories: Academic Excellence, (3.9 G.P.A. or above); Graduate Studies/Doctorate; Under-represented Groups in Healthcare (including minorities and men); Nursing as a Second Career (this category applies to students not currently in a nursing track); and Affiliate Schools. A new category of merit based scholarship offers \$5000 awards to Kaiser Permanente employees pursuing a baccalaureate degree in nursing.

- **Kaiser Permanente Allied Health Career Education Scholarship:** This program managed separately by the California Health Professions Education Foundation offers scholarships of up to \$2500 to students in Allied Health programs statewide. Students must agree to work or volunteer in a medically underserved area of California after graduation.

1 Health Resources and Services Administration, "The Registered Nurse Population: National Sample Survey of Registered Nurses," March 2000.

2 According to the National Council of State Boards of Nursing, the number of first-time, U.S. educated nursing school graduates who sat for the NCLEX-RN®, the national licensure examination for all entry-level registered nurses, decreased by 28.7% from 1995-2001. A total of 27,679 fewer students in this category of test takers sat for the exam in 2001 as compared with 1995. According to a February 2002 report on health workforce shortages prepared by First Consulting Group for the American Hospital Association and other trade groups, the average nurse vacancy rate in U.S. hospitals was 13%. Over one in seven hospitals reported a severe RN vacancy rate of more than 20%. High vacancy rates were measured across rural and urban settings and in all regions of the country. Survey respondents indicated that a shortage of personnel is contributing to emergency department overcrowding and ambulance diversions. *An Acute Care Hospital Survey of RN Vacancies and Turnover Rates in 2000* released in January 2002 by the American Organization of Nurse Executives, the average RN turnover rate in acute care hospitals was 21.3%. The average nurse vacancy rate was measured at 10.2% with the highest rates found in critical care units (14.6%) and medical-surgical care (14.1%). Nurse executives surveyed indicated that staffing shortages are contributing to emergency department overcrowding (51%) and the need to close beds (25%).

3 Peter I. Buerhaus, PhD, RN; Douglas O. Staiger, PhD; David I. Auerbach, MS, et al., "Implications of an Aging Registered Nurse Workforce," *Journal of the American Medical Association* (June 14, 2000)

4 General Accounting Office, "Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors," GAO-01-944, July 2001

5 www.calhealth.org/calanswers/

6 Coffman, Janet, et al., "Nursing in California: A Workforce Crisis," Center for Health Professions, University of California at San Francisco, February 5, 2001.

7 Administration on Aging, "A Profile of Older Americans," 2000 [Online] available at www.aoa.gov/aoa/stats/profile/default.htm

8 Lee, R. & Villa, V, Dec. 10, 2000, Population Aging in California, Berkeley, California, California Policy Research Center)

9 The Center for the Health Professions, University of California, San Francisco [Online], available at <http://www.futurehealth.ucsf.edu/AHexecsum.html>

10 Coffman, op. cit. p. ii

11 www.sfgate.com/ SF Chronicle March 30, 2001/Hispanics Now Make Up Third of Californians/RACE: Whites no longer a majority

12 GAO, op. cit.

13 "Acute Care Hospital Survey of RN Vacancies and Turnover Rates in 2000," American Organization of Nurse Executives, January 2002

- 14 “The Nurse Shortage: Perspectives from Current Direct Care Nurses and Former Direct Care Nurses,” Federation of Nurses and Health Professionals, April 2001
- 15 JAMA, June 14, 2000 – Vol. 283, No. 22
- 16 Breneman, David W., “Remediation in Higher Education: Its Extent and Cost, “ in Brookings Papers on Education Policy 1998 The Brookings Institution, Washington, D.C.
- 17 A Nation Still at Risk: An Education Manifesto (Washington, DC: April 30, 1998) (see www.edexcellence.net).
- 18 Stedman, Larry, “An Assessment of the Contemporary Devate over U.S. Achievement,” in Brookings Papers on Education Policy 1998 (Washington, DC: The Brookings Institution, 1998).
- 19 Kaiser Permanente, South Bay Service Area HR Workforce Planning Department
- 20 “Futurework, Labor Day 1999,” a report of the United States Department of Labor, Alexis M. Herman, Secretary
- 21 Local 1199, Staff Orientation Manual, p.3

Appendices

The following career ladder charts are arranged by related classification in blocks in a diagonal line. They can be used to compare classifications to other classifications to determine transferability. A transfer in a horizontal direction from one position to another usually denotes the same salary. As a rule of thumb, transfers vertically typically denote a 10 percent salary increase. The top box usually denotes the top salary for that classification.

The career ladder pathway charts illustrate various classifications through which an employee may advance, usually by advanced training, additional education or experience and examination.

Appendices Table of Contents

Appendix A: Career Pathways

Eligibility Criteria for Pathway Selection

The graphs represent the hard to fill positions, which were selected due to an increase in need across the healthcare industry. In addition, professions that lend themselves naturally to a career pathway model were included.

Key Code:

- Blue** = Direct Patient Care
- Red** = Technical Areas
- Green** = Clerical Positions
- Lavender** = Entry-level positions

*Bolded boxes indicate starting points in the career pathway

Appendix B: Sample Job Descriptions by Pathway Category

This appendix provides generic job descriptions that offer a snapshot of the various healthcare professions and the roles they play within the career ladder. Each job classification fits into a patient care, technical or clerical cluster.

Appendix C: General Organizations for various healthcare professions

General Organizations/Specific Organizations for various healthcare professions

A list of general organizations has been provided, allowing for access to information about healthcare. The specific organization section includes professional organizations, which allow individuals to gather information specific to that profession.

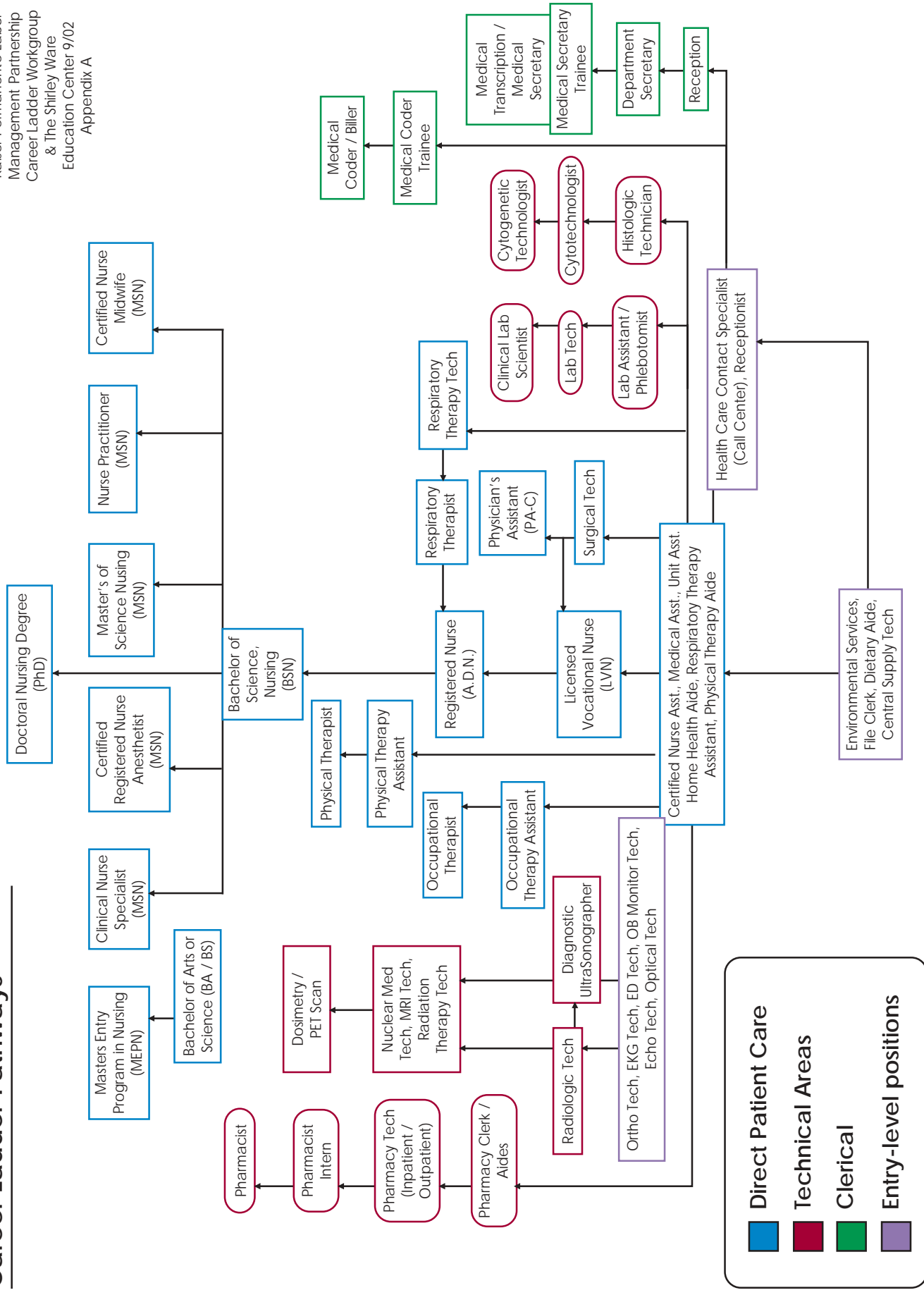
Appendix D: Leadership Conference Survey

Leadership Conference Survey

The Allied Health Survey was conducted in August 2001. Current healthcare employees were given the survey to fill out voluntarily at the SEIU, Local 250, AFL-CIO Leadership Conference. The survey highlights the needs of healthcare workers in the areas of educational and career advancement.

Career Ladder Pathways

Kaiser Permanente Labor
Management Partnership
Career Ladder Workgroup
& The Shirley Ware
Education Center 9/02
Appendix A



Laboratory Career Ladder Pathways

Clinical Laboratory Scientist

Education: Needs a baccalaureate degree from an accredited college, must also complete a clinical education program or medical technician trainee program approved by the California Department of Health Services.

Certification: Licensure by the State Department of Health Services, can also check with the California Association for Medical Laboratory Technology.

Medical Laboratory Technicians

Education: Associate degree in medical technology (or equivalent) from an accredited two-year college.

Certification: Certification through the American Medical Technologists (AMT). The Board of Registry of the American Society for Clinical Pathology gives a national certification exam. Students take this exam after meeting their academic and laboratory education requirements. Those who pass the exam for Medical Laboratory Technician may use the initials, MLT (ASCP), after their name to show they are proficient in their field.

Laboratory Assistant / Phlebotomist

Education: High School diploma or equivalent. California Regulations to be released in 2003.

Certification: Current phlebotomy certification requires a minimum of 20 hours didactic and 100 practice blood draws.

New phlebotomists will be required to complete a 20 hour clinical component.

Cytogenetic Technologist

Education: A bachelor's degree (B.S. or B.A.) in a scientific discipline, or medical technology. Post graduate training requires nine months of intensive cytogenetic training, three months on course work and six months working in a full service lab. Technologists who receive on the job training must work in a lab for one year before being eligible for the exam.

Certification: Clinical Laboratory Specialist in Cytogenetics CLSp(CG) from an approved agency such as the National Credentialing Agency for Laboratory Personnel (NCA) is recommended of the Association of Genetic Technologists. Without CLSp(CG) certification, one to two years previous laboratory experience is required.

Cytotechnologist

Education: Prefer bachelor's degree prior to attendance of the program, but could obtain one as a part of the program. Programs vary one to two years, depending on college credit required for admission.

Certification: Must graduate from a program accredited by the Committee on Allied Health Education and Accreditation (CAHEA). Certification through the Board of Registry by the American Society of Clinical Pathologists. Certification can be received through the International Academy of Cytology or the National Certification Agency for Medical Laboratory Personnel. Also, contact the American Cancer Society for California registration.

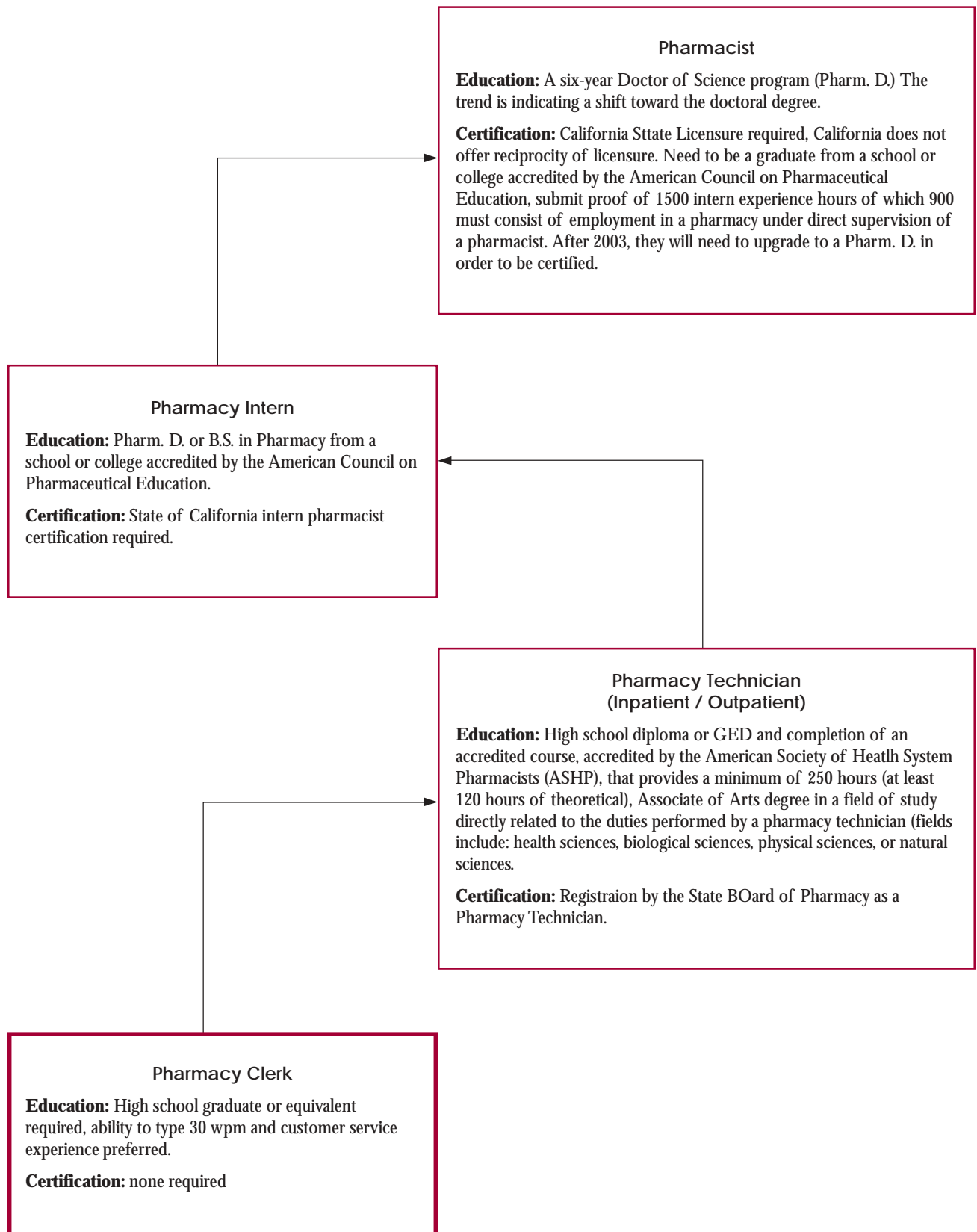
Histologic Technician

Education: Should have one (1) year of college chemistry and one (1) year of experience as a laboratory assistant. Candidates must be approved by the Chief of Pathology. This training can be on the job. Formal training can be six months to two years.

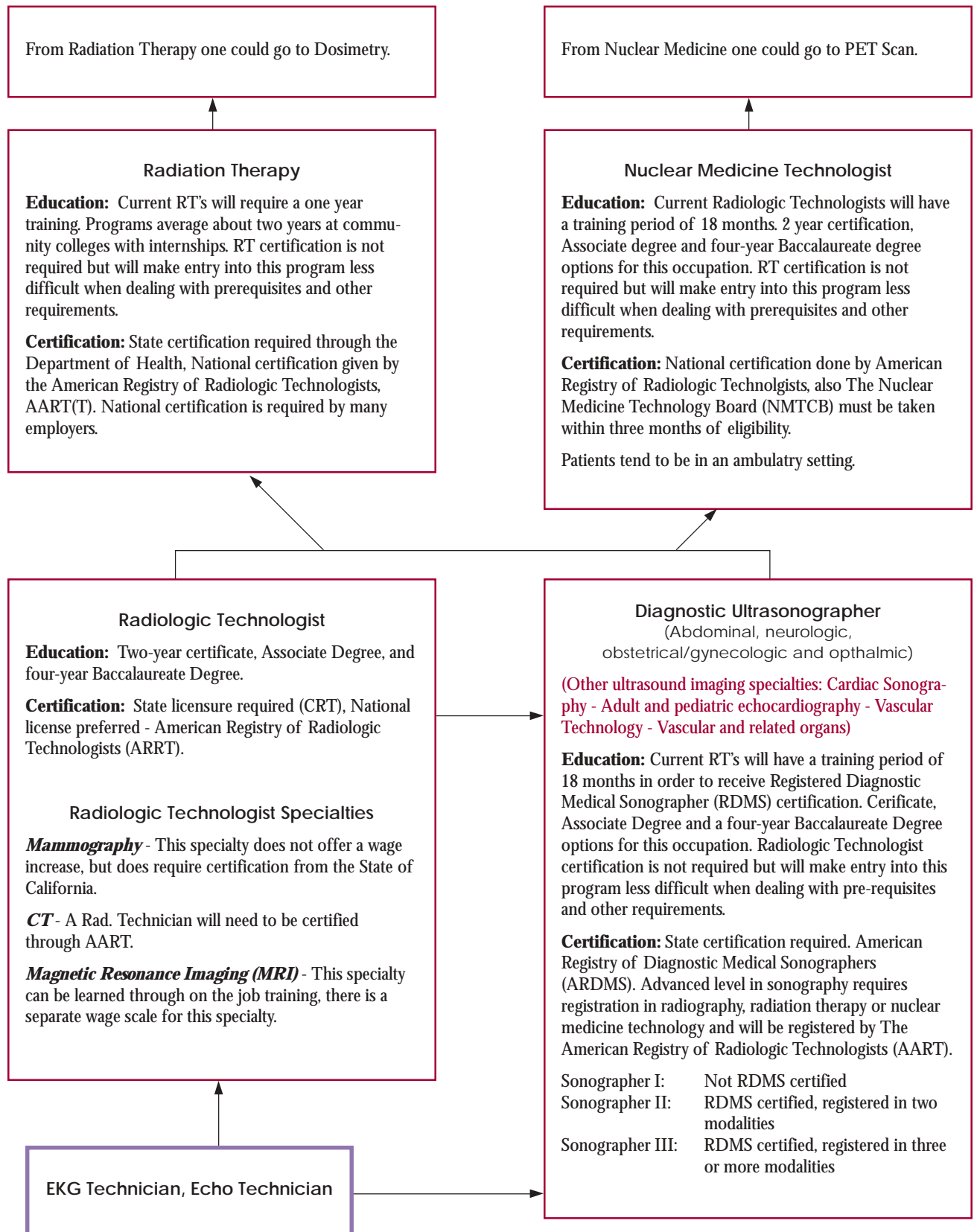
Certification: Must be certified as Histologic Technician by the American Society of Clinical Pathologists.



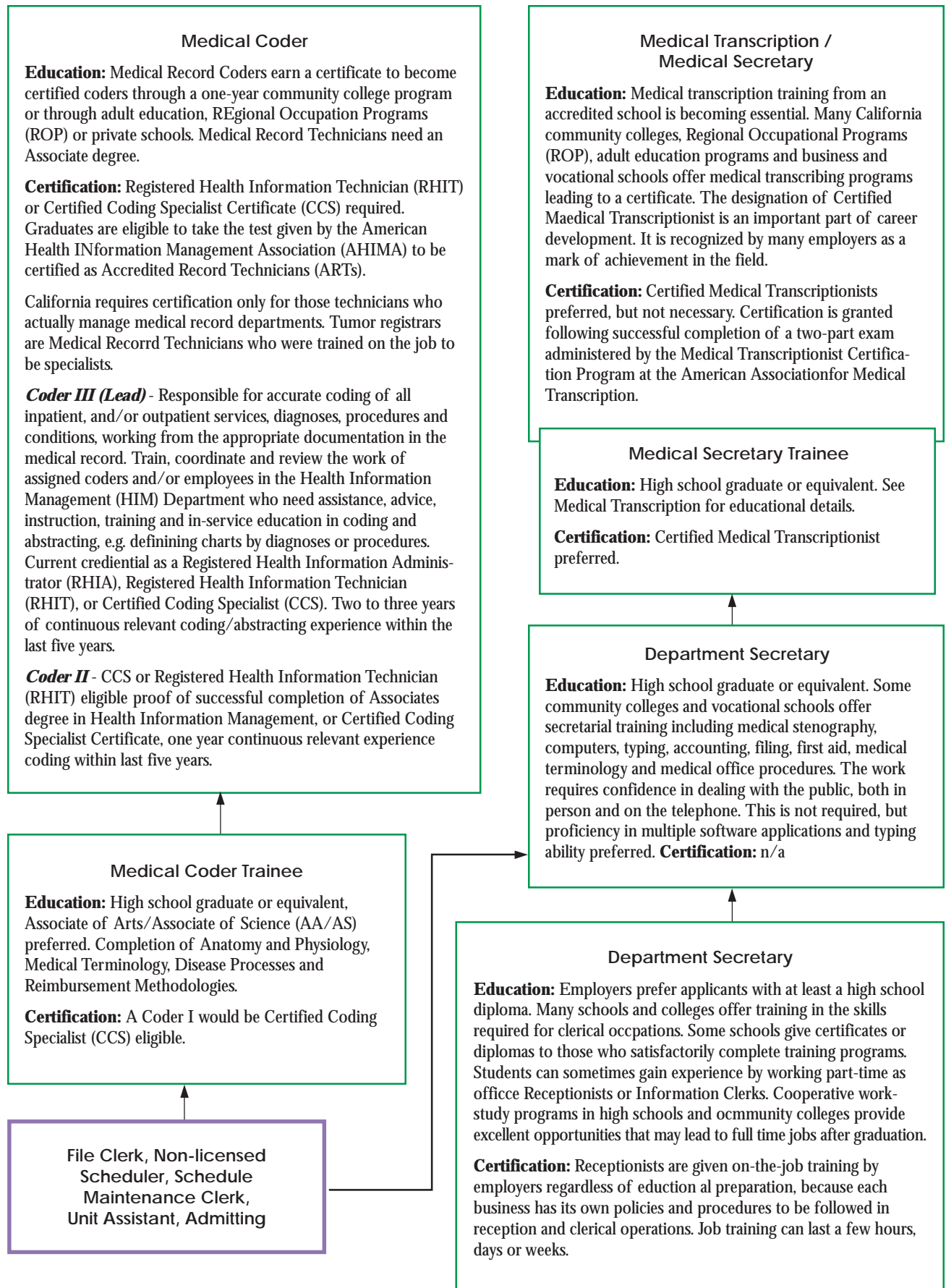
Pharmacy Career Ladder Pathway



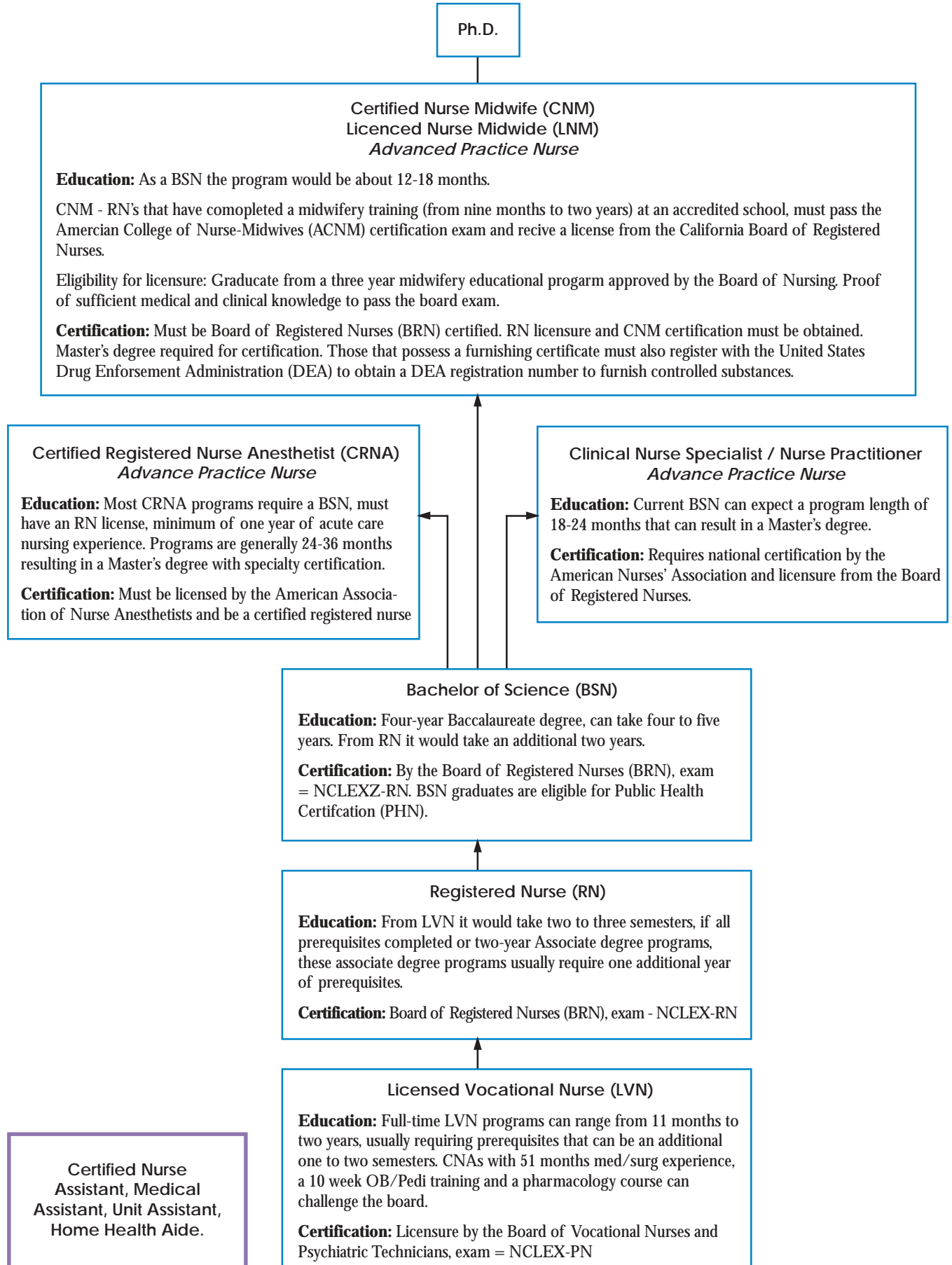
Imaging Career Ladder Pathway



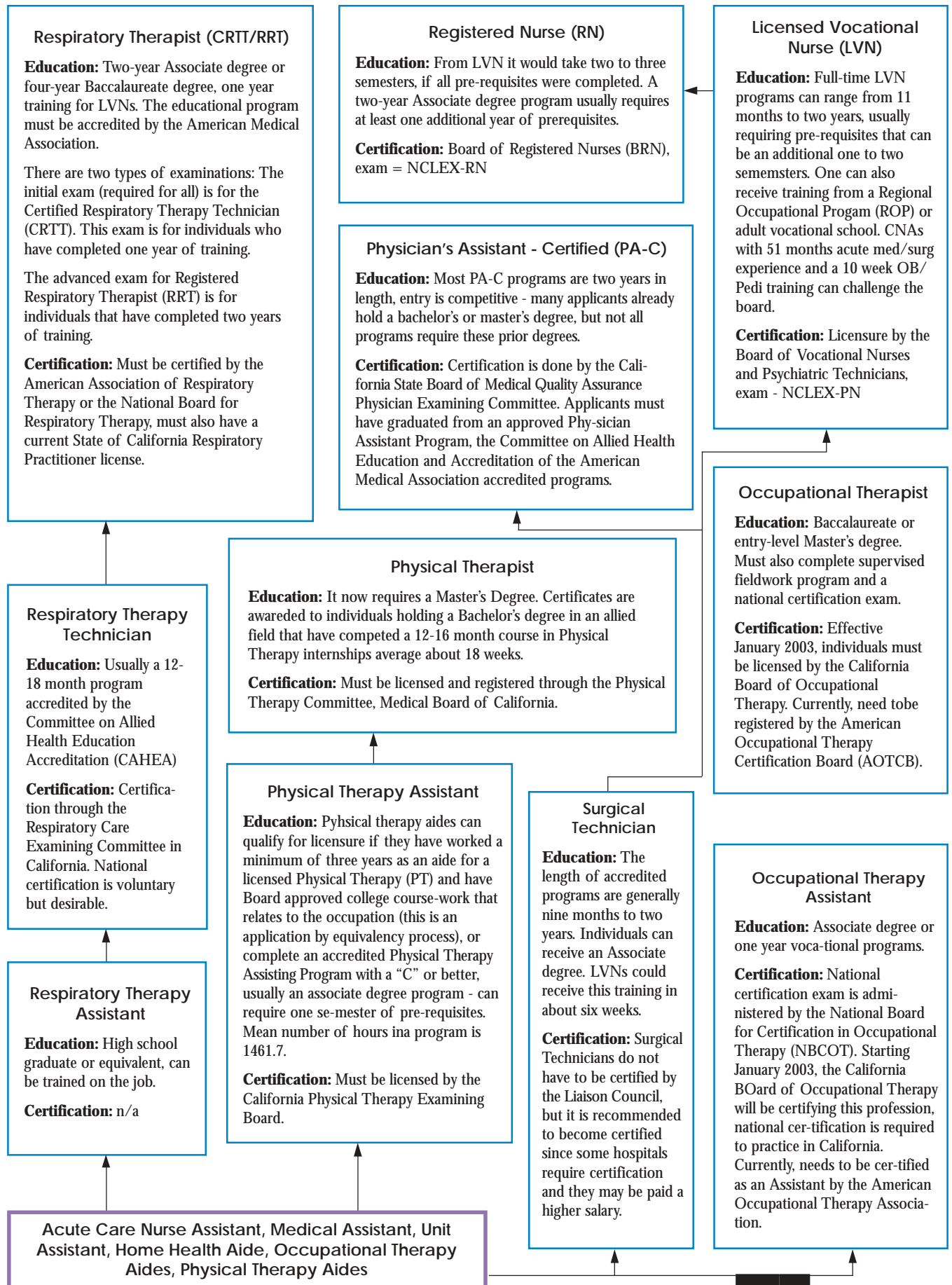
Clerical Career Ladder Pathway



Traditional Nursing Pathway

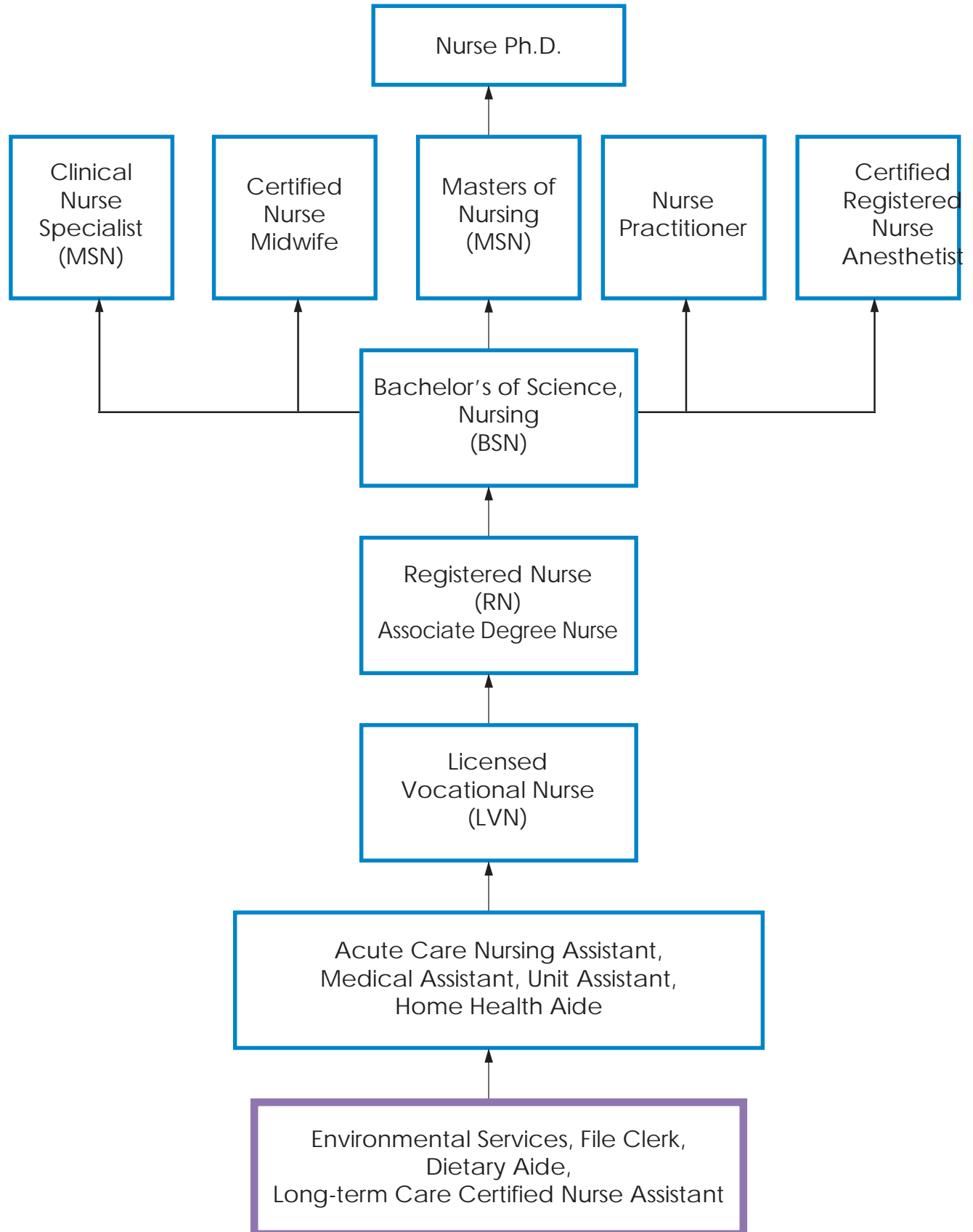


Other Direct Patient Care Career Ladder Pathways



Appendix B:

Sample Job Descriptions by Pathway Category



Certified Nurse Assistant

An Acute Care Nurse Assistant (ACNA) performs direct patient care under the supervision of a RN/LVN. The main role of the ACNA is meeting patients' daily needs such as personal hygiene, safety, nutrition and exercise needs. Nurse assistants are a major part of the health care team responsible for providing patient care as well as collecting, reporting and documenting patient information.

Some successful candidates may possess these qualifications:

- Communication skills
- Interpersonal skills
- Self-motivated
- Time management and decision-making skills
- Critical thinking and stress management skills
- Respect
- Compassion
- Patience

Nursing (LVN)

Licensed vocational nurses provide care to a wide variety of patients. They work under the supervision of a registered nurse (RN), MD or Podiatrist. In hospital settings, a major job for LVNs is to note and record any significant changes in their patients' conditions. They may perform wound care and prepare patients for clinical exams. They also assist in medical examinations by physicians. They report all findings immediately to their supervisor. LVNs perform technical and manual skills in:

1. Basic assessment data collection.
2. Participates in planning and executes intervention in the care plan or treatment plan.
3. Basic nursing service.
4. Administer medications, insert IV's, draw blood, educate patients, and give injections.

In non-hospital settings such as doctors' offices, LVNs prepare patients for exams, change dressings, educate patients about home health care and carry out a variety of administrative duties. Aside from serving on general medical units, LVNs may work in specialty areas such as intensive care, surgery/recovery, obstetrics or pediatrics.

Some successful candidates may possess these qualifications:

- Critical thinking
- Strong organizational skills
- Verbal and written communication skills
- Conflict resolution skills
- Ability to evaluate
- Self motivation and initiative
- Leadership and teaching skills
- Detail oriented
- Ability to prioritize
- Mediation skills

Nursing (RN/BSN)

Registered Nurses are directly responsible for carrying out treatment plans ordered by physicians. This requires a combination of technical skills and knowledge of nursing procedures together with an understanding of expected results. Nursing covers a broad spectrum of situations both inside and outside hospitals.

Inpatient

Hospital nurses determine patients' care needs in light of physician's medical treatment plan. Based on their assessments, nurses formulate care plans, then execute and evaluate their effectiveness. These plans must provide for both the medical and the physical needs of their patients. Nurses also lend emotional support that can facilitate the recovery and rehabilitation process. Because they are in close contact with patients for extended periods, they can provide valuable insights on their progress. Nurses document patients' charts and help prepare them for activities after discharge. A registered nurse may be assigned responsibility over the activities of LVNs and other junior nursing staff members.

Outpatient

Nurses can work in a variety of areas outside the hospital such as nurse educators or community health nurses. They provide services to patients in non-hospital settings. They teach groups about maintaining a healthy environment, proper nutrition, and preventative health measures. They also carry out physicians' plans and provide care for ambula-

tory patients.

Some successful candidates may possess these qualifications:

- Leadership ability
- Delegation skills
- Ability to assess
- Critical thinking
- Strong organizational skills
- Verbal and written communication skills
- Conflict resolution skills
- Ability to evaluate
- Self motivation and initiative
- Leadership and teaching skills
- Detail oriented
- Ability to prioritize
- Mediation skills

Certified Registered Nurse Anesthetist

The nurse anesthetist selects the proper anesthetic and the appropriate dosage for the specific procedure to be performed. They may assist with surgical, obstetrical, or dental procedures. During their activities they monitor patients' vital signs, note their conditions, and follow postoperative course in the recovery room.

Some successful candidates may possess these qualifications:

- Work well under pressure
- Ability to work within a team of other healthcare professionals
- Ability to develop consultation strategies and patient treatment plans
- Assessment and management skills
- Ability to make decisions in an acute & chronic health conditions
- Have an understanding of socio-cultural concepts in health & illness

Nurse Midwife (certified)

Nurse midwives are registered nurses who provide professional health care to women throughout pregnancy, labor, delivery, and for a short time after birth. They maintain consultative arrangements with obstetricians and other specialists to provide assistance when needed. Most midwife-attended births today take place in hospitals. The nurse midwife performs complete physical examinations of pregnant patients and monitors and records the progress of each pregnancy. Nurse-midwives also provide education on proper nutrition, exercise, breast-feeding, child-care and baby's integration into the family. The nurse-midwife supervises the labor period, provides pain-relief medication when necessary, and performs normal deliveries.

Some successful candidates may possess these qualifications:

- Work well under pressure
- Ability to work within a team of other healthcare professionals
- Ability to develop consultation strategies and patient treatment plans
- Assessment and management skills
- Ability to make decisions in an acute & chronic health conditions
- Have an understanding of socio-cultural concepts in health & illness

Nurse Practitioner

Nurse practitioners (NPs) offer health services that enable primary care physicians to provide care to more patients and to deliver services in areas where they are needed. Nurse practitioners handle a wide range of problems. Obtaining medical histories, conducting physical examinations, making diagnoses, and treatment of minor injuries and illnesses are just a few of the duties. NP's can order and interpret laboratory tests, EKGs, and x-ray analyses. They advise patients on health maintenance and perform such routine procedures and injections, immunizations, and wound care. Develop and implement patient treatment plans and write progress notes. NPs assist physicians both in acute, short-term hospitals and in extended-care facilities. Families are educated about disease prevention and family planning and are referred to specialists and community health agencies.

Some successful candidates may possess these qualifications:

- Work well under pressure
- Ability to work within a team of other healthcare professionals
- Ability to develop consultation strategies and patient treatment plans
- Assessment and management skills
- Ability to make decisions in an acute & chronic health conditions
- Have an understanding of socio-cultural concepts in health & illness

Advance Practice Nurse

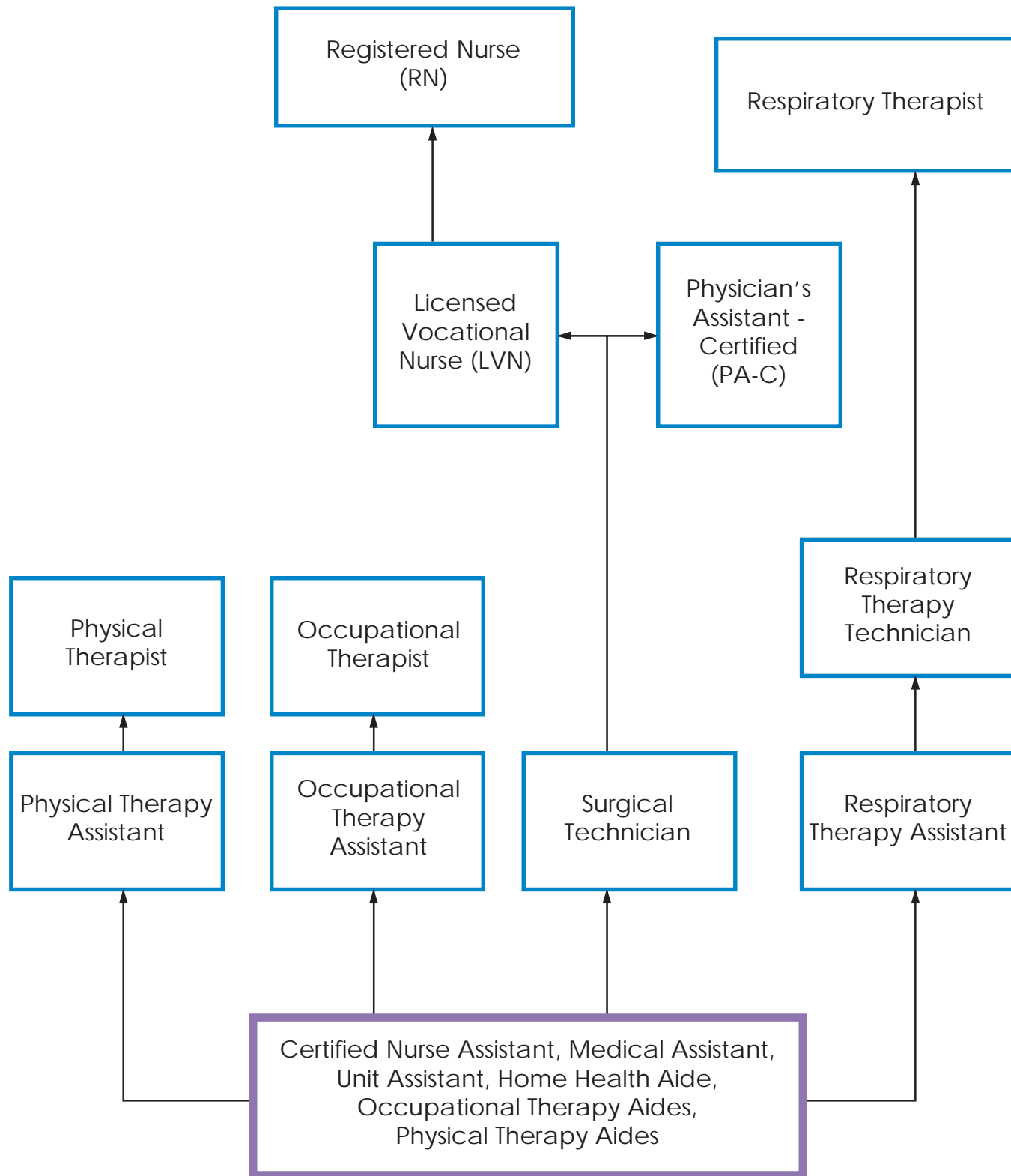
Master's degree prepared nurses typically belongs to one of two categories: the clinical nurse specialist or the nurse practitioner. Clinical nurse specialists usually develop expertise in a concentrated area of study such as

Labor and delivery, oncology, pediatrics, cardiovascular nursing, and, using this expertise, function as an expert clinician, educator, consultant, and researcher. Most clinical nurse specialists work in a hospital, ambulatory care, and home care settings.

The nurse practitioner, by contrast, typically focuses on the primary healthcare needs of the individual and families as well as on disease prevention and health promotion and management of chronic illness. Practice settings generally include but are not limited to health clinics, community health centers, schools, nursing homes, business and industry.

Doctoral (Ph.D.) Programs in Nursing

Registered nurses with many years of experience may want to pursue a doctoral education. The Doctor of Philosophy in Nursing prepares students in the advanced discipline of nursing science. Doctoral programs offer a wide range of topics that contribute to research and theory development of the nursing profession. Doctoral students typically have the opportunity to study with and be mentored by internationally recognized clinicians and theorists in the healthcare field.



Home Health Aide

Home Health Aides provide personal care to patients in their homes in accordance to a doctor's treatment plan, providing a link between the patients and their physician as well as giving patients the independence to live at home. Home Health Aide duties include bathing patients, assisting patients with the activities of daily living, which may include assisting patients with walking and preparing meals. Documentation and communication is reported to the hospice office within departmental policy about patient's needs and observations while providing assistance in the home.

Environmental Services/ Housekeeping Aide

Aide duties include handling of bio-waste, soiled linen, trash, recycle materials, movement of heavy furniture, carpet shampooing, floor scrubbing, stripping and waxing as well as other hospital housekeeping task.

Medical Assistant

A medical assistant is a multi-skilled professional who is qualified to function in both clinical and administrative areas, including a variety of clerical duties. They work under the supervision of a licensed health-care practitioner. The medical assistant also serves as a liaison between patient and doctor. He or she provides guidance and personal attention to the patient to relieve anxiety. The efficiency of a medical office depends, in large measure, on the ability and efficiency of the medical assistant. They sterilize equipment and may also give shots and run routine lab tests, such as urinalysis and finger sticks and take EKG's. Duties include performing simple lab tests, recording patients' height, weight and vital signs and obtain a brief a medical history. Medical assistants help doctors examine and treat patients and do routine tasks.

Surgical Technician

The surgical tech selects and prepares necessary supplies and equipment before surgery. They check all equipment and reports and corrects any unsafe conditions prior to placing on the sterile field. Surgery technicians verify that all equipment has had exposure to sterilization process and determines the integrity of sterile packaging as well as opens all supplies aseptically. They should display dexterity in the used of surgical instruments throughout the procedure. Differentiates between contaminated and clean/sterile areas. Replenished necessary supplies and equipment.

Occupational Therapy Assistant

Occupational therapy assistants work under the direction of Occupational Therapists to provide rehabilitative services to persons with mental, physical, emotional, or developmental impairments. They help injured workers reenter the workforce by helping them improve their motor skills and learning disabilities to increase their independence. Preparation of materials, assembling equipment and clerical duties is part of implementing treatment plans.

Occupational Therapist

Occupational Therapists plan and direct programs designed to help mentally, emotionally and physically disabled patients become self-sufficient. They instruct patients in re-learning the activities of daily living and a variety of other routine tasks such as handling money. Therapists design special equipment to enable patients to feed and clothe themselves. Activities are designed to help patients with balance and coordination problems, with injuries, to their nervous systems, or to help children whose nervous systems are not developing normally. The goal is to enable patients to gain confidence, to adapt to their particular disability. Frequently therapists work as members of a team comprised of physicians, physical therapists, vocational counselors, nurses and others.

Orthopedic Technician

An Orthopedic Technician primarily applies, removes, repairs or adjusts casts, traction, splints, appliances and dressings using proper technique. They measure, apply and instruct patients in the proper use of crutches, canes and assist in transporting patients. Their duties also include stocking and cleaning and maintaining cast room, cast cart, and orthopedic storage areas and supplies in a safe and orderly manner.

Physician's Assistant - Certified (PA-C)

Physician assistants are involved in a wide variety of activities. They can provide primary health care in rural areas where people have little access to doctors, in inner-city clinics where people have little money for health care, and in hospitals and private doctors' offices. These may include taking initial medical histories, performing physical examinations, ordering laboratory tests, and arriving at preliminary diagnoses. They may also be involved in treating medical emergencies such as bruises, cuts, and minor burns. They perform routine therapeutic procedures, such as giving injections and immunizations, cleaning and suturing minor wounds, applying splints and removing casts. They may handle certain phases of pre- and post-operative patient care as well as specialized procedures depending on the area of healthcare they are working in.

Some successful candidates may possess these qualifications:

- Leadership ability
- Delegation skills
- Ability to assess
- Critical thinking
- Strong organizational skills
- Verbal and written communication skills
- Conflict resolution skills
- Ability to evaluate
- Self motivation and initiative
- Leadership and teaching skills
- Detail oriented
- Ability to prioritize
- Mediation skills

Physical Therapy Assistant

Physical therapy assistants work under the direction of a licensed physical therapist to help in the treatment of patients. The guiding program for the physical therapy assistant is the treatment plan developed by the therapist. This includes giving light, heat and ultrasound treatments and massages and exercises that help heal muscles, nerves, bones and joints. They teach and motivate patients to learn or improve necessary activities such as walking, climbing or general mobility. The assistant help teach disabled patients to carry out daily life activities, assists in their prescribed exercises, carries out tests, administers treatments, notes and reports on patient progress.

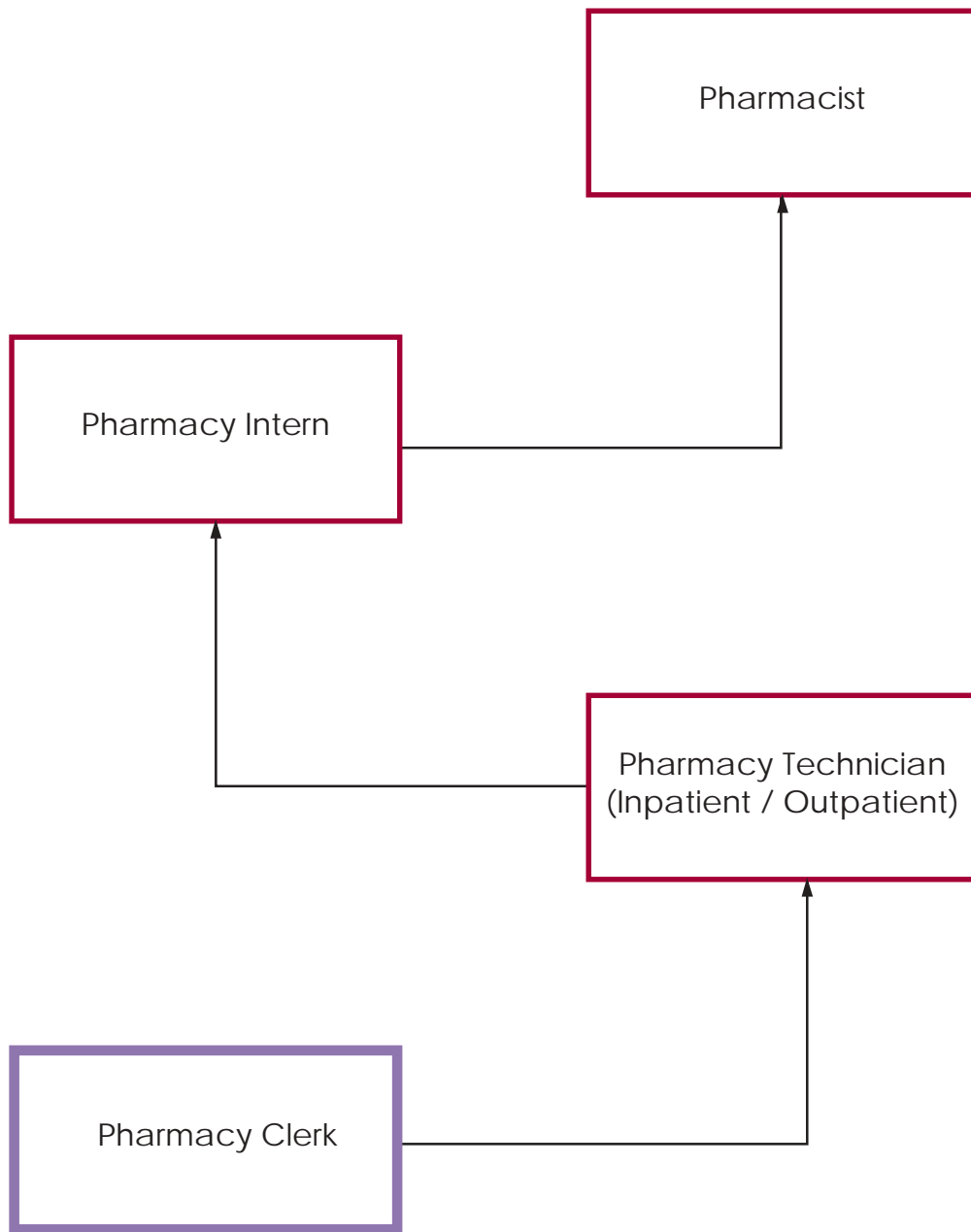
Physical Therapist

Physical Therapists are members of a health team that work to restore a patient's physical activity following an accident or illness. Physical therapists evaluate a patient's current status using various diagnostic procedures, then establish a treatment plan and arrange for its implementation.

Physical therapy is applicable in a wide range of medical specialties. Physical therapists help to relieve pain, restore function, promote healing, and prevent permanent disability. Physical therapy provides benefits to joints, bones, muscles, and nerves that have been impaired because of disease or injury. When healing or function restoration is not possible, physical therapists teach patients how to adapt to their limitation

Respiratory Therapist / Respiratory Care Practitioner

Respiratory therapists provide treatment for patients suffering from respiratory problems including, asthma, bronchitis, emphysema, and pneumonia. Respiratory therapists participate in both the evaluation and treatment phases of patient care. They may test patients' lung capacity and analyze the oxygen, carbon dioxide, and pH levels of patients' blood. These therapists work under a physician's supervision to administer therapy, monitor and record patient progress, and teach patients about respiratory exercises and equipment use. They also are responsible for maintaining equipment such as mechanical ventilators, resuscitators, and blood-gas analyzers.



Pharmacy Clerk

Receives new and/or refills prescriptions, packaging, staging of totes/containers, and distribution of prescriptions. Experience using cash register in a high volume setting preferred. Effective verbal communication skills and a customer-focused orientation used in resolving problems.

Some successful candidates may possess these qualifications:

- Service oriented
- Ability to type 30 wpm
- Cash handling experience
- Prioritization skills
- Detail oriented
- Familiarity with over the counter drug names
- Uses initiative

Pharmacy Tech (Inpatient & Outpatient)

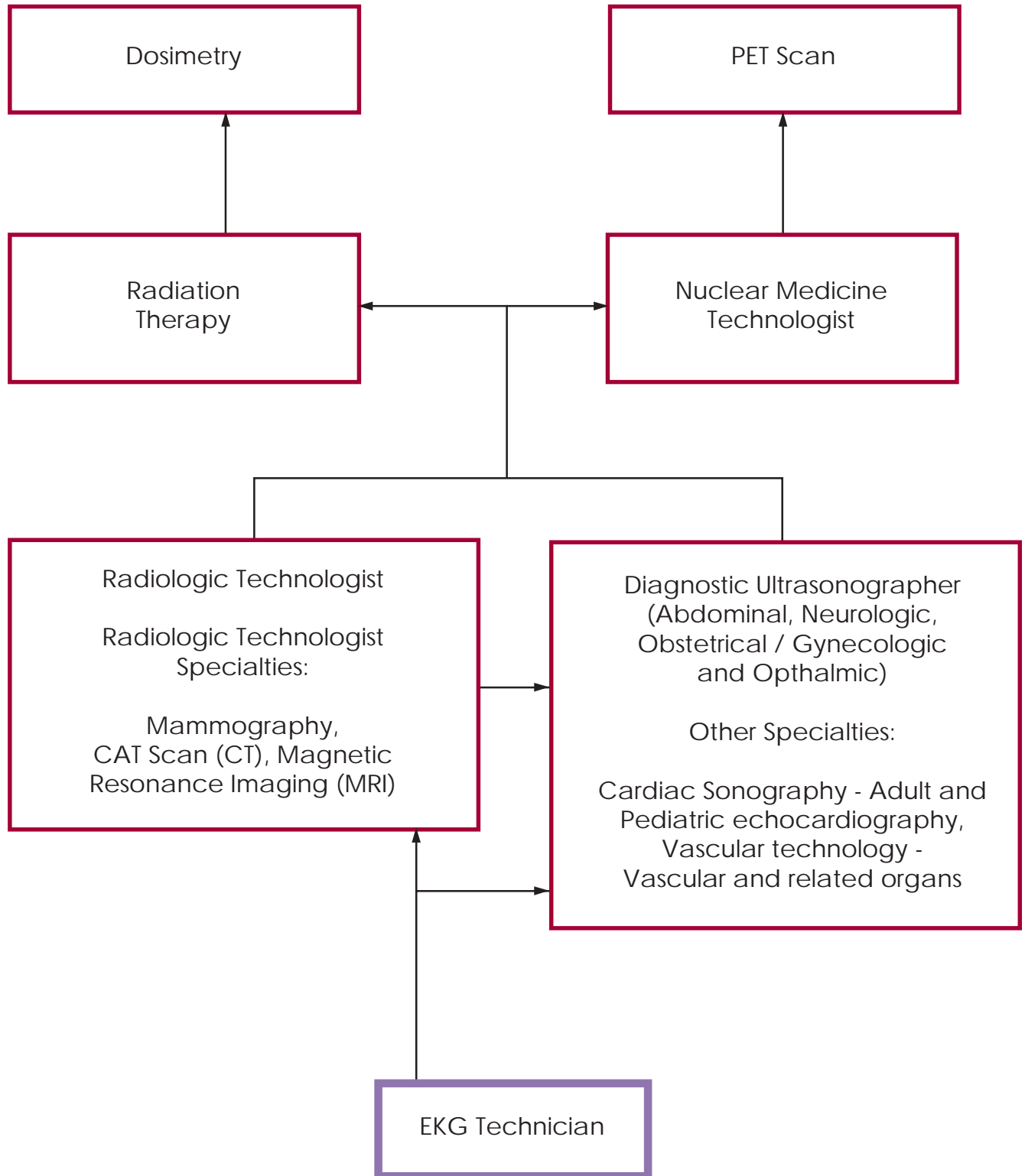
Hospital Pharmacy Technicians perform a wide variety of clerical and technical tasks necessary to the operation of a hospital pharmacy. They enable the licensed pharmacists to concentrate on professional functions, such as providing medical staff and patients with the information and advice. The primary responsibility of most technicians is to prepare, package, and distribute medications prescribed by physicians for hospitalized patients. Physicians write medication orders in patients' charts. After pharmacists review the orders from the charts technicians transcribe the relevant information about the patient and the prescribed medications on the patient's profile. Transcribing to the profile from the chart order requires an understanding of medical and pharmaceutical terminology. Technicians are responsible for assembling a complete 24-hour supply of medications for every hospital patient each day.

Pharmacist Intern

A Pharmacist Intern is responsible for the same duties as a Pharmacist. The difference is state law requires an internship prior to Pharmacist licensure.

Pharmacist

Pharmacists must carefully interpret and review prescriptions written by physicians and dentists. They have a specialized knowledge of proper dosages, frequency of usage, and drug interactions, and they are qualified to discuss these issues with both doctors and patients. Pharmacists are also in a strategic position to provide advise on self-medication products (nonprescription items) that are used to prevent and treat a variety of common ailments, such as flu, headaches, and muscle pains. They can offer comparative judgments on the effectiveness of medications.



EKG Technician

The EKG tech performs EKG's as well as assist in CPR when needed. Conducts treadmill examinations, which includes aiding the patient in the use of the treadmill while monitoring the patient's vital signs. They record patient data and maintain the data logs. Ability to accurately recognize dangerous and grossly abnormal cardiac rhythms. Maintenance and calibration of the EKG equipment is also part of the job. Some administrative tasks such as filing, answering phones, and scheduling patients, as needed as well as performing other supportive duties in the Cardio-Pulmonary Clinic as needed.

Radiologic Technologist

The radiographer performs the radiographic examination that creates the images needed for diagnosis. Radiography integrates scientific knowledge and technical skills with effective patient interaction to provide quality patient care and useful diagnostic information. Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. He or she must maintain knowledge about radiation protection and safety. Radiographers prepare for and assist the radiologist in the completion of intricate radiographic examinations. They prepare and administer contrast media and medications in accordance with state and federal regulations.

Radiographers are the primary liaison between patients and radiologists and other members of the support team.

Some successful candidates may possess these qualifications:

- Verbal communication skills
- Clear & precise written communication
- Critical thinking
- Ability to evaluate body movements when testing
- Customer service skills
- Interpersonal skills
- Supervision/Management skills

There may be physical requirements to be eligible for specific certifications

Diagnostic UltraSonographer

Ultrasonographers review patients' medical records and explain the testing procedure to the patients. The Sonographer prepares the patient for the exam. An ultrasound-emitting device is utilized over the part of body being examined while simultaneously watching a video screen. Using sound waves, ultrasound can provide a doctor with critical visual information about the size, contour, and in some cases, the action of various body organs. Evaluating the quality of the image is critical to securing the essential information for the physician. This is achieved by appropriately recording the visual data. Sonographers also file the imaging results, evaluate new equipment, and maintain a reference library on ultrasound information.

Some successful candidates may possess these qualifications:

- Verbal communication skills
- Clear & precise written communication
- Critical thinking
- Ability to evaluate body movements when testing
- Customer service skills
- Interpersonal skills
- Supervision/Management skills
- There may be physical requirements to be eligible for specific certifications

Nuclear Medicine Technologist

Nuclear medicine technology integrates scientific knowledge and technical skills with effective patient interaction to provide quality patient care and useful diagnostic information. Nuclear medicine technologists must demonstrate an understanding of human anatomy and physiology. Possesses knowledge of chemistry, nuclear physics, mathematics and pharmacology. The tech prepares and administers radiopharmaceuticals and other medications in accordance with state and federal regulations. The technologists perform the full scope for nuclear medicine imaging and associated laboratory procedures, including bone density.

Some successful candidates may possess these qualifications:

- Verbal communication skills
- Clear & precise written communication
- Critical thinking
- Ability to evaluate body movements when testing
- Customer service skills
- Interpersonal skills
- Supervision/Management skills
- There may be physical requirements to be eligible for specific certifications

Magnetic Resonance Imaging Technologist (MRI Tech)

A MRI Technologist performs MRI examination of all body parts following set procedures and standards. Prepares MRI area for examinations. The MRI technicians open and close MRI unit at the beginning and end of business, prepare contrast media, assist radiologist during procedures (as required), coordinates patient schedules, instructs patients on exam preparations, collects medical records, pulls and matches films for comparison.

Some successful candidates may possess these qualifications:

- Verbal communication skills
- Clear & precise written communication
- Critical thinking
- Ability to evaluate body movements when testing
- Customer service skills
- Interpersonal skills

- Supervision/Management skills
- There may be physical requirements to be eligible for specific certifications

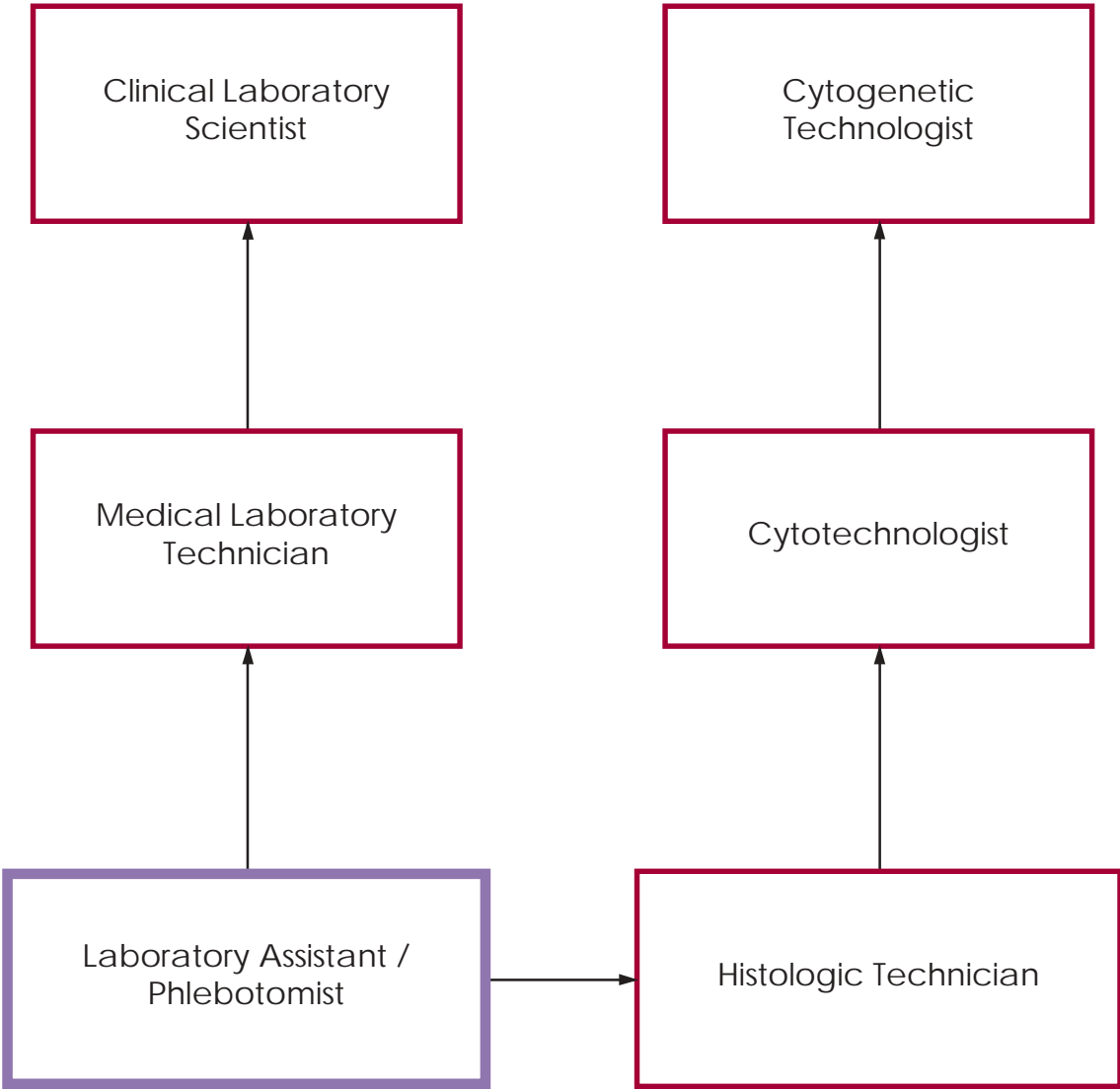
Radiation Therapist

Radiation Therapists administer radiation treatments to oncology patients. Radiation oncology employs ionizing radiation to destroy cancerous tumors while sparing surrounding tissue. An interdisciplinary team of radiation oncologists, radiation physicists, medical dosimetrists, radiation therapists, nurses and support staff plan and deliver the course of treatment. While each team member plays a critical role in the delivery of health services, it is the radiation therapist who administers the radiation to the patient throughout the treatment process.

Radiation therapists assist in localizing tumors, participate in treatment planning and deliver high doses of ionizing radiation prescribed by a radiation oncologist. Radiation therapists are the primary liaison between patients and other members of the radiation oncology team. They also provide a link to other health care providers, such as social workers and dietitians. Radiation therapists must demonstrate an understanding of cancer, radiation biology, radiation therapy techniques, equipment technology, radiation safety and psychosocial aspects of cancer. The radiation therapist uses professional judgment and critical thinking when assisting with treatment planning, recognizing and resolving equipment problems and treatment discrepancies, anticipating patient needs and concerns and determining when treatment should be withheld until a physician can be consulted.

Some successful candidates may possess these qualifications:

- Verbal communication skills
- Clear & precise written communication
- Critical thinking
- Ability to evaluate body movements when testing
- Customer service skills
- Interpersonal skills
- Supervision/Management skills
- There may be physical requirements to be eligible for specific certifications



Laboratory Assistant

Lab assistants work primarily as phlebotomists but job duties include preparing specimens for testing, answering telephones, relaying test results, entering data, registering patients, preparing stains and reagents, cleaning and sterilizing equipment and glassware and processing specimens. The specimen processing duties includes receiving, sorting, matching, prioritizing, labeling, and shipping specimens. Specific duties vary according to the industry, the purpose of the laboratory and the type of test performed.

Some successful candidates may possess these qualifications:

- Verbal and written communication skills
- Service oriented
- Ability to prep samples
- Knowledge of lab terminology
- Ability to plant cultures
- Ability to perform various clerical duties

Laboratory Technician (MLT)

The work of a Medical Laboratory technologist is vital in the detection, diagnosis, and treatment of many different diseases. Technologists perform tests on a wide variety of specimens, including body fluids, tissues, and cells. Using microscopes, technologists seek to identify bacteria, parasites, and other microorganisms as well as abnormal cells in tissue fluids. One of their key functions is to measure drug levels. Results are communicated to physicians and become part of a patient's record.

Clinical Lab Scientist (CLS)

Laboratory tests on the blood, tissues and fluids from the human body reveal facts about a patient's condition that cannot be determined by direct examination; such information is vital for early detection, accurate diagnosis and effective treatment of disease. The patient's physician determines what information is needed and orders appropriate tests. Medical and Clinical Laboratory Technologists examine and analyze body fluids, tissues, and cells. They look

for bacteria, parasites, or other microorganisms, analyze the chemical content of fluids, match blood for transfusions, and test for drug levels in the blood. Preparation of specimens for examination, counting cells, and looking for abnormal cells are other common duties. Automated equipment and instruments are used to perform a number of tests simultaneously, as well as microscopes, cell counters, and other kinds of sophisticated laboratory equipment to perform tests. The results are then analyzed and relayed to physicians. When conducting tests, technologists follow well-defined procedures. Supervision of lab assistants who use various computerized instruments may be necessary. However, technologists must set up and adjust the automated equipment and check its performance. Entry-level technologists generally perform a variety of routine tests under close supervision. Experienced technologists handle more specialized or unusual procedures. The CLS helps to develop, standardize, and evaluate new techniques.

Some successful candidates may possess these qualifications:

- Good visual acuity, normal color vision
- Manual dexterity
- Ability to produce, monitor, maintain, interpret and report data
- Analytical skills
- Critical thinking and trouble shooting skills
- Ability to assess and accurately evaluate data
- Mechanical aptitude
- Management & supervision skills
- Ability to work well under pressure
- Detail oriented
- Ability to follow verbal and written direction
- May need the ability to work in confined spaces

Histologic Technician

Histology is the microscopic study of tissues. The Histology Technicians (histotechs) prepares tissue samples so they are suitable for analysis under a standard microscope. A histotech embeds, cuts, and stains histology specimens as well as preparing frozen sections as requested for pathologist review. This includes maintenance of equipment ensuring proper utilization of all supplies, processing re-cuts, and special stains as requested by the pathologist or department supervisor. Histotechs know and follow safety regulations and hazardous materials precautions and make recommendations for updates of technical procedures. Another responsibility includes maintaining files and preparing reports as directed.

Some successful candidates may possess these qualifications:

- Verbal and written communication skills
- Service oriented
- Ability to prep samples
- Knowledge of lab terminology
- Ability to plant cultures
- Ability to perform various clerical duties

Cytotechnologist

Cytotechnologists (cytotechs) smear sample cells on slides and then stain them to enhance contrast and facilitate their evaluations. They are trained to identify abnormal cells on these slides, and they report their observations to pathologists, who review their work. More recently technologists have begun using computers to help identify pre-cancerous and cancerous cells. This technology will undoubtedly play a larger role in the future.

Some successful candidates may possess these qualifications:

- Good visual acuity, normal color vision
- Analytical skills
- Ability to assess and accurately evaluate data
- Mechanical aptitude
- Management and supervision skills
- Manual dexterity
- Ability to work under pressure
- Detail oriented
- Critical thinking and trouble shooting skills

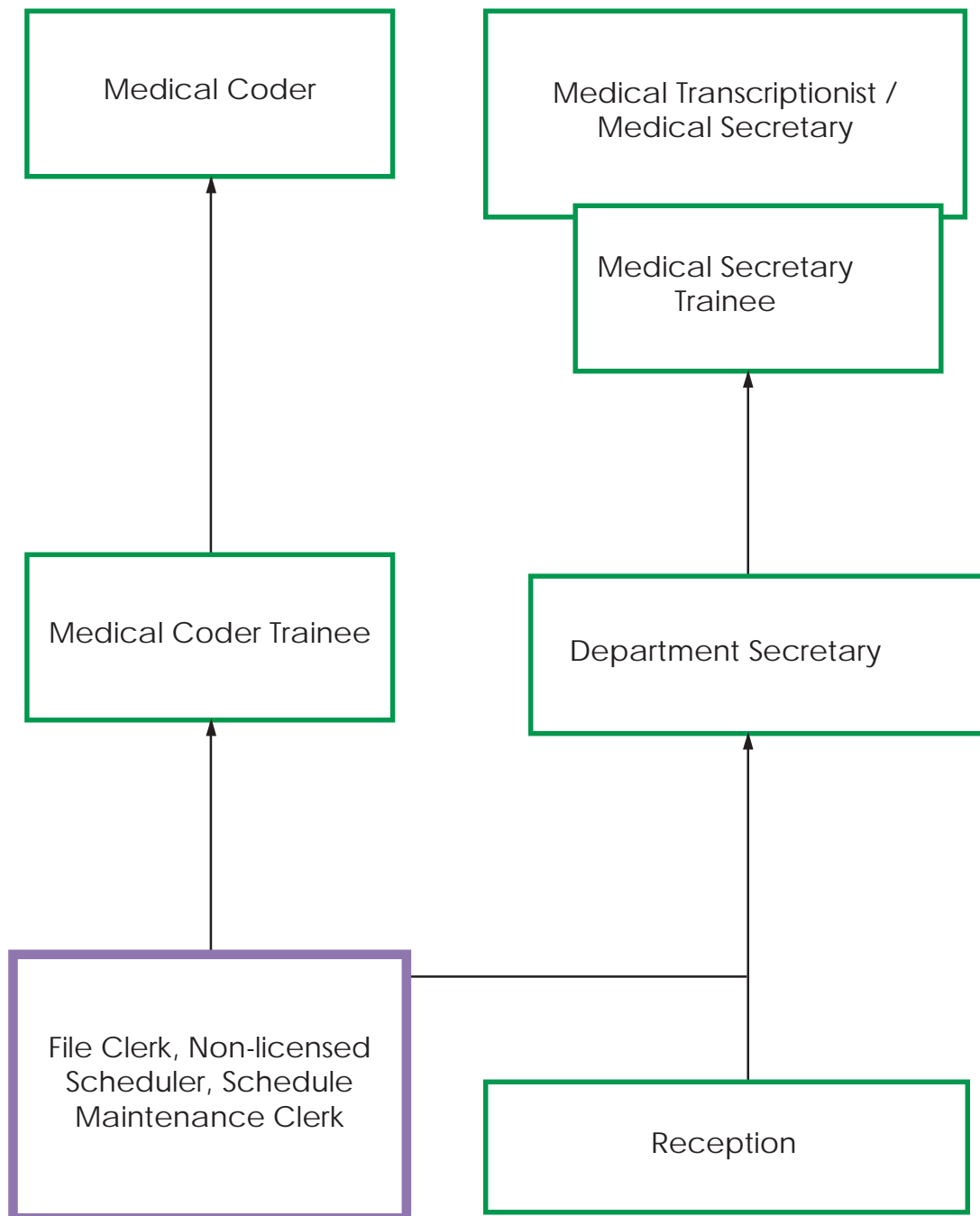
- Ability to produce, monitor, maintain, interpret and report data
- Prioritization skills
- Ability to follow oral and written direction

Cytogenetic Technologist

Cytogenetics is a highly specialized discipline that studies the morphology of chromosomes and their relationship to disease. A technologist is required to have a complete understanding of both the theoretical and practical (technical) aspects of Cytogenetics. An individual in this profession has the responsibility of conducting specialized and/or development cytogenetic procedures. Duties include the preparation of biological specimens (human, animal and plants) for cell culture with subsequent microscopic analysis for cytogenetic studies. Cytogenetics involves microscopy, photo-microscopy, computer image analysis, karyotyping and report generation. Cytogenetics makes decisions that directly impact patient care, family counseling and future medical care. Decisions directly impact the lives of unborn fetuses in the case of prenatal testing, and on the course of medical treatment of patients with neo-plastic malignancies.

Some successful candidates may possess these qualifications:

- Good visual acuity, normal color vision
- Analytical skills
- Ability to assess and accurately evaluate data
- Mechanical aptitude
- Management and supervision skills
- Manual dexterity
- Ability to work under pressure
- Detail oriented
- Critical thinking and trouble shooting skills
- Ability to produce, monitor, maintain, interpret and report data
- Prioritization skills
- Ability to follow oral and written direction
- Can endure long hours of sitting or standing
- May need the ability to work in confined spaces
- Can endure long hours of sitting or standing
- May need the ability to work in confined spaces



Scheduler

Creates, coordinates and maintains physician, nurse practitioner and other providers schedules using various systems. Release schedules on a timely basis for use by functional unit personnel. Maintains current, accurate basic master schedules for clinic providers. Covers all departments assigned and other additional duties as assigned by the manager

File Clerk

The file clerks main role is maintaining a complex filing system. This includes making up new files, assigning file numbers to new subjects, and correctly filing and re-filing existing files. File clerks also trace material that has been removed from the files of has been mis-filed and purges and sends to storage old inactive files.

Health Care Contact Specialist (Call Center)

Health Care Contact Specialist primary role is answering and directing incoming calls. This includes scheduling, rescheduling, canceling and verifying appointments, message taking including prescription refill requests, lab and x-ray requests, and other messages requested. They also receive/relay information regarding appointment cancellations. Finally they process appointment confirmation and reminders.

Unit Assistant

Relieves nurses of clerical and other non-nursing duties such as assisting patients and visitors to and from unit. Assembles and files chart materials. Notifies appropriate personnel and supporting departments of patient admissions and discharges. Processes paperwork for patient admissions and discharges. Responds to patient requests for non-nursing services. Checks and orders supplies. Screens and directs calls, relaying messages to patients. Copy physicians' orders into requisitions forms for Nurse transportation. Complete routine record keeping requirements, processing paperwork for patient admissions and discharges. Coordinate patient bed assignments and transfers. Performs other clerical duties for the nursing unit(s).

Department Secretary

The department secretary performs secretarial duties for a department head. They make appointments, take minutes and schedule meetings. Other tasks include maintenance of office files, composition of routine letters, typing correspondence and reports. This position provides key clerical support to the department head and oversees the full scope of clerical activities in the department.

Medical Secretary Trainee

Training for Medical Secretary. Please see Medical Secretary.

Medical Transcriptionist /Medical Secretary

Medical Transcriptionists are specialists in medical terminology who interpret and transcribe dictations by physicians and other healthcare professionals about patient assessment, workup, therapeutic procedures, clinical course, diagnosis, prognosis and other medical processes. Their work documents patient care and facilitates delivery of healthcare services. They edit dictated material for grammar and clarity and produce a comprehensive medical document.

Medical Coder

A medical coder is responsible for accurate coding of all inpatient and outpatient services, procedures, diagnoses and conditions, working from the appropriate documentation in the medical record. Medical coders work in the Health Information Management Department and may be required to assist those who need instruction and be a resource for data integrity.

Appendix C: Links to General Organizations

General Organizations

UCSF Center for Health Professions

3333 California Street, Suite 410
San Francisco, CA 94118
(415) 476-8181
<http://www.futurehealth.ucsf.edu/>

SEIU Local 250, AFL-CIO

560 20th Street
Oakland, CA 94612
<http://www.seiu250.org>

Professional Technical Council

SEIU Local 250, AFL-CIO
560 20th Street
Oakland, CA 94612
(510) 251-1250

Kaiser Permanente

1-866-232-2934
<http://www.kp.org>
Student Financial Aid: <http://financialaid.kp.org>

Kaiser Permanente School of Allied Health Sciences

901 Nevin Avenue
Richmond, CA 94801
(510) 307-2320
(888) 299-0077

Occupational Safety and Health Administration

U.S. Department of Labor Occupational Safety and Health Administration

200 Constitution Avenue
Washington, D.C. 20210
Phone: 1-800-321-OSHA
<http://www.osha-slc.gov>

California Employment Development Department

<http://www.edd.ca.gov/>

California Occupational Guides

<http://www.calmis.ca.gov/htmlfile/subject/guide.htm>

Health Professions-Career Opportunity Program

1600 Ninth Street, Sacramento, CA 95814
(916) 322-9775
<http://www.oshpd.cahwnet.gov/pcrcd/professions/hpcop.htm>

American Medical Association

515 N State St, Chicago, IL 60610
Phone: (312) 464-5000
<http://www.ama-assn.org/>

Specific Job Organizations

Clinical Lab Scientist

American Society for Clinical Laboratory Sciences (ASCLS)

7910 Woodmont Ave., Suite 530, Bethesda, MD 20814
Phone: (301) 657-2768
<http://ascls.org/>

California Society for Clinical Laboratory Sciences

1440 Whitestone Rd. Spring Valley, CA 91977-5417
Phone: (619) 660-6044
<http://cscls.org/>

Cytogenetist

Association of Genetic Technologists

P.O. Box 15945-288 Lenexa, KS 66285
Phone: (913) 541-0497
Fax: (913) 541-0156
<http://www.agt-info.org/>

Cytotechnologist

American Society of Cytopathology

400 West 9th Street • Suite 201 • Wilmington, Delaware 19801
Phone: (302) 429-8802
Fax: (302) 429-8807
<http://www.cytopathology.org>

American Cancer Society, California Division

731 Market Street, San Francisco, CA 94104
Lab Field Services
Phone: 510-450-2488

Diagnostic UltraSonographer

Society of Diagnostic Medical Sonographer
12770 Coit Road, Dallas, Texas 75251
Phone: (972) 239-7367
<http://www.sdms.org/>

Dietician

California Dietetic Association (CDA)

7740 Manchester Blvd., Suite 102
Playa Del Rey, CA 90293-8499
Phone: (310) 822-0177
<http://www.dietician.org>

Histologic Technicians

American Society for Clinical Pathology

2100 West Harrison Street, Chicago IL 60612
Phone: (312) 738-1336
<http://www.ascp.org>

National Society for Histotechnology

4201 Northview Drive, Bowie, MD 20716
www.nsh.org

California Society for Histotechnology

Linda McGlothlen, President
Email: lindamcgl@aol.com
(916) 636-3240
<http://www.cahsah.org>

Home Health Aide

National Association for Home Care

228 7th Street, SE
Washington, DC 20003
Phone: (202) 547-7424
Fax: (202) 547-354
<http://www.nahc.org>

California Association for Health Services at Home

723 S Street
Sacramento, California 95814-7021
Phone: (916) 443-8055
Fax (916) 443-0652

Laboratory Assistant

National Phlebotomy Association

<http://www.scpt.com/NationalPhlebotomyAssociation.html>

California Phlebotomy Schools

Phlebotomy Etc.

PMB 249 1145 Second Ave. Suite A Brentwood, CA 94513
Phone: (925) 240-0770
http://www.phlebotomyetc.com/phlebschools_ca.html

California Society for Clinical Laboratory Science

1440 Whitestone Rd. Spring Valley, CA 91977-5417
Phone: (619) 660-6044
<http://cscls.org/>

Southern California Phlebotomy Training

<http://www.scpt.com/>

Center for Phlebotomy Education, Inc.

P.O. Box 161 Ramsey, IN 47166
Phone: (812) 633-4636
Fax: (812) 633-2346
<http://www.phlebotomy.com/>

Clinical Laboratory Scientist

American Society for Clinical Laboratory Science (ASCLS)

7910 Woodmont Ave., Suite 530 Bethesda, MD 20814
Phone: (310) 657-2768
www.ascls.org/

California Society of Clinical Laboratory Science

1440 Whitestone Rd. Spring Valley, CA 91977-5417
Phone: (619) 660-6044
<http://cscls.org/>

Medical Assistant

American Association of Medical Assistant

20 N Wacker Dr. STE 1575 Chicago, IL 60606
Phone: (312) 899-1500
www.aama-ntl.org

Accrediting Bureau of Health Education Schools

803 West Broad St., Suite 730
Falls Church, VA 22046.
<http://www.abhes.org>

The California Medical Assistants Association (CMAA)

P.O. Box 52656, Riverside,
CA. 92517
Phone: (888) 464-2622
Fax: (909) 788-2242
<http://www.cmaa-ca.org>

Medical Coder

The Association of Registered Medical Coders

<https://registeredmedicalcoder.com/about.cfm>

Medical Laboratory Technologist

Educational requirements/certification requirements:
Contact the **ASCP Board of Registry**
P.O. Box 12277, Chicago, IL 60612-0277
Phone: 800-621-4142, ext.1345
In Illinois, 312-738-4890, ext. 1345
On-line: www.ascp.org/bor

Medical Transcriptionist/Medical Secretary

California Association for Medical Transcription

<http://www.aamt.org>

Nuclear Medicine Technologist

Society of Nuclear Medicine

1850 Samuel Morse Dr. Reston, VA 20190
Phone: (703) 708-9000
Fax: (703) 708-9015
www.snm.org

American College of Nuclear Medicine

P.O. Box 175
Landisville, PA 17538
Phone: (717) 898-5008

Fax: (717) 898-2555
<http://www.acnucmed.org/>

Nurse Midwife

California Board of Registered Nurses
P.O. Box 944210 Sacramento, CA 94244-2100
Phone: (916) 322-3350
www.rn.ca.gov

American College of Nurse Midwives
818 Connecticut Avenue, NW, Suite 900
Washington DC 20006
Phone: (202) 728-9860
Fax: (202) 728-9897
www.midwife.org

California Association of Midwives
P.O. Box 417854 Sacramento, CA 95841
Phone: (800) 829-5791

California Nurse-Midwives Association
9852 Katella Avenue, Suite 351 Anaheim, CA 92804
Phone: (800) 900-2662
Fax: (714) 456-7224

Nurse Practitioner

California Board of Registered Nurses
P.O. Box 944210 Sacramento, CA 94244-2100
Phone: (916) 322-3350
www.rn.ca.gov

American College of Nurse Practitioners
1111 19th Street, NW Suite 404
Washington, DC 20036
Phone: (202) 659-2190
Fax: (202) 659-2191
www.nurse.org/acnp/

California Coalition of Nurse Practitioners
2300 Bethards Drive, Suite K,
Santa Rosa, CA 95405
Phone: (707) 575-8090
Fax: (707) 575-8620
www.ccnpr.org/

Nursing (BSN)

California Board of Registered Nurses
P.O. Box 944210 Sacramento, CA 94244-2100
Phone: (916) 322-3350
www.rn.ca.gov

American Board of Nursing Specialties (ABNS)
4035 Running Springs, San Antonio, TX 78261
Phone: (830) 438-4897

Fax: (830) 438-4897
<http://www.nursingcertification.org/>

Nursing (LVN)

California State Board of Vocational Nurse and Psychiatric Technician Examiners
2535 Capitol Oaks Drive, Ste. 205 Sacramento, CA 95833
Phone: (916) 263-7800
www.bvnpt.ca.gov/

National Federation of Licensed Practical Nurses, Inc.
893 US Highway 70 West, Suite 202 Garner, NC 27529
Phone: (919) 779-0046 800-948-2511 Fax 919-779-5642
www.nflpn.com

California Licensed Vocational Nurses' Association Inc.
P.O. Box 700 West Sacramento, Calif. 95691
Phone: (800) 411-6901
www.clvna.org/

SEIU Nurse Alliance
(888) 208-3538
<http://www.nursealliance.org>

Nursing (RN)

California Board of Registered Nurses
P.O. Box 944210 Sacramento, CA 94244-2100
Phone: (916) 322-3350
www.rn.ca.gov

American Nurses' Association
600 Maryland Avenue, SW Suite 100 West Washington, DC 20024
Phone: (800) 274-4ANA
www.ana.org

Optometric Technician

California Association of Dispensing Opticians
P.O. Box 763 Manteca, CA 95336
Phone: (213) 681-7597

Orthopedic Technician

American Orthotic & Prosthetic Association
330 John Carlyle Street, Suite 200
Alexandria, VA 22314
Phone: (571) 431-0876
Fax: (571) 431-0899
<http://www.aopanet.org/>

Phlebotomist

Please see Laboratory Technician

Pharmacist

American Pharmaceutical Organization

800 I Street, NW Washington, DC 20001

Phone: (202) 777-2742 (APHA)

Fax: (202) 777-2534

www.apha.org

American Association of Colleges of Pharmacy

Office of Student Affairs 1426 Prince Street

Alexandria, Virginia 22314

Phone: (703) 739-2330

Fax: (703) 836-8982

www.aacp.org

California Pharmacists Association

1112 I Street, Suite 300 Sacramento, CA 95814

Phone: (916) 444-7811

Fax: (916) 444-7929

www.calpharm.com

Pharmacist Intern

American Pharmaceutical Organization

800 I Street, NW Washington, DC 20001

Phone: (202) 777-2742 (APHA)

Fax: (202) 777-2534

www.apha.org

California Pharmacists Association

1112 I Street, Suite 300 Sacramento, California 95814

Phone: (916) 444-7811

Fax: (916) 444-7929

www.calpharm.com

Pharmacy Clerk

American Pharmaceutical Organization

800 I Street, NW Washington, DC 20001

Phone: (202) 777-2742 (APHA)

Fax: (202) 777-2534

www.apha.org

California Pharmacists Association

1112 I Street, Suite 300 Sacramento, California 95814

Phone: (916) 444-7811

Fax: (916) 444-7929

www.calpharm.com

Pharmacy Technician (Inpatient & Outpatient)

American Pharmaceutical Organization

800 I Street, NW Washington, DC 20001

Phone: (202) 777-2742 (APHA)

Fax: (202) 777-2534

www.apha.org

California Pharmacists Association

1112 I Street, Suite 300 Sacramento, California 95814

Phone: (916) 444-7811

Fax: (916) 444-7929

www.calpharm.com/

Physical/Occupational Therapist

American Physical Therapy Association

1111 North Fairfax Street Alexandria, VA 22314-1488

Phone: (703) 684-APTA (2782) or (800) 999-APTA (2782)

Fax: (703) 684-7343

www.apta.org

California Physical Therapy Association

2520 Venture Oaks Way, Suite 150

Sacramento, CA 95833

Phone: (916) 929-2782

Fax: (916) 646-5960

www.ccapta.org

Physical/Occupational Therapy Assistant

American Physical Therapy Association

1111 North Fairfax Street Alexandria, VA 22314-1488

Phone: (703) 684-APTA (2782) or (800) 999-APTA (2782)

Fax: (703) 684-7343

www.apta.org

California Physical Therapy Association

2520 Venture Oaks Way, Suite 150

Sacramento, CA 95833

Phone: (916) 929-2782

Fax: (916) 646-5960

www.ccapta.org

Physicians Assistant-Certified

American Academy of Physicians Assistants

950 North Washington Street Alexandria, Virginia 22314-1552

Phone: (703) 836-2272

Fax: (703) 684-1924

www.aapa.org

California Academy of Physician Assistants

9778 Katella Street, Suite 115 Anaheim, CA 92804-6446

Phone: (714) 539-1430

Radiation Therapy Technician

American Society of Radiological Technology

15000 Central Ave. SE Albuquerque NM 87123-3917
Phone: (800) 444-2778
Fax: (505) 298-5063
www.asrt.org

California Radiological Society

One Capitol Mall, Suite 320 Sacramento, CA 95814
Phone: (916) 446-2028
Fax: (916) 444-7462
<http://www.calrad.org/>

Radiologic Technologist

American Society of Radiological Technology

15000 Central Ave. SE · Albuquerque · NM · 87123-3917
Phone: 800-444-2778
Fax: 505-298-5063
www.asrt.org

Radiological Society of North America

2021 Spring Road, Suite 600 Oak Brook, IL 60523-1860
Phone: (630) 571-2670
<http://www.rsna.org>

California Radiological Technology

One Capitol Mall, Suite 320 Sacramento, CA 95814
(916) 446-2028
Fax: (916) 444-7462
<http://www.calrad.org/>

Department of Health Services

Radiologic Health Branch Certification Section

P.O. 942372—MS178 Sacramento, CA 94234-7320
Phone: (916) 332-2073
<http://www.dhs.ca.gov>

Certified Registered Nurse Anesthetist

American Association of Nurse Anesthetists

222 S. Prospect Avenue, Park Ridge, IL 60068
Phone: (847) 692-7050
www.aana.com

California Association of Nurse Anesthetists

224 West Maple Ave. Orange, CA 92866

Phone: (714) 744-0155
Fax: (714) 744-8975
www.canainc.org

Respiratory Therapist (check title)

American Association for Respiratory Care

11030 Ables Lane Dallas, TX 75229 USA
Phone: (972) 243-2272
Fax: (972) 484-2720, or (972) 484-6010
www.aarc.org

National Board of Respiratory Care

8310 Nieman Road Lenexa, KS 66214
Phone: (913) 599-4200
www.nbrc.org

Respiratory Care Board , California

1426 Howe Ave., Suite 48 Sacramento, CA 95825-3234
Phone: (916) 263-2626

Surgical Technician

Association of Surgical Technologists

7108-C South Alton Way, Englewood, CO 80112
Phone: (303) 694-9130
Fax: (303) 694-9169
www.ast.org

Liaison Council on Certification of Surgical Technologists

7018-C South Alton Way Englewood, CO 80112
Phone: (800) 707-0057

Appendix D: Allied Health Survey

The Allied Health Survey was conducted in August 2001 to be used to aid in the research of career ladders and career mobility. Current healthcare employees were given the survey to fill out voluntarily at the 2001 SEIU Local 250 Leadership Conference.

Survey Details:

A total of 54 individuals completed the survey.

26 out of the 54 people surveyed were Kaiser Permanente employees.

The survey pool was comprised of incumbent healthcare workers made up of leaders, stewards and educators of Local 250 members.

Individuals were asked to fill out the survey and check any/all relevant categories for each question.

Questions were developed to confirm supportive services that would be needed for career advancement.

Representatives of the Shirley Ware Education Center conducted the survey.

The survey did not accommodate non-English speakers.

Survey Results:

The majority of individuals completing the survey had attended some college.

Over half the individuals surveyed indicated a desire for healthcare career counseling and time management.

Over half the individuals surveyed would like training to enter the direct patient care career path.

The majority of individuals preferred on-the-job training as the first choice for educational advancement. Though Evening and Part-time school were also popular choices. Less than 20% of the surveyed population wanted full time day schooling.

Participants' main incentive for continuing their education was increase in pay but participants' choices indicated new challenges, increased education and career ladder were definite benefits in career advancement.

2/3 of the surveyed population found lack of time as their primary barrier in career advancement. Along with the time barrier many participants indicated the financial assistance would aid in achieving career goals.

The survey population indicated that the main service they would like to see offered is Healthcare career counseling.

Survey Conclusion:

The results of the survey highlights a population of healthcare workers that have already tried to begin to advance their careers through education. The interest in advancement is there but the barriers of time and money stop many motivated workers from completing their education. They are unable to afford the luxury of attending school full time. The most important conclusion drawn from this survey is the need to have an entry point for workers to evaluate their barriers, outline their career paths, and connect them to available financial and supportive services.

Allied Health Survey

This survey will be used to aid in the research of Career Ladders and Career Mobility. Your voluntary cooperation is appreciated. Please complete the information below. Check all answers that apply (even if there are more than one).

1. What is your current job position / title? _____

Is this a position at Kaiser Permanente?

- Yes No

2. What is your current education level?

- Grades 6-8 Technical School
 Some High School Some College
 High School Diploma / GED College Degree

3. Please check the position(s) you would be interested in receiving training for in the future:

- RN Certified Nursing Assistant
 LVN Radiologic Technologist
 Medical Assistant Surgical Technologist
 Unit Assistant Pharmacy Tech
 Acute Care Nursing Assistant Other: _____

4. What would be your preferred class / training schedule?

- Full-time (days) Evening
 Part Time On-the-Job Training

5. What incentives are there for you to further your career?

- Increase in pay Increased education
 Job Stability New Challenges
 Career Stepping Stone Other: _____

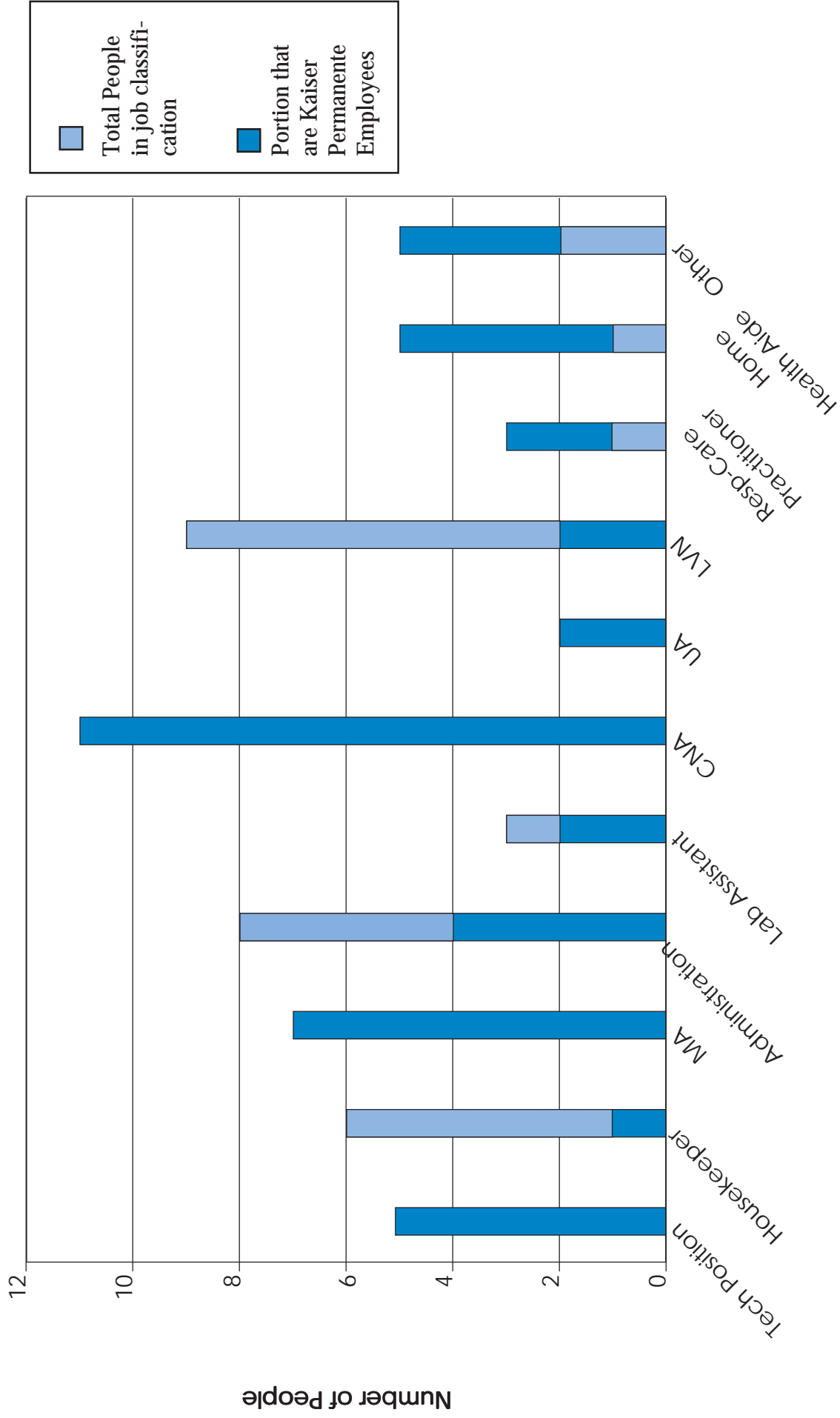
6. What barriers slow you down in achieving your career goals?

- GED Training
 Language Cost Time
 Childcare Lack of Support
 Education Cost Other: _____

7. What classes would you like to see the Shirley Ware Education Center / Local 250 offer to help with your career goals?

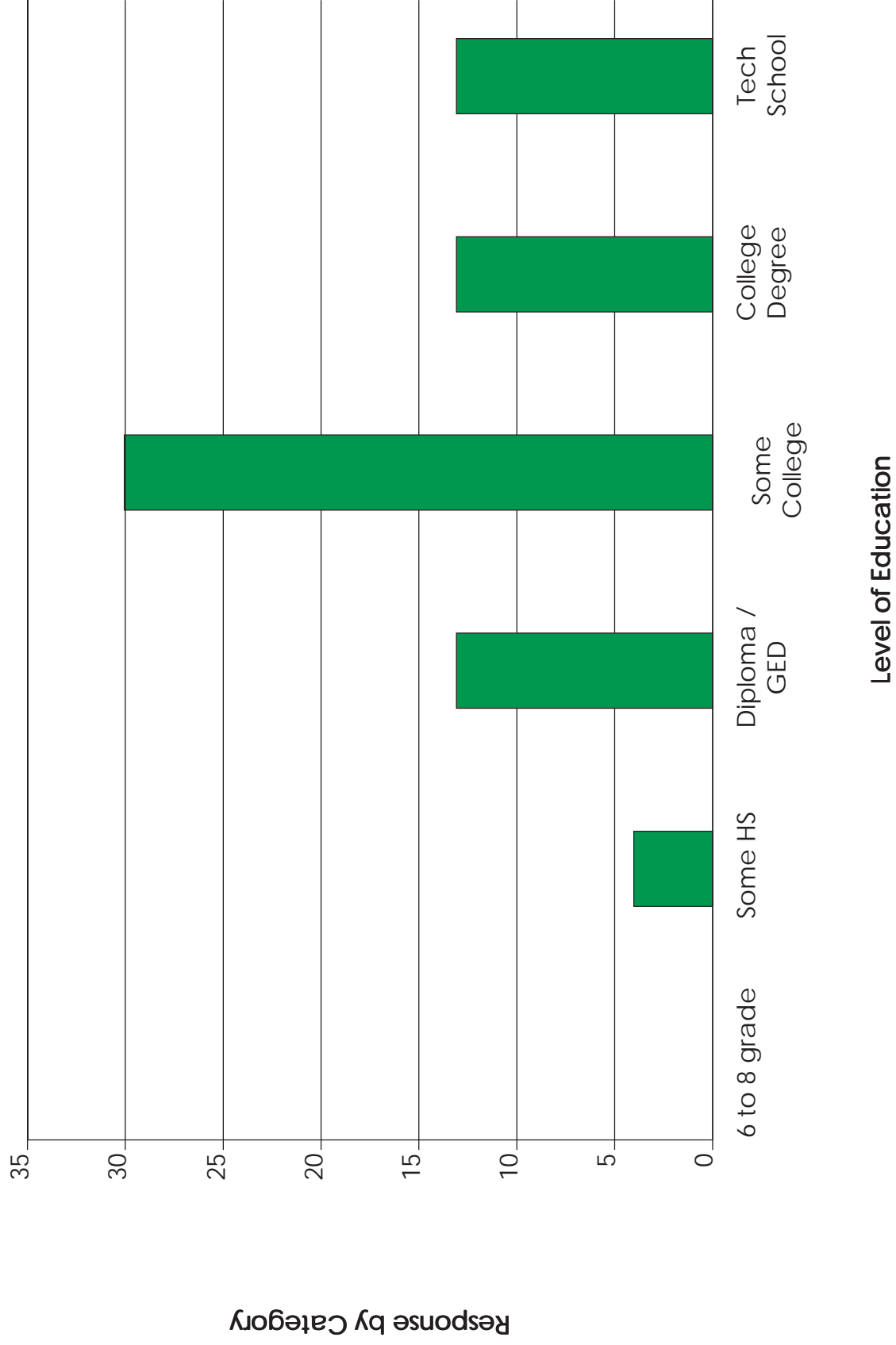
- GED Health Care Career Counseling
 ESL Medical Terminology
 Math Time Management
 Reading Comprehension Other: _____

Q1: What is your current job position / title? Is this position at Kaiser Permanente?

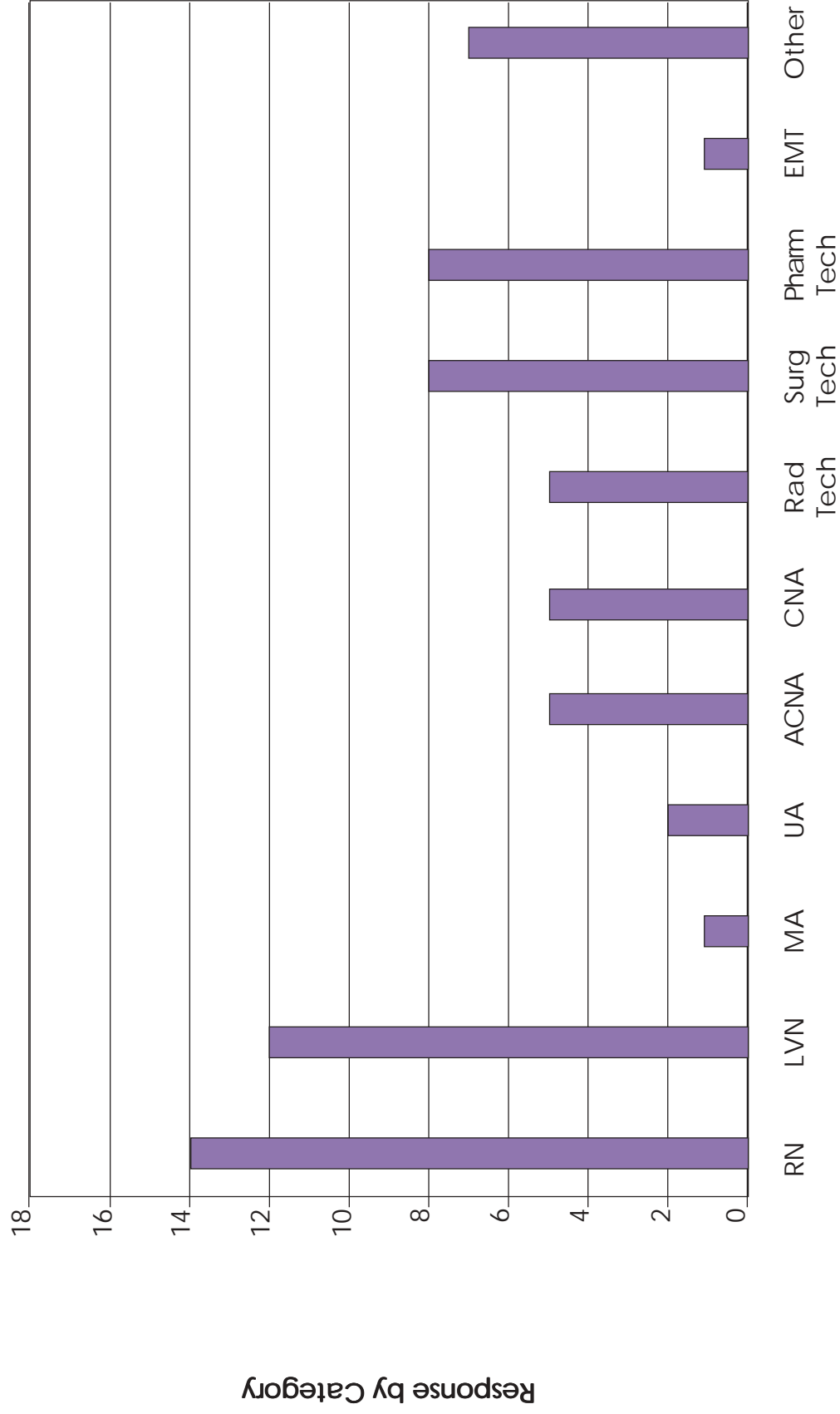


Jobs Held by Individuals Surveyed

Q2: What is your current education level?

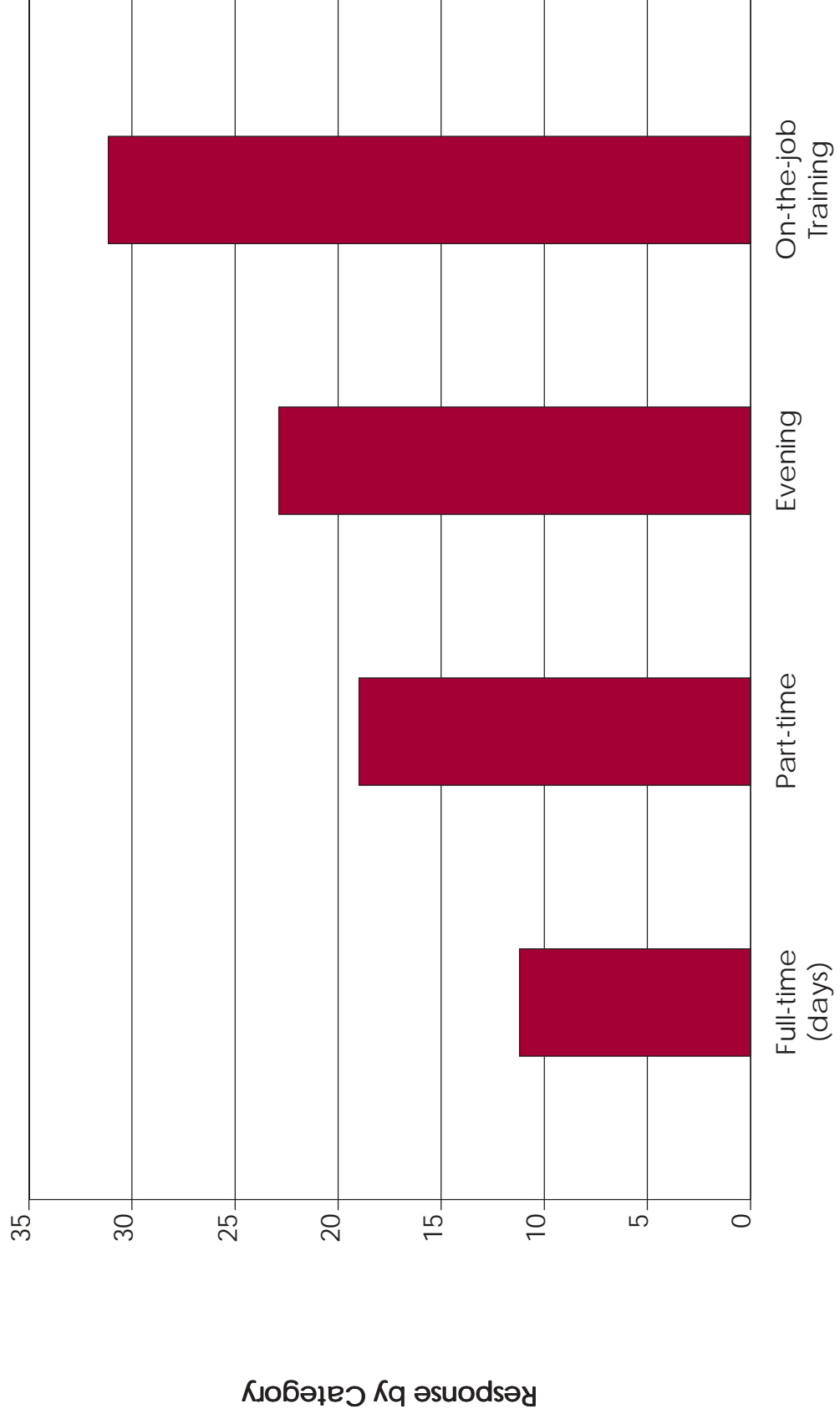


Q3: What position/s would you be interested in receiving training for in the future?



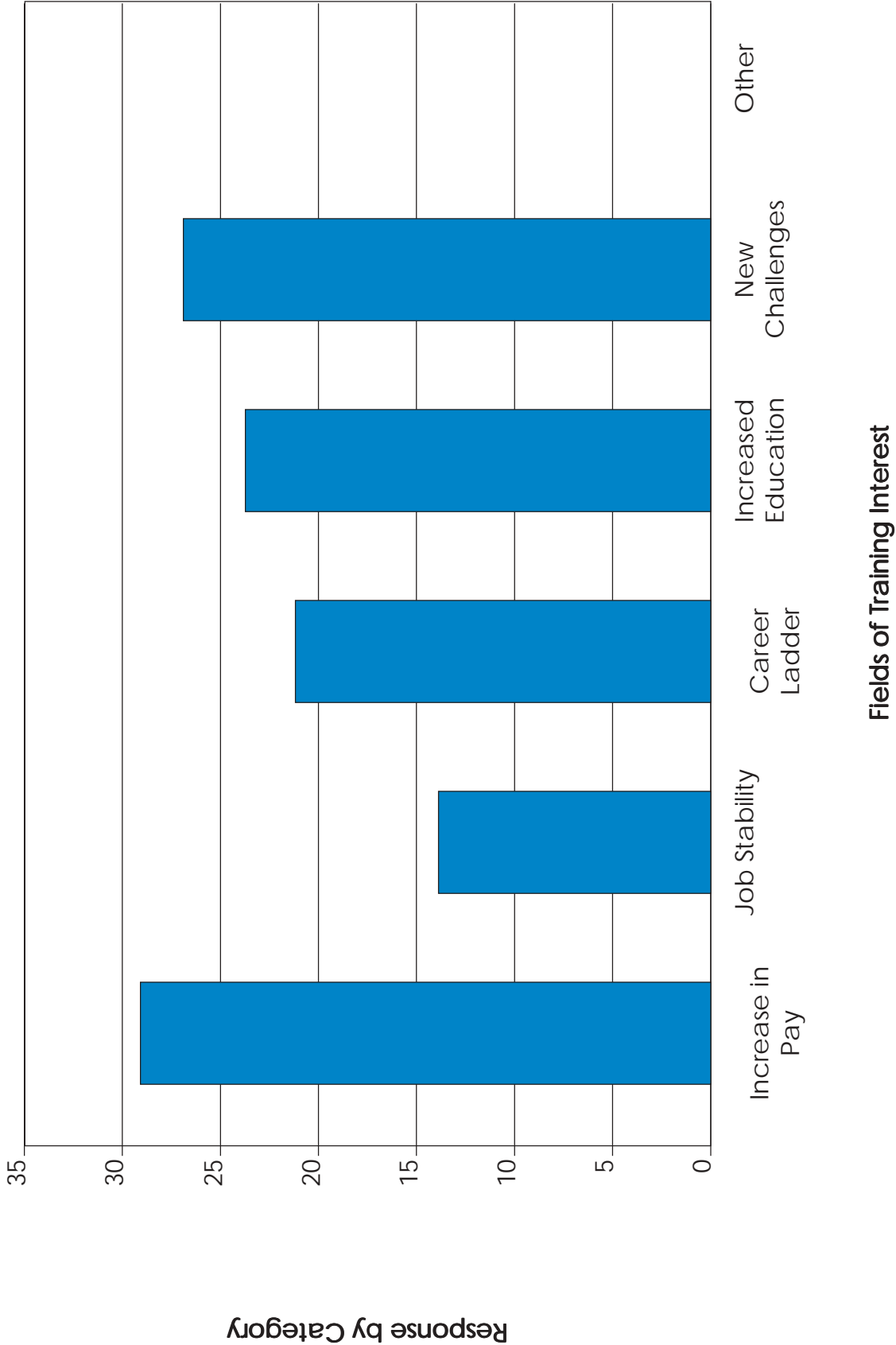
Fields of Training Interest

Q4: What would be your preferred class/training schedule?

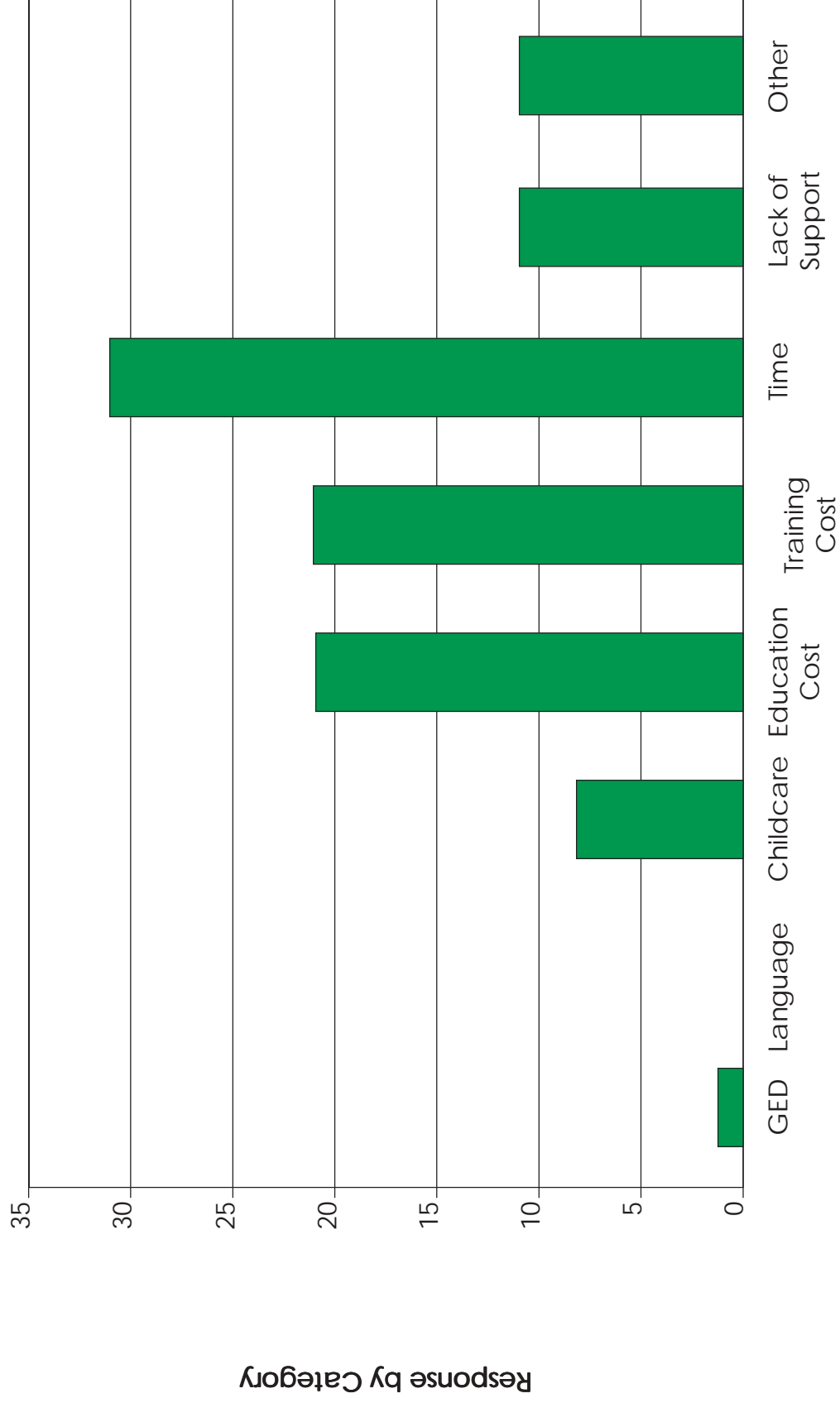


Training Schedule

Q5: What incentives are there for you to further your career?



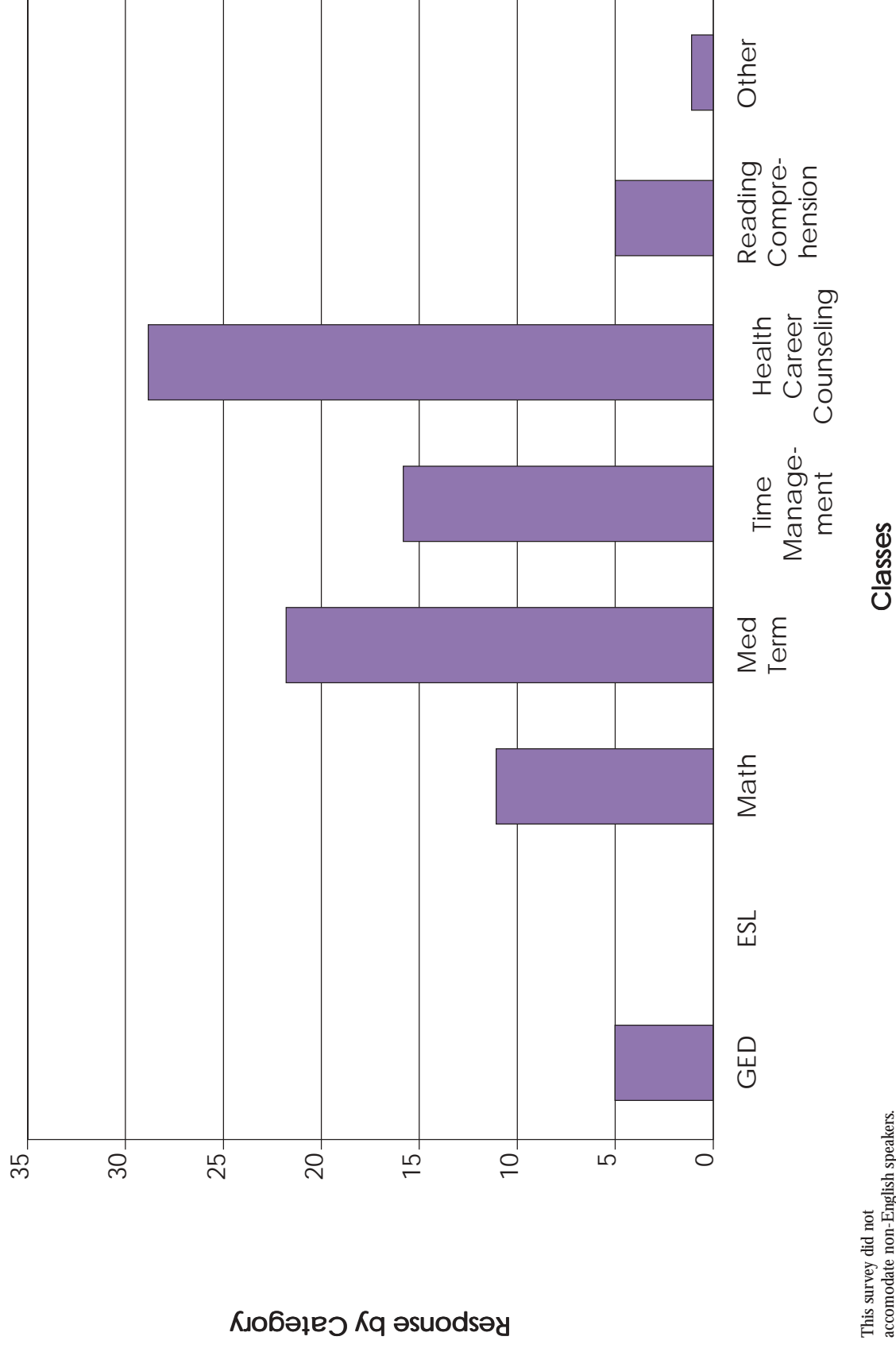
Q6: What barriers slow you down in achieving your career goals?



This survey did not accommodate non-English speakers.

Fields of Training Interest

Q7: What classes would you like to see SWEC/L250 offer?



This survey did not accommodate non-English speakers.