A MODEL MEDICAL SECRETARY PROGRAM FOR THE COLLEGES AND VOCATIONAL-TECHNICAL CENTERS IN MONTANA

by

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A professional paper submitted in partial fulfillment
of the requirements for the degree

of

Master of Science

in

Business Education

MONTANA STATE UNIVERSITY
Bozeman, Montana

August 1983

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APPROVAL

of a professional paper submitted by

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This paper has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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ABSTRACT

This study was undertaken to determine the educational training needed to provide medical secretarial students with entry-level job competencies compatible with the needs of employers. Because of wide discrepancies in the course offerings of existing programs in Montana, this study was needed to develop a model medical secretary curriculum. This model could then be used by the colleges and vocational-technical centers for establishing or re-evaluating a medical secretary program or simply as a comparison tool for current curricula.

The data for this study were obtained from questionnaires delivered to 49 medical offices, 24 in Bozeman and 25 in Helena, randomly selected from classified telephone directories. Proportional representation was used to determine the percentage of medical doctors, dentists, and optometrists/ophthalmologists to the overall sample. A medical secretary in each of the 49 offices was also surveyed.

Information was gathered regarding the tasks/subjects that should be mastered prior to employment as a medical secretary, the levels of importance of these to a medical secretary program and the levels of difficulty.

The major conclusions drawn from this study were:
1. The job competencies that should be mastered prior to employment are: word processing/microcomputers, medical ethics, medical transcription, medical terminology, shorthand, collection procedures, interpersonal relationships, bookkeeping for a medical office and medical assisting.
2. Of these competencies, medical terminology and medical transcription are more important when working for a medical doctor than when employed by a dentist or optometrist.
3. Although shorthand was listed as an entry-level skill, doctors felt it was not important to a medical secretary program.

Based upon the findings of this study, a model two-year medical secretary curricula was designed. This researcher recommends that existing programs in Montana be re-evaluated using this model as a guide.

CHAPTER I

INTRODUCTION

"Gone are the days when the secretary was thought of as a Girl (or Guy) Friday whose primary duties were going for coffee and handling clerical details." (Olsten,1982:31) This is an age of specialization and "in these times of innovation of office technology, the secretary's role is changing. More and more secretaries are broadening their skills to embrace the technological advances." (Olsten, 1982:31) There is also growing diversification in the secretarial job category to include such positions as executive secretary, word processing secretary, and stenographer. "Some secretaries do highly specialized work for which training is available in business schools and colleges as well as community colleges." (Occupational Outlook Handbook,1982-83:270) This category would include technical, legal and medical secretaries.

These secretaries, according to Rosemary Piserchio, (1969:8) "often work alone handling the responsibilities of 'running the office' and the office schedule cannot be slowed down for on-the-job training." As a result, this investigator has become interested in the training programs offered

in Montana for one of these specialty occupations--the medical secretary.

Statement of the Problem

This study was undertaken to determine the educational training needed to provide medical secretarial students with entry-level job competencies compatible with the needs of employers.

The specific questions to be answered as a result of this study include:

1. What are the job competencies--skills, attitudes, knowledges--that should be mastered prior to employment as a medical secretary?

2. Is there a difference in entry-level job competencies for the secretaries of dentists and optometrists/ophthalmologists when compared to those of medical doctors?

3. Is there a difference in the entry skills selected by doctors when compared to those selected by secretaries?

4. Is there a difference in the tasks rated by doctors as important to a medical secretary program when compared with those rated as important by secretaries?

5. Is there a difference in the level of difficulty of a task as perceived by doctors compared to the level of difficulty as perceived by secretaries?

Need for the Study

When researching the medical secretarial programs currently being offered in Montana, this investigator noted wide discrepancies in the course offerings. (See Chapter II, Review of Literature, pages 17-31 for details.) It was determined that this study was then necessary to develop a model medical secretary program that would aid colleges and vocational-technical centers in establishing a medical secretary program, re-evaluating present programs, or simply as a comparison tool for current curricula.

This study was necessary to determine what job competencies--skills, attitudes, knowledges--should be mastered prior to employment as a medical secretary.

To expand the available job market, this study was necessary to determine if the entry-level competencies for the medical secretaries of dentists and optometrists/ophthalmologists was notably different than those of medical doctors.

Limitations of the Study

This study addressed only medical secretary occupations.

The scope of the study was limited to the opinions of 50 physicians and 50 secretaries in the Montana communities of Helena and Bozeman.

Program comparisons were limited to the colleges and vocational-technical centers in Montana which currently offer medical secretary programs.

Research materials were limited to that found at the Roland R. Renne Library at Montana State University, the library at the University of Montana, and the personal library of Dr. Daniel Hertz.

The survey material was limited to skills, attitudes, and knowledges distinct to a medical secretary.

Definition of Terms

The following definitions were given to aid the reader of this study.

Medical Secretary

> A person who is employed in a medical environment and who performs clerical and secretarial duties.

Medical Doctor

> A person who has successfully completed the prescribed course of studies in medicine in a medical school officially recognized by the country in which it is located and who has acquired the requisite qualifications for licensure in the practice of medicine. (Taber's Cyclopedic Medical Dictionary,1981:1099)

Optometrist

> A person specifically trained and licensed to examine the eyes in order to determine the presence of vision problems and to prescribe and adapt lenses to preserve or restore maximum efficiency of vision. (Taber's Cyclopedic Medical Dictionary,1981:995)

Ophthalmologist

A person who specializes in the treatment of disorders of the eye. (Taber's Cyclopedic Medical Dictionary, 1981:992)

Dentist

An authorized practitioner of the branch of medicine which deals with the care of the teeth. (Taber's Cyclopedic Medical Dictionary,1981:383)

Vocational-Technical Center

An institution that educates students, from the age of 16 on, for entry-level employment.

Entry-level Job Competencies

The skills, attitudes, knowledges needed for employment.

Organization of the Study

This research project was organized into five chapters. The first chapter contained the introduction to the study, the statement of the problem, need for the study, limitations of the study, and definition of terms.

Chapter two was the review of literature arranged according to the following areas:

1. Definition of the Term "Medical Secretary"
2. Need for Trained Medical Secretaries
3. General Objectives and Suggested Curricula for a Medical Secretary Training Program
4. Current Programs in Montana with Limited Comparisons
5. Summary

Chapter three defined the various procedures used in completing this study. Steps included were sources of data, construction of the survey instrument, administration of the survey instrument, and analysis of the data.

The results of the study were outlined in Chapter four. The findings of the questionnaire were presented and analyzed.

The last chapter of this research project included a summary of the study along with conclusions and recommendations.

CHAPTER II

REVIEW OF LITERATURE

The purpose of this chapter was to review recent literature in the medical secretarial area. Articles that covered a span of twenty-five years were researched, but in order to provide background information pertinent to this study, the literature was limited to that published in the last fifteen years.

The review was arranged according to the following areas:

1. Definition of the Term "Medical Secretary"
2. Need for Trained Medical Secretaries
3. General Objectives and Suggested Curricula for a Medical Secretary Training Program
4. Current Programs in Montana with Limited Comparisons
5. Summary

Definition of the Term "Medical Secretary"

Taber's Cyclopedic Medical Dictionary simply defines a medical secretary as "anyone who is employed by a physician and performs clerical and secretarial duties." (1969) This definition can also be expanded to encompass anyone who is employed by a physician, a dentist, a hospital, a public health facility, a foundation, an institution, an insurance

company, a publishing house, or a laboratory. (Petersen, 1977:31) Additional clarification of the clerical and secretarial duties section of the definition should include

> . . .utilizing knowledge of medical terminology and hospital, clinic or laboratory procedures: Takes dictation in shorthand or using transcribing machine, compiles and records medical charts, reports, and correspondence, using typewriter. May prepare and send bills to patients and record appointments. (Dictionary of Occupational Titles,1977:153)

Need for Trained Medical Secretaries

Fifteen years ago, Jeannette R. Snyder (1968:12) stated that "investigation revealed that the medical secretary was becoming an increasingly important member of the physician's staff." This was probably due to the overwhelming increase in the business portion of the medical practice. During the same period, Lois M. Plowman (1968:5) indicated that "medical offices prefer experienced office workers." Because the medical secretary's function was more like an office manager, the office schedule couldn't be slowed down for on-the-job training. Therefore, many community colleges began "offering programs of study designed specifically to train students in the secretarial skills necessary for threshold employment and advancement in the medical office." (Piserchio,1969:9)

The current Occupational Outlook Handbook (1982:272) predicts that the "demand for secretaries will rise as new organizations are established and existing ones expand."

Neither office automation nor economic downturns are expected to have an adverse impact on employment of secretaries. Employment in the receptionist field is expected to grow more rapidly than for all other clerical workers combined. Of the "635,000 receptionists employed in 1980, one-third worked for doctors, dentists, hospitals and other health service providers." (The Occupational Outlook Handbook,1982:269) The U. S. Department of Labor further projects an "84% employment growth for medical workers in the 1980's." (Clark, 1981:229) According to Susan First,

> the field of medical care has expanded greatly. As a consequence, there are many job opportunities available in medical records and medical secretarial work in hospitals, clinics, private physicians' offices, nursing homes, and mental health centers. (1983:140)

In response to the emerging occupational opportunity, a study was conducted by Rita Wilson to determine guidelines for a medical secretarial program in California. The medical secretary field was chosen because it represented an office occupation area with many new entry-level opportunities.

> The reasons for the high demand for skilled office workers are basic: the office worker is needed in every community, large or small, and in every type of activity; the population is growing; more information from more sources is being collected from more places; the government is requiring greater reporting; and require more data inputs for decision making. . .
>
> New developments in computers, office machines, and dictating equipment will greatly affect employment. (Wilson,1980:2)

General Objectives and Suggested Curricula for a Medical Secretary Training Program

With the growing number of employment opportunities in the medical field, an educator should look at the existing medical secretary programs. Carolee Sormunen (1980:9) suggested that business educators ask themselves two questions: "How can the flexibility required in the medical office be provided? What skills can be provided that will be transferred to almost any job requirement?"

Researchers have found that the competent medical secretary performs a wide variety of business office activities of both routine and a management nature. They also engage in "semi-technical activities which are related to the examination or treatment of patients." (Snyder,1969:12) The effective medical secretary must also know how to handle people with "tact, understanding and discretion--probably more so in this office than in any other, for the individual is ill or is concerned about someone else who is." (Plowman,1969:5)

General Objectives

The general aim of a medical secretarial program should include: (Piserchio,1969:10)

1. familiarizing the student with medical terminology
2. training in general medical procedures
3. developing an understanding of medical ethics

However, the objectives will vary with "the market for which we are training." (Howard,1969:12) Secretaries should be trained to handle both the clinical and clerical duties of an office. The extent of the training in either direction would depend on the instructor's individual philosophies.

> A thorough training in secretarial skills, as far as possible slanted toward the physician's office and a solid grounding in basic sciences will ordinarily provide a good, solid basic education upon which the student may build in nearly any direction. (Howard,1969:12)

Appel discussed the relationship of educational objectives as related to employer competencies: (Tworek and Campbell,1979)

> Because of the variety of requirements for different job settings, portions of the curriculum will always exist which will never be used in particular jobs by some graduates. There will also be on-the-job requirements that it would not be appropriate to include in the curriculum, either because they are better learned through on-the-job training or are required by too few of the graduates. Complete correspondence between curriculum and job requirements, therefore, may be difficult to achieve and, in fact, may not be desirable.

One method of achieving a correlation between curricula and job requirements would be through the implementation of an on-the-job training program. Goals of this internship program would be: (Friedman,1982:202)

1. To assist students to crystallize their career goals
2. To assist students to develop awareness of what improvements are needed in terms of personal growth and development
3. To provide an on-the-job experience

4. To improve secretarial skills

5. To make students aware of the various types of secretarial jobs available in the health care delivery system

Another study was conducted in the Champaign-Urbana, Illinois, area to evaluate the relationship of the educational preparation of medical transcriptionists to their on-the-job requirements. Three hospital medical administrators made these recommendations to improve the medical training program to better prepare students for employment: (Tworek and Campbell,1979)

- Have a good background in medical terminology and spelling
- Good transcribing ability, accuracy is important
- Training in medical terminology
- More training in grammar and spelling
- More emphasis on terminology related to anatomy and physiology
- More training using reference materials
- More training with practical transcription, i.e., foreign dictation, poor dictation
- More training in use of good grammar

Suggested Curricula Design

A task list competency record was established by the Minnesota Instructional Materials Center at White Bear Lake. They divided the job duties of a medical secretary into three principal categories: Patient contact, office procedures, and medical specialization. (1976)

> In addition to the usual secretarial skills the medical secretary list covers knowledge of terminology, anatomy, physiology, pharmacology, disease conditions, and how to put the knowledge to use. Areas of competency in human relations and personal development are included (communication, self-development, personal appearance, office attitude, social and business etiquette, and job-seeking skills.)

Susan First (1983:141) listed skills "that are functional on the new technology that is being used."

- reading and writing for good communication
- telephone etiquette and procedures
- good human relation skills with coworkers as well as with the public
- typing
- using microfiche and microfilm reader/printer machines
- using photocopying equipment
- data entry and retrieval on computer terminals
- filing - both alphabetic and numeric
- medical terminology
- scheduling appointments
- basic billing procedures
- knowledge of the legal privilege of confidentiality as it pertains to medical information
- knowledge of the various medical reports found on the patient chart

Sarah Williams conducted a study to "identify the competencies and personal qualifications of medical secretaries of physicians licensed to practice in the state

of Illinois." (1977:2) This investigator concluded that the following were pertinent recommendations proposed in the William's study:

- A medical secretary program should contain a comprehensive course on the completion of insurance forms. The course should include the most commonly used forms such as: Blue Cross/Blue Shield, Champus, Public Aid, Medicare, Medicaid, and Workmen's Compensation.
- Less emphasis be placed on shorthand as used in the medical office. It should not be completely avoided but de-emphasized.
- More emphasis be placed on the usual skills of a medical office such as: bookkeeping, filing, and receptionist duties.
- Less emphasis be placed on sociology as a subject needed by a medical secretary. (1979:28)

A similar study, conducted by Elizabeth Hope, surveyed the physicians in Tampa Bay, Florida, to determine what they expected of graduates of a medical secretarial program. (1978:29) The responses indicated that the following skills were of major importance in entry-level secretarial positions in doctors' offices:

1. Ability to answer a phone with several incoming lines and make decisions regarding the priority of the calls.
2. Ability to schedule appointments, making decisions regarding the amount of time required for a particular patient's visit and the urgency of that visit.
3. Ability to use pegboard accounting systems and perform simple mathematical calculations mentally.
4. Ability to file using systems other than alphabetical.

5. Ability to transcribe a doctor's dictation.

6. Ability to work under pressure and maintain composure.

7. Ability to complete medical insurance claim forms.

In addition to these abilities, the survey indicated that doctors, with few exceptions, do not require shorthand as an entry-level skill.

In light of new technology and increased demand for office workers, a supplement was added to the California Business Education Program Guide for Office and Distributive Occupations. The Guide was comprised of nine competency models to update the medical secretary curricula. Topics included: (Wilson:1980)

Medical Terminology
- Medical Terminology for Phone Work
- Medical Terminology for Giving/Receiving Test Results
- Medical Terminology for Reports, Forms and Speeches
- Standard Medical Abbreviations

General Medical Office Procedures
- Typing Medical Forms, Reports, Etc.
- Medical Transcription
- Letters to Patients or Medical Personnel
- Patient and Office Files
- Daily Mail
- Office Equipment Use and Maintenance
- Office Supplies
- Office and Record Security
- General Housekeeping Duties

Medical Office Bookkeeping
- Pegboard Accounting System
- 10-key Adding Machine or Calculator
- Payments Received
- Monthly Billing Date

- Medi-Cal, Medicare, Champus/Champva, Multiple Payment Invoices
- Bank Deposit Slip and Daily Cash Tally
- Patients' Charges and Payments
- Receipts for Payments
- New Patient Ledger Cards
- Overdue Accounts
- Special Insurance Forms Not Covered by Super-Bill
- Cross-Billing for Multiple Insurance Coverage

Patient Reception
- Patient Charts
- Greeting Patients
- Day Sheets
- New Patient Forms (and/or Contracts)
- Appointments

Telephone Interactions
- Answering the Telephone
- Emergency and Routine Calls
- Day Sheets
- New Patient Forms (and/or Contracts)
- Appointments

Medical Ethics
- Legal Constraints Regarding Patient Confidentiality
- Patient Release and Other Legal Forms
- Medical/Legal Aspects of Recordkeeping
- Professional Relationships

Interpersonal Relationships
- Dress and Grooming for the Medical Office
- Professional Manners
- Tense Situations
- Prioritizing Tasks
- Emergency Situations vs. Routine or Slow Periods
- Cultural Differences
- Body Language

Automated Office Equipment
- Word Processing and Computer Equipment in the Medical Office

Career Advancement
- Resumes and Professional Portfolios
- Career Possibilities in the Medical Field

Current Programs in Montana with Limited Comparisons

In the state of Montana, the following institutions offer medical secretarial programs.

- Northern Montana College
- Western Montana College

- Dawson Community College
- College of Great Falls
- Miles City Community College

- Butte Vo-Tech
- Great Falls Vo-Tech
- Helena Vo-Tech
- Missoula Vo-Tech

Their specific tabulated programs are listed on pages 19-31. For the purpose of a brief review of the nine medical secretarial programs, this investigator noted these general comparisons:

With the exception of Dawson Community College, all nine institutions offered Medical Secretary programs. Dawson's course work was in the Medical Stenographer area. For six of the schools, program lengths were for two years; Butte, Great Falls, and Missoula Vo-Tech Centers' lengths were five quarters. In addition to the secretarial offerings, Butte, Great Falls, and Missoula also had Medical Transcriptionist programs of four to six quarters in length. A third option, a three-quarter Medical Receptionist program, was offered at Missoula Vocational Technical Center.

Specialty medical classes varied in number from one at the College of Great Falls to twelve specialty classes at Missoula Vocational Technical Center.

The following list indicates the general courses which were most common to the medical curricula.

Typing
Mathematics
Office Machines
Office Procedures
Records Management
Communications/English
Recordkeeping/Accounting

Courses which were offered by at least three of the institutions included:

Speech
Word Processing
Machine Transcription
Shorthand

Figures 1-13, pages 19-31, describe the curricula for the existing Medical Secretary programs in Montana.

Figure 1 - Northern Montana College
Curriculum: Secretary Technology

Program Length - 2 years

	Credits
Recommended Sequence for Freshman Year:	
Intermediate Typewriting	3
Production Typewriting	3
Intermediate Shorthand	5
Advanced Shorthand	5
Personal Development	2
Business Machines	2
Business Mathematics	3
General Clerical Procedures	3
Introduction to Business	4
Fundamentals of Speech	2
Communications I	3
Communications II	3
General Education and/or Electives	12
Recommended Sequence for Sophomore Year:	
Health Services Terminology	3
Health Services Terminology II	3
Secretarial Dictation & Transcription	4
Records Management	3
Simulated Model Office	4
Business Communications	3
Office Management	3
Principles of Accounting I	3
Business Law I	3
General Education and/or Electives	0-3

General Course Credits -	6
Medical Course Credits -	73
Total Credits -	79

(Northern Montana College
1981-1982 College Catalog
Pages 19-20)

Figure 2 - Western Montana College
Curriculum: Medical Secretary

Program Length - 2 years

	Credits
Art Appreciation	1
Intro to Anthropology or General Psychology	3
Introduction to Business	3
Typewriting	2
Basic Business Financial Systems	2
Business Communications	2
Principles of Accounting	3
Computer Literacy or Computer Business System Applications	1
Principles of Economics	3
Composition	8
PE Skills	2
Literary Heritage	1
Music Heritage	1
Business, Management or Economic Electives	21

Special Requirements:

Intro to Biology	3
Practicum in Medical Secretary Procedures	2
Human Anatomy and Physiology	6

General Course Credits -	53
Medical Course Credits -	11
Total Semester Credits -	64

(Western Montana College
1983-1985 Catalog, page 74)

Figure 3 - Dawson Community College
Curriculum: Medical Stenographer

Program Length - 2 years

Major Subjects:		Credits
English Composition		3
English Composition		3
or Business Communications	or	3
Public Speaking		3
College Arithmetic		3
Beginning Typewriting		3
Beginning Shorthand		4
Intermediate Typewriting		3
Intermediate Shorthand		4
Advanced Typewriting		3
Advanced Shorthand		4
Medical Shorthand		4
Bookkeeping		3

Recommended Electives:

Office Image	1
Printing Calculators	1
Personal Health and First Aid	4
General Microbiology or General Biology	4
Human Biology or Human Anatomy and Physiology	5
Work Experience	1-15

General Course Credits -	56
Medical Course Credits -	17
Total Credits -	73

(Dawson Community College
1982-1983 College Catalog
pages 39-40)

Figure 4 - College of Great Falls
Curriculum: Secretarial Science
Medical Secretarial Option

Program Length - 2 years

	Credits
Typing I	3
Shorthand I	3
Typing II	3
Typing III	3
Shorthand II	3
Secretarial Communications and Procedures	3
Dictation and Transcription	3
Records Management and Business Machines	3
Medical Secretarial Procedures	3
English, 311	2
English, 312	2
English, 313	2
General Electives	64
General Course Credits -	94
Medical Course Credits -	3
Total Credits -	97

(College of Great Falls Catalog, 1981-1983, page 95)

Figure 5 - Miles Community College
Curriculum: Medical Secretary

Program Length - 2 years

	Credits
First Year	
Shorthand I, II, III	15
College Typing I, II, III	9
Business Math	3
Composition	3
General Psychology I	3
Business Communications and Report Writing	2
Simulated Office	4
Machine Transcription	3
Second Year	
Advanced Shorthand Dictation	3
Principles of Accounting I, II, III	12
Shorthand and Transcription	2
Public Speaking	3
Medical Terminology and Transcription I, II	6
Medical Dictation and Transcription	3
Business Experience	
Anatomy and Physiology I, II, III	12
General Course Credits -	62
Medical Course Credits -	21
Total Credits -	83

(Miles Community College
1981-1983 College Catalog
pages 68-69)

Figure 6 - Butte Vocational Technical Center
Curriculum: Medical Secretary

Program Length - 5 quarters

	Hours
Accounting I	60 hours
Business Machines and Math	60 hours
Shorthand I	180 hours
Shorthand II	90 hours
Typing I	60 hours
Typing II	60 hours
Typing III	60 hours
Machine Transcription	60 hours
Business English	60 hours
Business Letter Writing	20 hours
Office Procedures	60 hours
Stenographic Pool	30 hours
Word Power	40 hours
Filing	30 hours
Peg Board Accounting	60 hours
Medical Typing	60 hours
Medical Terminology	30 hours
Medical Office Procedures	60 hours
Medical Shorthand	90 hours
Word Processing (Optional)	60 hours
Data Processing (Optional)	30 hours
Magnetic Card Typing (Optional)	20 hours
Memory Unit Typing	45 hours
Independent Study	variable

General Course Hours -	1,085
Medical Course Hours -	240
Total Hours -	1,325

(Butte Vo-Tech
1981-1983 Catalog.
page 12)

Figure 7 - Butte Vocational Technical Center
Curriculum: Medical Transcriptionist

Program Length - 4 quarters

	Hours
Accounting I	60 hours
Business Machines & Math	60 hours
Typing I	60 hours
Typing II	60 hours
Typing III	60 hours
Machine Transcription	60 hours
Business English	60 hours
Business Letter Writing	20 hours
Office Procedures	60 hours
Stenographic Pool	30 hours
Word Power	40 hours
Filing	30 hours
Peg Board Accounting	60 hours
Medical Typing	60 hours
Medical Terminology	30 hours
Medical Office Procedures	60 hours
Word Processing (optional)	60 hours
Data Processing (optional)	30 hours
Magnetic Card Typing (optional)	20 hours
Memory Unit Typing	45 hours
Independent Study	variable

General Course Hours -	815
Medical Course Hours -	150
Total Hours -	965

(Butte Vo-Tech
1981-1983 Catalog
page 12)

Figure 8 - Great Falls Vocational Technical Center
Curriculum: Medical Secretary

Program Length - 5 quarters

Hours or Credits not listed

Typing I
Typing II
Typing III
Typing IV
Machine Transcription
Automatic Typewriters
Shorthand I
Shorthand II
Shorthand III
English I
English II
Spelling
Vocabulary
Filing and Indexing
Business Math
Bookkeeping I
Medical Terminology I
Medical Terminology II
Medical Terminology III
Office Machines
Reprographics/Office Procedures

Electives:

Bookkeeping II
Business Writing
Consumer Economics
Interpersonal Communications
Introduction to Business Electronic Data Processing

(Great Falls Vo-Tech Center
1981-1982 Catalog)

Figure 9 - Great Falls Vocational Technical Center
Curriculum: Medical Transcriptionist

Program Length - 5 quarters

Hours or Credits not listed

Required Courses:

Typing I
Typing II
Typing III
Typing IV
Machine Transcription
Automatic Typewriters
Automatic Typewriters Simulation
English I
English II
Spelling
Vocabulary
Filing and Indexing
Business Math
Bookkeeping I
Medical Terminology I
Medical Terminology II
Medical Terminology III
Office Machines
Reprographics/Office Procedures

Electives:

Bookkeeping II
Business Writing
Consumer Economics
Interpersonal Communications
Introduction to Business Electronic Data Processing

(Great Falls Vo-Tech
1981-1982 Catalog)

Figure 10 - Helena Vocational Technical Center
Curriculum: Medical Secretary

Program Length - 2 years

	Hours
Beginning Typing	30 hours
Typing I	60 hours
Typing II	60 hours
Statistical Typing	30 hours
Typing III	60 hours
Business Math & Machines	60 hours
Office Management & Procedures	60 hours
English Skill Building	60 hours
Business Communications	60 hours
Accounting I	60 hours
Payroll Accounting	60 hours
Records Management	60 hours
Introduction to Data Processing	60 hours
Machine Transcription	30 hours
Structure & Function of Human Body	60 hours
Medical Office Procedures I	120 hours
Medical Office Procedures II (On-the-job training)	60 hours
Medical Machine Transcription	90 hours
Medical Terminology	60 hours
Duplicating Processes	15 hours
Word Processing	60 hours

Elective

Secretarial Lab	60 hours
General Course Hours -	885 hours
Medical Course Hours -	330 hours
Total Hours -	1,215 hours

(Helena Vo-Tech
1982-1983 Catalog
Pages 30-31)

Figure 11 - Missoula Vocational Technical Center
Curriculum: Medical Receptionist

Program Length - 3 quarters

	Credits
English Review	2
Human Relations	3
Job Prep	2
Applied Math	3
Intro to Business Computers	4
Principles of Business	5
Calculators in Business	3
Filing	3
Business Communications	3
Word Processing I	1
Word Processing II	1
Electronic Typing/MagCard	1
Recordkeeping	3
Medical Terminology	4
Medical Office Procedures	6
Medical Forms	2
Keyboard Typing	2
Typing I	2
Typing II	2
Office Procedures	3
Model Office	2
First Aid	1
General Course Credits -	45
Medical Course Credits -	13
Total Credits -	58

(Missoula Vo-Tech
1981-1982 School Catalog
Page 45)

Figure 12 - Missoula Vocational Technical Center
Curriculum: Medical Secretary

Program Length - 5 quarters

	Credits
English Review	2
Human Relations	3
Job Prep	2
Applied Math	3
Intro to Business Computers	4
Principles of Business	5
Calculators in Business	3
Filing	3
Business Communications	3
Word Processing I	1
Word Processing II	1
Typing III	3
MagCard/Electronic Typing	1
Medical Terminology I	4
Medical Terminology II	4
Medical Terminology III	4
Medical Terminology IV	5
Anatomy and Physiology I	4
Anatomy and Physiology II	4
Medical Transcription I	4
Medical Office Procedures	6
Medical Forms	2
Office Management	2
Keyboard Typing	2
Typing I	2
Typing II	2
Office Procedures	3
Model Office	2
Cooperative Work Experience	2
First Aid	1
General Course Credits -	49
Medical Course Credits -	38
Total Credits -	87

(Missoula Vo-Tech
1981-1982 School Catalog
page 45)

Figure 13 - Missoula Vocational Technical Center
Curriculum: Medical Transcriptionist

Program Length - 2 years

	Credits
English Review	2
Human Relations	3
Job Prep	2
Applied Math	3
Intro to Business Computers	4
Principles of Business	5
Calculators in Business	3
Filing	3
Business Communications	3
Word Processing I	1
Word Processing II	1
Typing III	3
MagCard/Electronic Typing	1
Transcription/Text Editing	1
Recordkeeping	3
Medical Terminology I	4
Medical Terminology II	4
Medical Terminology III	4
Medical Terminology IV	5
Anatomy and Physiology I	4
Anatomy and Physiology II	4
Medical Transcription I	4
Medical Transcription II	4
Medical Transcription III	4
Medical Office Procedures	6
Medical Forms	2
Office Management	2
Keyboard Typing	1
Typing I	2
Typing II	2
Office Procedures	3
Model Office	2
Cooperative Work Experience	3
First Aid	1
General Course Credits -	55
Medical Course Credits -	47
Total Credits -	102

(Missoula Vo-Tech, 1981-1982
School Catalog
Page 45)

Summary

The intent of this chapter was to give the reader an understanding of the need for trained medical secretaries, along with suggested objectives and curriculum designs. Syllabi listings with general comparisons of the Medical Secretary Programs currently being offered in Montana was also presented.

With the growing number of employment offerings in the medical field and the new developments in technology, medical secretary programs should be reviewed and evaluated to ascertain if the objectives and curriculum offerings are meeting the market demands.

CHAPTER III

PROCEDURES

This study was undertaken to determine the educational training needed to provide medical secretarial students with entry-level job competencies compatible with the needs of employers. In order to resolve what criteria was most relevant to a medical secretary curricula, this writer reviewed literature dealing with the following areas:

1. Definition of the Term "Medical Secretary"
2. Need for Trained Medical Secretaries
3. General Objectives and Suggested Curricula for a Medical Secretary Training Program
4. Current Programs in Montana with Limited Comparisons

A survey of doctors and medical secretaries was made to further identify what job competencies were important for entry-level employment. The results of the survey were used to construct a model medical secretary curricula for the colleges and vocational-technical centers in Montana.

The purpose of this chapter is to describe the procedures followed in completing this study. The following areas were examined:

1. Sources of the Data
2. Construction of the Survey Instrument

3. Administration of the Survey Instrument

4. Analysis of the Data

Sources of the Data

The study was limited to Montana. The data for this study was obtained from the questionnaires delivered to medical secretaries, medical doctors, optometrists/ ophthalmologists and dentists in the urban communities of Helena and Bozeman.

These communities were selected for two reasons.

1. A prior study conducted by Sarah Williams (1977:28) indicated that there were no major differences in job requirements of medical secretaries in a rural area compared to an urban area.

2. Helena would be representative of a community currently offering a medical secretary program through its vocational-technical center; while Bozeman would represent a community without a medical secretary program.

The classified telephone directory for each of the cities was used to randomly select 50 medical offices, 25 from each community, from the total population of medical doctors, optometrists/ophthalmologists and dentists. Proportional representation was used to determine the percentage of each of the three groups to the overall sample of 50 doctors. A medical secretary in each of the 50 offices was also surveyed.

Data for the review of literature was obtained from

the Montana State University Library, the University of Montana Library, from the personal library of Dr. Daniel Hertz, and from school catalogs of the colleges and vocational-technical centers in Montana.

Construction of the Survey Instrument

The review of literature provided the basis for the content of the survey instrument used in this study. (See Appendix A, page 106, for the survey instrument.) Thirteen areas of job competencies--skills, attitudes, knowledges--were identified as being important to a medical secretary curricula. These areas were:

1. Medical Office Telephone Interactions
2. Patient Reception
3. Bookkeeping for a Medical Office
4. Collection Procedures
5. Medical Transcription
6. Medical Insurance Forms
7. Medical Assisting
8. General Medical Office Procedures
9. Medical Ethics
10. Interpersonal Relationships
11. Word Processors/Microcomputers
12. Medical Terminology and Standard Medical Abbreviations
13. Shorthand

Each task was to be rated according to whether it was an entry-level task or could be learned on the job, its level of importance, and its level of difficulty. This format for the survey instrument was adapted from "Procedures for Constructing and Using Task Inventories," The Ohio State University, 1973, Center for Vocational-Technical Education, Research and Development Series, 1971, No. 91.

The initial questionnaire was reviewed by two members of the researcher's examining committee. After clarifying the instructions, the revised survey was then presented to Mrs. Barbara Jackson, medical secretarial instructor at Helena Vocational Technical Center. Since Helena was to be one of the communities surveyed, this researcher felt it was important to incorporate any of Mrs. Jackson's suggestions in the survey instrument.

On March 2, 1983, the questionnaire was approved for use in this study.

Administration of the Survey Instrument

On March 17, 1983, each medical office in Helena which had been randomly selected to be included in the survey was presented with two questionnaires--one to be completed by the doctor and one to be completed by the medical secretary. A cover letter explaining the purpose of the study (see Appendix B, page 109) accompanied the questionnaire.

On March 18, 1983, each office was visited to pick up the completed forms. A coded, self-addressed envelope was provided for any office which had been unable to complete the questionnaire. At the end oftwo weeks, 21 of the 25 secretaries (84 percent) had responded and 13 of 25 doctors (52 percent) for a combined total return of 68 percent.

Telephone calls were then made to the nonrespondents requesting that they mail the surveys and explaining the importance of a high return to increase the validity of the study. April 18 was defined as the cut-off date for accepting questionnaires. On that date, 23 of the 25 secretaries (92 percent) had returned their forms and 14 of the 25 doctors (56 percent) for a combined total return of 74 percent from the Helena area.

The same format was followed in Bozeman on April 7 and 8, 1983. One set of questionnaires was undeliverable and was removed from the total of 25 medical offices. The adjusted total population for Bozeman was 48, 24 doctors and 24 secretaries.

After two weeks, 12 of the 24 doctors had responded (50 percent) and 16 of 24 secretaries (67 percent) for an overall return of 58 percent. Telephone calls, requesting that the questionnaires be completed and mailed, were made to the nonrespondents on April 25 with May 2 determined as the cut-off date.

On May 2, 15 of 24 doctors had returned their questionnaires (62.5 percent) and 20 of 24 secretaries (83 percent). The overall response from the Bozeman area was 73 percent.

Combining the results from both Bozeman and Helena, a 73 percent return was achieved from the total surveyed population.

Analysis of the Data

This study was conducted to ascertain what educational training was needed to provide medical secretaries with entry-level job competencies compatible with the needs of employers. Information was gathered regarding the tasks/subjects that should be mastered prior to employment as a medical secretary, the levels of importance of these tasks/subjects to a medical secretary program, and the levels of difficulty. The number of replies to each section was tallied according to responses by secretaries, doctors, medical specialty, and then by combination totals.

The survey results were presented in table formats. As an aid to the reader, descriptive paragraphs explaining the tabulated material were also provided.

One table provided an analysis of the number of offices surveyed and the number of respondents by title and by specialty.

The tables that listed entry-level competencies were set up in priority order according to percent of total

responses. Also exhibited in these tables were the number of replies to each section as well as total responses. Comparisons were made between entry levels chosen by doctors and those selected by secretaries and also between medical specialties.

The levels of importance and difficulty of the thirteen task/subject areas were listed in tables that contrasted the selections of doctors with that of secretaries.

The aforementioned format for presenting, analyzing and interpreting the data was used in Chapter four. Chapter five contained a summary of the study along with this writer's conclusions and recommendations.

CHAPTER IV

RESULTS

Introduction

The function of this chapter was to report the findings from the 98 questionnaires which were delivered to medical offices in Bozeman and Helena. (See Appendix C for a complete list of offices surveyed.) Of the 98 questionnaires, 72 (73 percent) were returned.

The purpose of the study was to determine the educational training needed to provide medical secretarial students with entry-level job competencies compatible with the needs of employers. The object of the survey was to determine what job competencies--skills, attitudes, knowledges--should be mastered prior to employment as a medical secretary.

Analyses of the questionnaire data are presented in the following tables and descriptive paragraphs.

Presentation of the Data

In each of the 49 offices surveyed, both a medical secretary and a doctor were provided with a questionnaire to complete. Of the 72 respondents, 43 were medical

secretaries and 29 were doctors. A further breakdown of the respondents by specialty is contained in Table 1.

Table 1

Distribution of Respondents

Specialty	No. of Offices Surveyed	Responding Secretaries	Responding Doctors
Medical Doctors	29	26 or 90%	14 or 80%
Dentists	15	14 or 93%	12 or 80%
Optometrists/ Ophthalmologists	5	3 or 60%	3 or 60%
Totals	49	43 or 88%	29 or 59%

The following questions were answered by this study.

QUESTION: What are the job competencies--skills, attitudes, knowledges--that should be mastered prior to employment as a medical secretary?

Of the 13 task/subject areas listed on the questionnaire, 9 were selected by 50 percent or more of the respondents as being entry-level skills necessary for a medical secretary. The results are illustrated in Table 2, page 42.

Table 2

Entry-Level Job Competencies

Task/Subject	Number Responding	Total Responses	% of Total
Word Processing/ Microcomputers	55	60	92%
Medical Ethics	61	71	86%
Medical Transcription	57	71	80%
Medical Terminology	52	65	80%
Shorthand	41	51	80%
Collection Procedures	49	72	68%
Interpersonal Relationships	48	72	67%
Bookkeeping for a Medical Office	44	72	61%
Medical Assisting	29	57	51%

Ninety-two percent of the respondents felt word processing was a skill that should be mastered prior to employment as a medical secretary. The understanding of medical/legal ethics was selected by 86 percent of the respondents. Eighty percent of the doctors and secretaries indicated that medical transcription, medical terminology, and shorthand were entry-level competencies. Other skills that should be mastered prior to employment as a medical secretary included: Collection procedures, selected by 68 percent of the responding doctors and secretaries;

interpersonal relationships, selected by 67 percent of the respondents; bookkeeping, chosen by 61 percent; and medical assisting, indicated as an entry-level ability by 51 percent of those completing the questionnaire.

There were then four task/subject areas that 50 percent or more of the respondents felt could be learned on the job. These areas are presented in Table 3.

Table 3

Job Competencies that can be Learned On-the-Job

Task/Subject	Number Responding	Total Responses	% of Total
Telephone Interaction	51	72	71%
Patient Reception	47	72	65%
Medical Insurance Forms	41	71	58%
General Medical Office Procedures	37	71	52%

The ability to interact on the telephone was a task/subject that 71 percent of the respondents felt could be learned on the job. Sixty-five percent of the doctors and secretaries indicated that patient reception could also be learned on the job. The remaining two tasks or subjects were medical forms, selected by 58 percent; and general medical office procedures, chosen by 52 percent of the respondents as skills that could be learned on the job.

Question: Is there a difference in entry-level job competencies for the secretaries of dentists, optometrists, or ophthalmologists when compared to those of medical doctors?

Eight task/subject areas were chosen by dentists, optometrists, ophthalmologists and their secretaries as entry-level job competencies important to a medical secretary. These are shown in Table 4.

Table 4

Entry-Level Job Competencies Rated as Important for the Secretaries of Dentists, Optometrists, and Ophthalmologists

Task/Subject	Number Responding	Total Responses	% of Total
Word Processing/ Microcomputers	21	23	91%
Medical Ethics	27	31	87%
Shorthand	16	21	76%
Medical Transcription	21	31	68%
Collection Procedures	22	33	67%
Interpersonal Relationships	14	22	64%
Medical Terminology	18	28	64%
Bookkeeping for a Medical Office	16	28	57%

Out of 23 respondents, 21 (91 percent) felt word processing/microcomputers was an entry-level job competency important for the secretaries of dentists and optometrists/ ophthalmologists. Twenty-seven of 31 respondents (87 percent) selected medical ethics as a task or subject that should be mastered prior to employment as a medical secretary. Sixteen of 21 respondents (76 percent) chose shorthand while medical transcription was indicated as an entry-level competency by 68 percent (21 of 31) of those completing the questionnaire. Other task/subject areas were collection procedures, selected by 22 of 33 doctors and secretaries responding (67 percent); interpersonal relationships, indicated by 64 percent; medical terminology, chosen by 64 percent; and bookkeeping for a medical office, which 16 of 28 respondents indicated was an entry-level competency important for the secretaries of dentists, optometrists, and ophthalmologists.

The job competencies selected by medical doctors and their secretaries as important for entry-level employment as a medical secretary are portrayed in Table 5, page 46.

Table 5

Entry-Level Job Competencies Rated as Important for the Secretaries of Medical Doctors

Task/Subject	Number Responding	Total Responses	% of Total
Medical Terminology	34	37	92%
Medical Transcription	36	39	92%
Word Processing/ Microcomputers	34	37	92%
Medical Ethics	34	40	85%
Shorthand	25	30	83%
Collection Procedures	26	38	68%
Bookkeeping for a Medical Office	28	44	64%
Interpersonal Relationships	24	40	60%
Medical Assisting	19	33	58%
General Medical Office Procedures	20	40	50%

Entry-level job competencies indicated by 92 percent of the respondents included medical terminology, selected by 34 out of 37; medical transcription, indicated by 36 out of 39; and word processing, chosen by 34 of 37. Thirty-four of the 40 medical doctors and their secretaries (85 percent) indicated that an understanding of medical ethics was an important job competency for a medical secretary. Shorthand

was chosen by 25 of the 30 who responded (83 percent) while collection procedures was rated as important by 26 of 38 doctors and secretaries (68 percent). Other task/subject areas chosen as entry-level job competencies included; bookkeeping for a medical office, rated by 28 of 44 respondents (64 percent); medical assisting, chosen by 19 of 33 (58 percent); and general medical office procedures which 20 of 40 of the medical doctors and their secretaries (50 percent) rated as an important entry-level job competency.

QUESTION: Is there a difference in the entry skills selected by doctors when compared to those selected by secretaries?

The task/subject areas chosen by 50 percent or more of the doctors are listed in Table 6, page 48.

Twenty-seven of 29 doctors (93 percent) rated the understanding of medical ethics as the number one job competency for a medical secretary. Eight-nine percent of the physicians (24 of 27) selected medical terminology, while 88 percent (22 of 25) picked word processing as an entry skill. Interpersonal relationships was chosen by 24 of 29 doctors (83 percent) while 76 percent rated medical transcription as an entry skill. Seventy-three percent of the physicians ranked collection procedures and shorthand as entry-level job competencies. Twenty of the 28 physicians responding felt that the knowledge of general

medical office procedures was an important skill for a medical secretary. Physicians also listed knowledges in medical forms, patient reception and medical assisting as entry skills.

Table 6

Entry-Level Competencies Selected by Doctors

Task/Subject	Number Responding	Total Responses	% of Total
Medical Ethics	27	29	93%
Medical Terminology	24	27	89%
Word Processing/ Microcomputers	22	25	88%
Interpersonal Relationships	24	29	83%
Medical Transcription	22	29	76%
Collection Procedures	22	30	73%
Shorthand	16	22	73%
Bookkeeping for a Medical Office	21	29	72%
General Medical Office Procedures	20	28	71%
Medical Insurance Forms	16	28	57%
Patient Reception	16	29	55%
Medical Assisting	13	25	52%

The medical secretaries rated nine task/subject areas as entry-level skills. Table 7 summarizes these results.

Table 7

Entry-Level Competencies Selected by Secretaries

Task/Subject	Number Responding	Total Responses	% of Total
Word Processing/ Microcomputers	33	35	94%
Shorthand	25	29	86%
Medical Transcription	35	41	85%
Medical Ethics	34	42	81%
Medical Terminology	28	38	74%
Collection Procedures	27	42	64%
Interpersonal Relationships	24	43	56%
Bookkeeping for a Medical Office	23	43	53%
Medical Assisting	16	32	50%

Word processing/microcomputers was chosen by the medical secretaries as the number one entry-level skill. Eighty-six percent of the secretaries (25 out of 29) selected shorthand as an important job competency. The ability to transcribe medical reports was chosen by 35 of 41 secretaries (85 percent). The fourth competency area was medical ethics, rated by 34 of 42 secretaries. A knowledge of medical

terminology was selected by 74 percent as being an entry-level skill important to a medical secretary. Other selected skills that should be mastered prior to employment included: collection procedures, chosen by 64 percent of the secretaries; interpersonal relationships, 56 percent; bookkeeping for a medical office, 53 percent; and medical assisting, 50 percent.

QUESTION: Is there a difference in the tasks rated by doctors as important to a medical secretarial program when compared to those rated as important by secretaries?

Table 8, page 51, describes the first task/subject area listed on the questionnaire. It also compares doctors' responses of that task's importance to a medical secretarial program with the responses of currently employed medical secretaries.

Of the 25 doctors who answered that portion of the questionnaire, 15 (60 percent) felt that answering a phone with several incoming lines was a task that was very important to a medical secretary program. Ten of the doctors (40 percent) rated this task of average importance and zero considered it to be of no importance to a medical secretarial program. However, 2 of 42 responding secretaries (5 percent) considered it to be of no importance, 40 percent (17 of 42) felt it was of average importance, and 55 percent (23 of 42) listed answering a phone with several incoming lines

Table 8

Task 1: Medical Office Telephone Interaction

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
answer telephone with several incoming lines	0 or 0%	10 or 40%	15 or 60%	25	2 or 5%	17 or 40%	23 or 55%	42
handle emergency calls	0 or 0%	3 or 11%	24 or 89%	27	2 or 5%	2 or 5%	37 or 90%	41
schedule patient appointments	0 or 0%	9 or 33%	18 or 67%	27	2 or 5%	9 or 21%	32 or 74%	43
answer inquiries	1 or 3%	15 or 56%	11 or 41%	27	1 or 2%	19 or 44%	24 or 54%	44
transfer calls	5 or 16%	15 or 48%	11 or 36%	31	3 or 7%	29 or 69%	10 or 24%	42
make collection calls	0 or 0%	13 or 46%	15 or 54%	28	1 or 2%	14 or 33%	28 or 65%	43
screen calls	1 or 4%	13 or 46%	14 or 50%	28	0 or 0%	25 or 58%	18 or 42%	43

as a task that was very important to a medical secretarial program. Knowing how to handle emergency calls was selected by 89 percent of the physicians (24 of 27) and 90 percent (37 of 41) of the secretaries as being very important to a medical secretary's training. Eighteen of 27 physicians (67 percent) and 32 of 43 secretaries (74 percent) indicated that training in scheduling patient appointments was very important. Of average importance were answering inquiries and transferring calls. Knowing how to make collection calls was rated as very important by the majority of the respondents. Screening calls was a task selected as being very important to a medical secretary program by 14 of 28 responding physicians (50 percent) but rated as average in importance by the majority of the secretaries (58 percent).

Tables 9-20 show the comparisons between doctors' and secretaries' ratings of the remaining 12 task/subject areas listed on the survey instrument.

Table 9, page 53, shows that the majority of the physicians and secretaries agreed that the ability to greet patients properly was a very important part of a medical secretary's training. However, 50 percent (12 of 24) of the doctors considered the capability to pull/refile patient charts to be of average importance while 59 percent of the secretaries considered it to be very important. Knowing how to schedule appointments was rated of average importance by doctors but considered very important by

Table 9

Task 2: Patient Reception

TASK DESCRIPTION	DOCTORS				SECRETARIES			
	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
pull and refile patient charts	1 or 4%	12 or 50%	11 or 46%	24	0 or 0%	17 or 41%	24 or 59%	41
greet the patients	0 or 0%	6 or 24%	19 or 76%	25	0 or 0%	8 or 19%	34 or 81%	42
schedule appoint-ments	0 or 0%	13 or 52%	12 or 48%	25	0 or 0%	12 or 29%	30 or 71%	42

30 of the 42 secretaries (71 percent) replying to the second task on the questionnaire.

Doctors rated all of the specified bookkeeping tasks listed in Table 10, page 55, as very important to a medical secretary's training. Secretarial responses tended to agree with the physicians' with two exceptions. The two tasks, ability to complete deposit slips and to write receipts, were categorized as average in importance by 55 percent of the responding secretaries.

The collection procedures recorded in Table 11, page 56, were categorized as being very important by the majority of responding doctors and secretaries. The one exception was turning an account over for collection, which 21 of 40 secretaries (53 percent) indicated was of average importance.

Fifty-four percent or more of all responding doctors and secretaries considered medical transcription as a subject that was very important to a medical secretary program. This data is illustrated in Table 12, page 57.

Ranked by doctors as being very important to a medical secretary curricula were instruction in Workers Compensation, Medicare, and Champus insurance forms. Fourteen of 28 doctors classified knowledge of superbills as being of average importance while the other 14 doctors indicated it was a training area very important to a medical secretary. Categorized as average in importance were the abilities to complete Medicaid forms, code diseases, operations, and

Table 10

Task 3: Bookkeeping for a Medical Office

TASK DESCRIPTION	DOCTORS				SECRETARIES			
	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
use pegboard accounting system	1 or 4%	6 or 24%	18 or 72%	25	0 or 0%	19 or 48%	21 or 52%	40
record payments received	0 or 0%	6 or 24%	19 or 76%	25	0 or 0%	12 or 31%	27 or 69%	39
record patient charges and payments on ledger cards	0 or 0%	7 or 28%	18 or 72%	25	0 or 0%	15 or 38%	24 or 62%	39
complete deposit slips and daily cash tallies	0 or 0%	7 or 27%	19 or 73%	26	0 or 0%	11 or 30%	26 or 70%	37
write receipts	0 or 0%	12 or 46%	14 or 54%	26	0 or 0%	22 or 55%	18 or 45%	40
flag overdue accounts	0 or 0%	10 or 38%	16 or 62%	26	0 or 0%	22 or 55%	18 or 45%	40
compute payroll	0 or 0%	10 or 42%	14 or 58%	24	0 or 0%	12 or 34%	25 or 66%	38

Table 11

Task 4: Collection Procedures

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
write collection letters	0 or 0%	10 or 38%	16 or 62%	26	0 or 0%	14 or 35%	26 or 65%	40
turn an account over for collection	2 or 7%	11 or 41%	14 or 52%	27	2 or 5%	21 or 53%	17 or 42%	40
properly handle telephone collection calls	0 or 0%	8 or 30%	19 or 70%	27	0 or 0%	11 or 28%	29 or 72%	40

Table 12

Task 5: Medical Transcription

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
type office correspondence	0 or 0%	11 or 44%	14 or 56%	25	1 or 3%	13 or 33%	25 or 64%	39
type case histories	1 or 4%	8 or 33%	15 or 63%	24	0 or 0%	13 or 38%	21 or 62%	34
type followup examinations	1 or 4%	10 or 42%	13 or 54%	24	0 or 0%	15 or 44%	19 or 56%	34
type X-ray, laboratory, and pathology reports	1 or 5%	8 or 36%	13 or 59%	22	0 or 0%	11 or 34%	21 or 66%	32
type operative reports	1 or 4%	8 or 35%	14 or 61%	23	0 or 0%	11 or 34%	21 or 66%	32
type discharge summaries	1 or 5%	7 or 32%	14 or 63%	22	0 or 0%	13 or 41%	19 or 59%	32

diagnoses, and code procedures. Secretaries, however, indicated that the capability to code diseases and procedures was very important. They classified the remainder of the tasks as average in importance to a medical secretary program. Table 13, page 59, displays these results.

Forty-three percent of the responding doctors categorized the ability to take and record vital signs as an area that was average in importance to a medical secretary curricula, while 53 percent of the medical secretaries classified it as being very important. Training in assisting with examinations was considered to be average in importance by 38 percent of the doctors and to be very important by 38 percent; 52 percent of the secretaries rated it average in importance. The majority of the responding doctors and secretaries considered it very important for a secretary to know how to perform basic sterilization techniques on surgical/medical instruments. Secretaries also classified training in the collection, labeling and delivery of specimens as being very important. These responses are summarized in Table 14, page 60.

As Table 15, page 61, indicates, medical secretaries categorized general medical office procedures as a subject that was average in importance to a medical secretary curricula. A majority of the doctors, however, considered composing general correspondence, maintaining patient and office files, and ordering and storing office supplies as

Table 13

Task 6: Medical Insurance Forms

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
complete superbills	0 or 0%	14 or 50%	14 or 50%	28	0 or 0%	19 or 50%	19 or 50%	38
complete Workers' Compensation	1 or 4%	11 or 42%	14 or 54%	26	2 or 5%	19 or 51%	16 or 44%	37
complete Medicare	0 or 0%	12 or 46%	14 or 54%	26	0 or 0%	19 or 51%	18 or 49%	37
complete Medicaid	0 or 0%	14 or 52%	13 or 48%	27	1 or 3%	19 or 53%	16 or 44%	36
complete Champus	0 or 0%	11 or 46%	13 or 54%	24	1 or 3%	17 or 50%	16 or 47%	34
do special coding for diseases, operations and diagnoses	1 or 4%	14 or 50%	13 or 46%	28	0 or 0%	13 or 38%	21 or 62%	34
do special coding for procedures	0 or 0%	13 or 52%	12 or 48%	25	0 or 0%	14 or 40%	21 or 60%	35

Table 14

Task 7: Medical Assisting

TASK DESCRIPTION	DOCTORS				SECRETARIES			
	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
take and record vital signs	5 or 22%	10 or 43%	8 or 35%	23	1 or 4%	12 or 43%	15 or 53%	28
assist in examinations	5 or 24%	8 or 38%	8 or 38%	21	1 or 3%	15 or 22%	13 or 45%	29
assist with collection, labeling and delivery of specimens	4 or 18%	10 or 46%	8 or 36%	22	1 or 4%	12 or 46%	13 or 50%	26
perform basic sterilization techniques on medical/surgical equipment	4 or 18%	7 or 30%	12 or 52%	23	1 or 3%	11 or 37%	18 or 60%	30
prepare examination room for appointments	4 or 18%	9 or 39%	10 or 43%	23	2 or 7%	16 or 53%	12 or 40%	30

Table 15

Task 8: General Medical Office Procedures

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
compose general correspondence	0 or 0%	13 or 48%	14 or 52%	27	1 or 2%	22 or 53%	19 or 45%	42
maintain patient and office files	0 or 0%	11 or 48%	12 or 52%	23	0 or 0%	23 or 53%	20 or 47%	43
handle incoming and outgoing mail	0 or 0%	14 or 56%	11 or 44%	25	1 or 3%	26 or 65%	13 or 32%	40
maintain office equipment	0 or 0%	16 or 62%	10 or 38%	26	3 or 8%	27 or 69%	9 or 23%	39
order and store office supplies	0 or 0%	12 or 46%	14 or 54%	26	2 or 5%	27 or 66%	12 or 29%	41

being very important aspects of a secretary's training program.

Doctors and secretaries agreed that medical ethics was a subject area that was also very important to the program. These results are illustrated in Table 16, page 63.

Also considered by the majority of the respondents as being very important were the tasks or subjects listed in Table 17, page 64.

As Table 18, page 65, portrays, the majority of the doctors considered training on word processors/microcomputers to be of average importance to a medical secretary program. However, secretaries felt that being able to use a word processor/microcomputer for general ledger use or appointment scheduling was very important in a training program.

Doctors and secretaries concurred that medical terminology was a subject that was very important to a medical secretary curricula. These results are listed on Table 19, page 66.

As part of the curricula, shorthand was considered of no importance by doctors and of average importance by secretaries. These responses are illustrated in Table 20, page 67.

The last question addressed by the survey instrument was the level of difficulty of the various tasks.

Table 16

Task 9: Medical Ethics

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Understanding of legal constraints regarding patient confidentiality	0 or 0%	7 or 26%	20 or 74%	27	0 or 0%	4 or 11%	32 or 89%	36
Understanding of the execution of patient release and other legal forms	0 or 0%	5 or 21%	19 or 79%	24	0 or 0%	5 or 13%	33 or 87%	38
Knowledge of medical/legal aspects of record-keeping	0 or 0%	7 or 27%	19 or 73%	26	0 or 0%	9 or 23%	30 or 77%	39

Table 17

Task 10: Interpersonal Relationships

TASK DESCRIPTION	DOCTORS				SECRETARIES			
	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Ability to								
dress appropriately for a medical office	0 or 0%	11 or 42%	15 or 58%	26	1 or 3%	17 or 42%	22 or 55%	40
greet patients properly	0 or 0%	6 or 22%	21 or 78%	27	1 or 3%	7 or 18%	31 or 79%	39
deal with stressful situations	0 or 0%	2 or 7%	25 or 93%	27	0 or 0%	4 or 10%	36 or 90%	40
prioritize tasks	0 or 0%	6 or 25%	18 or 75%	24	0 or 0%	11 or 28%	28 or 72%	39

Table 18

Task 11: Word Processors/Microcomputers

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Sufficient knowledge								
for general ledger use	1 or 5%	11 or 50%	10 or 45%	22	0 or 0%	14 or 47%	16 or 53%	30
for accounts receivable use	1 or 5%	12 or 55%	9 or 40%	22	0 or 0%	16 or 53%	14 or 47%	30
for accounts payable use	1 or 5%	12 or 55%	9 or 40%	22	1 or 3%	15 or 50%	14 or 47%	30
for medical transcription use	1 or 5%	12 or 55%	9 or 40%	22	0 or 0%	14 or 52%	13 or 48%	27
for appointment scheduling	1 or 5%	12 or 55%	9 or 40%	22	0 or 0%	12 or 44%	15 or 56%	27

Table 19

Task 12: Medical Terminology and Standard Medical Abbreviations

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Sufficient knowledge								
for telephone work	1 or 4%	11 or 42%	14 or 54%	26	0 or 0%	11 or 31%	24 or 69%	35
for giving/ receiving test results	0 or 0%	11 or 46%	13 or 54%	24	0 or 0%	12 or 38%	20 or 62%	32
for reports and insurance forms	0 or 0%	11 or 46%	13 or 54%	24	0 or 0%	16 or 50%	16 or 50%	32
for medical transcription	0 or 0%	8 or 35%	15 or 65%	23	0 or 0%	9 or 27%	24 or 73%	33
for pharmacology terms	0 or 0%	9 or 43%	12 or 57%	21	0 or 0%	9 or 30%	21 or 70%	30

Table 20

Task 13: Shorthand

TASK DESCRIPTION	DOCTORS				SECRETARIES			
	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES	NO IMPORTANCE	AVERAGE IMPORTANCE	VERY IMPORTANT	TOTAL RESPONSES
Sufficient knowledge								
for telephone messages	9 or 43%	8 or 38%	4 or 19%	21	7 or 32%	11 or 50%	4 or 18%	22
for correspondence	12 or 52%	8 or 35%	3 or 13%	23	8 or 28%	14 or 48%	7 or 24%	29
for patient histories and followup reports	12 or 55%	7 or 32%	3 or 13%	22	8 or 28%	10 or 36%	10 or 36%	28

QUESTION: Is there a difference in the level of difficulty of a task as perceived by doctors compared to the level of difficulty as perceived by secretaries?

Each respondent was asked to rate the level of difficulty of the tasks/subjects listed on the questionnaire. Comparisons were made between the reactions of doctors with those of secretaries. Responses regarding the first task, medical office telephone interactions, is shown in Table 21, page 69.

With only one exception, all respondents considered the tasks involving telephone interactions to be moderately difficult. The exception, transferring calls, was deemed as a task easy to perform.

Seventy-two percent of the responding doctors and 83 percent of the secretaries felt that pulling and refiling patient charts was an easy task. Also rated as easy was the greeting of patients. Scheduling appointments was considered to be a task of moderate difficulty by 20 of the 26 responding doctors (77 percent) and by 18 of 41 secretaries (44 percent). These responses are illustrated in Table 22, page 70.

The level of difficulty of the bookkeeping procedures was considered to be moderate. Exceptions were writing receipts, rated as easy by 16 of 26 doctors (62 percent) and flagging overdue accounts. The latter was also felt to be

Table 21

Task 1: Medical Office Telephone Interactions

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
answer telephone with several incoming lines	6 or 25%	14 or 58%	4 or 17%	24	13 or 33%	23 or 59%	3 or 8%	39
handle emergency calls	2 or 8%	15 or 60%	8 or 32%	25	2 or 5%	20 or 53%	16 or 42%	38
schedule patient appointments	3 or 12%	17 or 68%	5 or 20%	25	7 or 17%	26 or 64%	8 or 19%	41
answer inquiries	4 or 15%	17 or 65%	5 or 20%	26	10 or 26%	20 or 51%	9 or 23%	39
transfer calls	16 or 64%	9 or 36%	0 or 0%	25	27 or 75%	9 or 25%	0 or 0%	36
make collection calls	1 or 4%	12 or 48%	12 or 48%	25	3 or 7%	20 or 49%	18 or 44%	41
screen calls	4 or 14%	15 or 56%	8 or 30%	27	10 or 24%	22 or 52%	10 or 24%	42

Table 22

Task 2: Patient Reception

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
pull and refile patient charts	18 or 72%	7 or 28%	0 or 0%	25	33 or 83%	7 or 17%	0 or 0%	40
greet the patients	18 or 67%	8 or 30%	1 or 3%	27	21 or 57%	13 or 35%	3 or 8%	37
schedule patient appointments	5 or 19%	20 or 77%	1 or 4%	26	14 or 34%	18 or 44%	9 or 22%	41

easy by the majority of responding doctors and secretaries. The results are listed in Table 23, page 72.

As Table 24, page 73, indicates, writing collection letters and turning accounts over for collection were procedures rated as moderately difficult to perform. Secretaries were split on their responses to telephone collection with 48 percent considering it a difficult task and 48 percent rating its level of difficulty as moderate.

Doctors and secretaries concurred that transcribing medical reports was moderately difficulty. This is shown in Table 25, page 74.

The level of difficulty for completing the various medical insurance forms was indicated as being moderate by the respondents. Table 26, page 75, displays this data.

The majority of the procedures involved in medical assisting were also ranked as being moderately difficult. However, preparing an examination room for appointments was classified as easy by 55 percent of the doctors (12 of 22) and 65 percent of the secretaries (17 of 26). This data is represented in Table 27, page 76.

The general medical office procedures rated as easy included: handling incoming and outgoing mail, indicated by 17 of 28 doctors (61 percent) and 20 of 32 secretaries (63 percent); and ordering and storing office supplies, noted by 13 of 26 doctors (50 percent) and 21 of 38

Table 23

Task 3: Bookkeeping for a Medical Office

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
use pegboard accounting system	2 or 9%	19 or 83%	2 or 8%	23	13 or 34%	24 or 63%	1 or 3%	38
record payments received	7 or 28%	17 or 68%	1 or 4%	25	16 or 41%	22 or 56%	1 or 3%	39
record patient charges and payments on ledger cards	6 or 30%	13 or 65%	1 or 5%	20	12 or 32%	25 or 66%	1 or 2%	38
complete deposit slips and daily cash tallies	8 or 32%	17 or 68%	0 or 0%	25	15 or 41%	21 or 57%	1 or 2%	37
write receipts	16 or 62%	9 or 35%	1 or 3%	26	27 or 68%	13 or 32%	0 or 0%	40
flag overdue accounts	12 or 48%	11 or 44%	2 or 8%	25	19 or 53%	14 or 39%	3 or 8%	36
compute payroll	1 or 4%	18 or 72%	6 or 24%	25	4 or 13%	21 or 68%	6 or 19%	31

Table 24

Task 4: Collection Procedures

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
write collection letters	1 or 4%	20 or 77%	5 or 19%	26	4 or 11%	27 or 73%	6 or 16%	37
turn an account over for collection	9 or 39%	12 or 52%	2 or 9%	23	10 or 26%	24 or 62%	5 or 12%	39
properly handle telephone collection calls	1 or 5%	10 or 50%	9 or 45%	20	1 or 4%	18 or 48%	18 or 48%	37

Table 25

Task 5: Medical Transcription

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
type office correspondence	4 or 17%	17 or 71%	3 or 12%	24	6 or 16%	26 or 70%	5 or 14%	37
type case histories	3 or 13%	17 or 74%	3 or 13%	23	7 or 22%	22 or 69%	3 or 9%	32
type followup examinations	5 or 22%	15 or 65%	3 or 13%	23	10 or 33%	16 or 54%	4 or 13%	30
type X-ray, laboratory and pathology reports	3 or 16%	15 or 79%	1 or 5%	19	4 or 14%	17 or 59%	8 or 27%	29
type operative reports	3 or 14%	15 or 68%	4 or 18%	22	4 or 13%	19 or 64%	7 or 23%	30
type discharge summaries	4 or 18%	14 or 64%	4 or 18%	22	4 or 14%	20 or 69%	5 or 17%	29

Table 26

Task 6: Medical Insurance Forms

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
complete superbills	8 or 30%	17 or 63%	2 or 7%	27	11 or 33%	22 or 67%	0 or 0%	33
complete Workers' Compensation	0 or 0%	23 or 92%	2 or 8%	25	7 or 21%	23 or 68%	4 or 11%	34
complete Medicare	2 or 8%	22 or 88%	1 or 4%	25	11 or 31%	22 or 63%	2 or 6%	35
complete Medicaid	2 or 8%	22 or 92%	0 or 0%	24	9 or 27%	20 or 61%	4 or 12%	33
complete Champus	1 or 4%	18 or 78%	4 or 18%	23	8 or 26%	21 or 68%	2 or 6%	31
do special coding for diseases, operations and diagnosis	2 or 8%	18 or 69%	6 or 23%	26	4 or 13%	23 or 72%	5 or 15%	32
do special coding for procedures	3 or 11%	16 or 59%	8 or 30%	27	6 or 18%	19 or 56%	9 or 26%	34

Table 27

Task 7: Medical Assisting

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
take and record vital signs	8 or 36%	12 or 55%	2 or 9%	22	9 or 38%	12 or 50%	3 or 12%	24
assist in examinations	8 or 36%	13 or 59%	1 or 5%	22	9 or 35%	15 or 58%	2 or 7%	26
assist with collection, labeling and delivery of specimens	9 or 43%	11 or 52%	1 or 5%	21	8 or 32%	15 or 60%	2 or 8%	25
perform basic sterilization techniques on surgical/medical instruments	8 or 35%	13 or 57%	2 or 8%	23	11 or 42%	14 or 54%	1 or 4%	26
prepare examination room for appointments	12 or 55%	9 or 41%	1 or 4%	22	17 or 65%	8 or 31%	1 or 4%	26

secretaries. Maintaining office equipment was also deemed as an easy task by 55 percent of the responding secretaries, but rated as moderately difficult by 58 percent of the responding doctors. Also considered as moderately difficult were composing general correspondence and maintaining patient and office files. These results are shown in Table 28, page 78.

Table 29, page 79, compares the responses of doctors with that of secretaries regarding the level of difficulty of tasks involving medical ethics. As the table indicates, these tasks were rated as moderately difficult by both groups.

Dressing appropriately for a medical office was felt to be an easy task by 71 percent of the doctors and 79 percent of the secretaries. Fifty-four percent of the doctors rated greeting patients properly as moderately difficult while 51 percent of the secretaries indicated that this was easy. Considered to be a difficult task by 54 percent of the doctors, dealing with stressful situations was rated as moderate by secretaries. Also categorized as moderate was the ability to prioritize tasks. This information is depicted in Table 30, page 80.

The level of difficulty of operating word processors/ microcomputers was felt to be of moderate difficulty by over 70 percent of all respondents. Table 31, page 81, displays these responses.

Table 28

Task 8: General Medical Office Procedures

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
compose general correspondence	4 or 16%	17 or 68%	4 or 16%	25	12 or 30%	22 or 55%	6 or 15%	40
maintain patient and office files	11 or 46%	13 or 54%	0 or 0%	24	15 or 39%	22 or 58%	1 or 3%	38
handle incoming and outgoing mail	17 or 61%	11 or 39%	0 or 0%	28	20 or 63%	12 or 37%	0 or 0%	32
maintain office equipment	10 or 42%	14 or 58%	0 or 0%	24	21 or 55%	16 or 42%	1 or 3%	38
order and store office supplies	13 or 50%	10 or 38%	3 or 12%	26	21 or 55%	14 or 37%	3 or 8%	38

Table 29

Task 9: Medical Ethics

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Understanding of legal constraints regarding patient confidentiality	8 or 32%	14 or 56%	3 or 12%	25	7 or 18%	23 or 61%	8 or 21%	38
Understanding of the execution of patient release and other legal forms	6 or 27%	16 or 73%	0 or 0%	22	10 or 28%	20 or 56%	6 or 16%	36
Knowledge of medical/legal aspects of recordkeeping	3 or 13%	18 or 75%	3 or 12%	24	6 or 17%	22 or 61%	8 or 22%	36

Table 30

Task 10: Interpersonal Relationships

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Ability to								
dress appropriately for a medical office	17 or 71%	7 or 29%	0 or 0%	24	30 or 79%	8 or 21%	0 or 0%	38
greet patients properly	11 or 46%	13 or 54%	0 or 0%	24	19 or 51%	17 or 46%	1 or 3%	37
deal with stressful situations	3 or 12%	9 or 34%	14 or 54%	26	5 or 13%	19 or 50%	14 or 37%	38
prioritize tasks	5 or 20%	18 or 72%	2 or 8%	25	11 or 31%	18 or 50%	7 or 19%	36

Table 31

Task 11: Word Processors/Microcomputers

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Sufficient knowledge								
for general ledger use	0 or 0%	14 or 82%	3 or 18%	17	4 or 13%	22 or 73%	4 or 13%	30
for accounts receivable use	0 or 0%	14 or 82%	3 or 18%	17	3 or 10%	24 or 80%	3 or 10%	30
for accounts payable use	0 or 0%	16 or 89%	2 or 11%	18	3 or 11%	23 or 85%	1 or 4%	27
for medical transcription use	1 or 6%	14 or 82%	2 or 12%	17	2 or 7%	23 or 86%	2 or 7%	27
for appointment scheduling	0 or 0%	15 or 94%	1 or 6%	16	4 or 14%	20 or 72%	4 or 14%	28

As Table 32, page 83, portrays, both groups considered the tasks involving medical terminology to be moderately difficult.

Using shorthand for telephone messages, correspondence, or patient histories and followup reports was listed as moderately difficult by the majority of those completing task 13 of the questionnaire. These responses are listed in Table 33, page 84.

The last section of the questionnaire asked respondents to add any other job competencies that they felt were important to a medical secretary program. Areas listed included:

- tax records and monthly balancing
- ability to get along with other employees
- background in computers
- general and medical terminology
- anatomy
- excellent vocabulary, spelling and English
- familiarity with laboratory and surgical procedures
- common sense
- knowing how to make coffee
- remaining emotionally uninvolved with the patient's problems
- data processing
- accuracy and attention to detail
- ability to spell

Table 32

Task 12: Medical Terminology and Standard Medical Abbreviations

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Sufficient knowledge								
for telephone work	3 or 14%	17 or 77%	2 or 9%	22	8 or 24%	23 or 70%	2 or 6%	33
for giving/ receiving test results	2 or 10%	16 or 80%	2 or 10%	20	6 or 20%	19 or 63%	5 or 17%	30
for reports and insurance forms	1 or 5%	18 or 82%	3 or 13%	22	5 or 16%	24 or 75%	3 or 9%	32
for medical transcription	0 or 0%	14 or 70%	6 or 40%	20	3 or 11%	18 or 64%	7 or 25%	28
for pharmacology terms	0 or 0%	11 or 61%	7 or 39%	18	1 or 3%	19 or 61%	11 or 36%	31

Table 33

Task 13: Shorthand

	DOCTORS				SECRETARIES			
TASK DESCRIPTION	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES	EASY	MODERATE	DIFFICULT	TOTAL RESPONSES
Sufficient knowledge								
for telephone messages	4 or 31%	7 or 54%	2 or 15%	13	3 or 16%	15 or 79%	1 or 5%	19
for correspondence	4 or 29%	9 or 64%	1 or 7%	14	3 or 14%	18 or 82%	1 or 4%	22
for patient histories and followup reports	4 or 33%	7 or 59%	1 or 8%	12	4 or 19%	16 or 76%	1 or 5%	21

- ability to compose with good grammar
- ability to communicate with co-workers and employer
- ability to handle demanding, unreasonable clients
- on-the-job or in-office training

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This research project was undertaken to determine the educational training needed to provide medical secretarial students with entry-level job competencies compatible with the needs of employees.

The specific questions to be answered as a result of this study included:

1. What are the job competencies--skills, attitudes, knowledges--that should be mastered prior to employment as a medical secretary?

2. Is there a difference in entry-level job competencies for the secretaries of dentists and optometrists/ophthalmologists when compared to those of medical doctors?

3. Is there a difference in the entry skills selected by doctors when compared to those selected by secretaries?

4. Is there a difference in the tasks rated by doctors as important to a medical secretary program when compared with those rated as important by secretaries?

5. Is there a difference in the level of difficulty of a task as perceived by doctors compared to the level of difficulty as perceived by secretaries?

Upon completion of the study, a model medical secretary program was designed for the post-secondary institutions in

Montana because existing programs varied so widely in course content and offerings. This model was developed as an aid for colleges and vocational-technical centers in establishing or re-evaluating medical secretary programs or simply as a comparison tool for current curricula.

The review of literature confirmed the need for trained medical secretaries and provided suggested course objectives. Components for a medical secretary curricula were identified, and current programs in Montana were presented for comparisons. These components were then separated into 13 areas of job competencies and used as the content basis for the survey instrument.

The data for this study was obtained from the questionnaires delivered to 50 medical offices, 25 in Bozeman and 25 in Helena, randomly selected from classified telephone directories. Proportional representation was used to determine the percentage of medical doctors, dentists, and optometrists/ophthalmologists to the overall sample. A medical secretary in each of the 50 offices was also surveyed.

One set of questionnaires was undeliverable and removed from the total of 50 medical offices. The adjusted total population was 98, 49 doctors and 49 secretaries. From this number, 72 surveys were returned (43 from secretaries and 29 from doctors) which was 73 percent of the adjusted total population.

Information was gathered regarding the tasks/subjects that should be mastered prior to employment as a medical secretary, the levels of importance of these tasks/subjects to a medical secretary program, and the levels of difficulty. The number of replies to each section was tallied according to responses by secretaries, doctors, medical specialty, and then by combination totals. These results were presented in table and narrative form in Chapter 4.

A summary of the major findings of this study are listed on the following pages.

1. Entry-level job competencies for a medical secretary would include:

- word processing/microcomputers
- medical ethics
- medical transcription
- medical terminology
- shorthand
- collection procedures
- interpersonal relationships
- bookkeeping for a medical office
- medical assisting

2. Task/subject areas that medical secretaries can learn on the job are:

- telephone interaction
- patient reception

- medical insurance forms
- general medical office procedures

3. Entry-level job competencies important for the secretaries of dentists, optometrists, or ophthalmologists are:

- word processing/microcomputers
- medical ethics
- shorthand
- medical transcription
- collection procedures
- interpersonal relationships
- medical terminology

4. Tasks or subjects that should be mastered prior to employment as a secretary for a medical doctor include:

- medical terminology
- medical transcription
- word processing/microcomputers
- medical ethics
- shorthand
- bookkeeping for a medical office
- interpersonal relationships
- medical assisting
- general medical office procedures

5. The entry-level competencies that doctors considered important for a medical secretary are:

- medical ethics

- medical terminology
- word processing/microcomputers
- interpersonal relationships
- medical transcription
- collection procedures
- shorthand
- bookkeeping for a medical office
- general medical office procedures
- medical insurance forms
- patient reception
- medical assisting

6. Medical secretaries considered the following to be important entry-skills for their position:

- word processing/microcomputers
- shorthand
- medical transcription
- medical ethics
- medical terminology
- collection procedures
- interpersonal relationships
- bookkeeping for a medical office
- medical assisting

7. These task/subject areas are considered to be very important to a medical secretary program:

- medical office telephone interaction

- patient reception
- bookkeeping for a medical office
- collection procedures
- medical transcription
- medical assisting
- medical ethics
- interpersonal relationships
- medical terminology

8. Considered to be of average importance to a medical secretary program are the following task/subject areas:

- medical insurance forms
- general medical office procedures
- word processing/microcomputers

9. Shorthand was considered by doctors to be of no importance to a medical secretary program but of average importance by medical secretaries.

10. The level of difficulty for the majority of task/subject areas was rated as moderate.

11. The specific tasks that were considered easy to perform are:

- transferring calls
- pulling and refiling patient charts
- greeting patients
- writing receipts
- flagging overdue accounts

- preparing examining rooms for appointments
- ordering and storing office supplies
- handling incoming and outgoing mail
- dressing appropriately for a medical office

12. The two specific tasks that were considered difficult are:

- dealing with stressful situations, and
- properly handling telephone collection calls

Conclusions

After analyzing and interpreting the data from the survey instrument, these conclusions were drawn.

1. The job competencies--skills, attitudes, knowledges--that should be mastered prior to employment as a medical secretary are:

- word processing/microcomputers
- medical ethics
- medical transcription
- medical terminology
- shorthand
- collection procedures
- interpersonal relationships
- bookkeeping for a medical office
- medical assisting

2. Task/subject areas that medical secretaries can learn on the job are:

- telephone interaction
- patient reception
- medical insurance forms
- general medical office procedures

3. When comparing the entry-level job competencies desired by dentists and optometrists/ophthalmologists for their secretaries with those desired by medical doctors, the following outcomes are observed:

- both groups rated the ability to use word processors/microcomputers as the task highest in importance
- an understanding of medical terminology and medical transcription is more important when working for a medical doctor than when employed by a dentist or optometrist/ ophthalmologist
- a knowledge of medical ethics is of prime importance to secretaries of either group
- other skill areas considered important are collection procedures and interpersonal relationships
- a knowledge of medical assisting and general medical office procedures is considered important for the secretaries of medical doctors but not for the secretaries of dentists or optometrists/ophthalmologists

4. The following differences are noted between the entry skills selected by doctors and those chosen by secretaries:

- physicians considered an understanding of

medical ethics to be of prime importance

- the task/subject considered of highest importance by secretaries was the area of word processing/microcomputers
- 83 percent of the physicians felt interpersonal relationships should be an entry-level competency compared to only 56 percent of the secretaries
- only the doctors selected the areas of general medical office procedures, medical insurance forms, and patient reception as entry-level competencies

5. The entry-level competency receiving the lowest number of total responses by both secretaries and doctors is shorthand.

6. The task/subject areas considered to be very important to a medical secretary program by both doctors and secretaries are:

- medical office telephone interaction
- collection procedures
- bookkeeping for a medical office
- medical transcription
- medical ethics
- interpersonal relationships
- medical terminology

7. Task/subject areas rated as average in importance by doctors but considered very important to a medical secretary curricula by secretaries are:

- patient reception
- medical assisting

- word processors/microcomputers

8. Medical insurance forms and general medical office procedures are felt to be average in importance by secretaries but average to very important to a medical secretary's training by doctors.

9. Shorthand is a subject rated as not important to a medical secretary program by doctors and considered average in importance by secretaries.

10. Doctors and secretaries rated the level of difficulty as moderate for the majority of the task/subject areas.

11. Both groups rated the level of difficulty as easy for the following specific tasks:

- transferring calls
- pulling and refiling patient charts
- greeting patients
- writing receipts
- flagging overdue accounts
- preparing examining rooms for appointments
- ordering and storing office supplies
- handling incoming and outgoing mail
- dressing appropriately for a medical office

12. Secretaries considered the maintenance of office equipment as an easy task while doctors ranked it as moderate in its level of difficulty.

13. Dealing with stressful situations is considered a difficult task by 58 percent of the doctors but by only 37 percent of the secretaries.

14. The majority of all respondents rated making telephone collection calls as a difficult task.

Recommendations

Based upon the findings of this study, the following recommendations are proposed:

1. There are currently nine different medical programs being offered in Montana. Because of the wide discrepancies in the course content and offerings, there is a need for a model program. This model curricula was developed for the post-secondary institutions in Montana and was designed to meet the needs of employers. Table 34, page 97, displays the model program.

2. A copy of the model curricula will be sent to each of the nine institutions offering medical secretary programs. This study recommends that educators re-evaluate their existing programs using this model as a guide. Copies of the model program will also be sent to the Office of Public Instruction, Helena, Montana and to the Center for Vocational Education, Ohio State University, Columbus, Ohio.

3. Because of the continuous changes in the medical field, this researcher recommends that the model be re-evaluated in five years.

Table 34

Model Medical Secretary Curriculum

Course	Autumn Quarter	Winter Quarter	Spring Quarter
First Year			
Typing I, II	2	2	
Filing	3		
Medical Terminology I, II	4		4
Communications/ Business English	3		3
Bookkeeping/Accounting		3	
Mathematics		3	
Office Machines			2
Principles of Business		3	
Office Procedures			3
Human Anatomy		5	
General Education and/or Electives	4	—	4
Totals	16	16	16
Second Year			
Human Relations	3		
Medical Transcription I, II		3	3
Medical Office Procedures I, II	3	3	
Model Office		3	
Job Prep		3	
Word Processing I, II	3		3
Introduction to Computers	3		
Cooperative Work Experience			3-6
General Education and/or Electives	4	4	4
Totals	16	16	16

4. This researcher recommends that shorthand be considered only as an elective to a medical secretary curriculum. On a percentage basis, this study ranked it as an entry-level job competency, but the actual number of respondents was much lower than any other task/subject area. Responding physicians also indicated that shorthand was not important to a medical secretary program.

5. The exact nature of the electives should be determined by the individual schools but should include general education requirements in basic skills, natural sciences, fine arts and humanities, and history and social sciences. The following are other alternatives for electives:

- Typing III/Production Typing
- Shorthand/Stenography I, II, III
- Payroll Accounting
- Office Management
- First Aid
- Oral Communications
- Business Law
- Consumer Economics

6. It is recommended that instructors implement in one or more of the courses the task/subject areas considered to be important to a medical secretary program. Tables 35 and 36, pages 99 and 100 respectively, match the tasks/subjects with suggested courses.

Table 35

Suggested Medical Secretary Courses for the Implementation of Task/Subject Areas 1 - 6

Task/Subject	Courses
Task 1: Medical Office Telephone Interaction	Medical Office Procedures Model Office Office Procedures
Task 2: Patient Reception	Filing Medical Office Procedures Model Office
Task 3: Bookkeeping for a Medical Office	Accounting/Bookkeeping Medical Office Procedures Model Office Office Procedures Payroll Accounting
Task 4: Collection Procedures	Communications/Business English I, II Medical Office Procedures
Task 5: Medical Transcription	Medical Transcription I, II Word Processing I, II
Task 6: Medical Insurance Forms	Medical Office Procedures

Table 35

Suggested Medical Secretary Courses for the Implementation of Task/Subject Areas 7 - 13

Task/Subject	Courses
Task 7: Medical Assisting	Human Anatomy Medical Terminology I, II Medical Office Procedures
Task 8: General Medical Office Procedures	Communications/Business English I, II Filing Medical Office Procedures Model Office Office Procedures
Task 9: Medical Ethics	Bookkeeping/Accounting Principles of Business Medical Office Procedures
Task 10: Interpersonal Relationships	Human Relations Job Prep Medical Office Procedures Model Office Office Procedures
Task 11: Word Processors/ Microcomputers	Bookkeeping/Accounting Introduction to Computers Medical Office Procedures Model Office Principles of Business Word Processing I, II
Task 12: Medical Terminology	Human Anatomy Medical Terminology I, II Medical Transcription I, II
Task 13: Shorthand	As an elective Shorthand/Stenography

7. This study recommends that additional research identify the minimum skill levels required for entry into the medical secretary field. This would allow for the development of specific performance objectives for many of the model program courses.

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APPENDICES

APPENDIX A

SURVEY OF MEDICAL SECRETARIES

The purpose of this survey is to determine what job competencies (skills, attitudes, knowledges) should be mastered prior to employment as a medical secretary. This information will be used to develop a model medical secretary program for the colleges and vocational technical centers in Montana.

CHECK ONE. I work for a Medical Doctor ___ Dentist___ Optometrist/Ophthalmologist ___

TASK/SUBJECT INVENTORY

Please check for each of the following tasks
1) whether it can be learned on the job OR whether it should be learned prior to employment (entry skill)

2) its level of importance to a medical secretary program

3) its level of difficulty (leave blank if unable to rate this category)

		Entry Level		Level of Importance			Level of Difficulty		
TASK No.	TASK DESCRIPTION	On the Job	Entry Skill	No importance	Ave. importance	Very important	Easy	Moderate	Difficult
1	MEDICAL OFFICE TELEPHONE INTERACTIONS								
	Ability to answer telephone with several incoming lines								
	handle emergency calls								
	schedule patient appointments								
	answer inquiries								
	transfer calls								
	make collection calls								
	screen calls								
2	PATIENT RECEPTION								
	Ability to pull and refile patient charts								
	greet the patients								
	schedule appointments								
3	BOOKKEEPING FOR A MEDICAL OFFICE								
	Ability to use pegboard accounting system								
	record payments received								
	record patient charges and payments on ledger cards								
	complete deposit slips and daily cash tallies								
	write receipts								
	flag overdue accounts								
	compute payroll								

Task No.	TASK DESCRIPTION	Entry level		Level of Importance			Level of Difficulty		
		On the Job	Entry Skill	No Importance	Ave. Importance	Very Important	Easy	Moderate	Difficult
4	COLLECTION PROCEDURES								
	Ability to write collection letters								
	turn an account over for collection								
	properly handle telephone collection calls								
5	MEDICAL TRANSCRIPTION								
	Ability to type office correspondence								
	case histories								
	followup examinations								
	X-ray, laboratory and pathology reports								
	operative reports								
	discharge summaries								
6	MEDICAL INSURANCE FORMS								
	Ability to complete superbills								
	Workers' Compensation								
	Medicare								
	Medicaid								
	Champus								
	do special coding for diseases, operations and diagnoses								
	do special coding for procedures								
7	MEDICAL ASSISTING								
	Ability to take and record vital signs (Height, Weight Temperature and Blood Pressure)								
	assist in examinations								
	assist with collection, labeling and delivery of specimens								
	perform basic sterilization techniques on surgical/ medical instruments								
	prepare examination room for appointments								
8	GENERAL MEDICAL OFFICE PROCEDURES								
	Ability to compose general correspondence								
	maintain patient and office files								
	handle incoming and outgoing mail								
	maintain office equipment								
	order and store office supplies								

TASK No.	TASK DESCRIPTION	Entry level: On the job	Entry level: Entry Skill	Level of Importance: No importance	Level of Importance: Ave. importance	Level of Importance: Very important	Level of Difficulty: Easy	Level of Difficulty: Moderate	Level of Difficulty: Difficult
9	MEDICAL ETHICS								
	Understanding of legal constraints regarding patient confidentiality								
	Understanding of the execution of patient release and other legal forms								
	Knowledge of medical/legal aspects of recordkeeping								
10	INTERPERSONAL RELATIONSHIPS								
	Ability to dress appropriately for a medical office								
	greet patients properly								
	deal with stressful situations								
	prioritize tasks								
11	WORD PROCESSORS/MICROCOMPUTERS								
	Sufficient knowledge for general ledger use								
	accounts receivable use								
	accounts payable use								
	medical transcription use								
	appointment scheduling								
12	MEDICAL TERMINOLOGY AND STANDARD MEDICAL ABBREVIATIONS								
	Sufficient knowledge for telephone work								
	giving/receiving test results								
	reports and insurance forms								
	medical transcription								
	pharmacology terms								
13	SHORTHAND								
	Sufficient knowledge for telephone messages								
	correspondence								
	patient histories and followup reports								
14	OTHER								
	Please add any other job competencies that you feel are important to a medical secretary program and rate them as above								

APPENDIX B

School of Business
Montana State University
Bozeman, MT 59717
March 15, 1983

NAME
ADDRESS
Helena, MT 59601

SURVEY OF MEDICAL SECRETARIAL JOB COMPETENCIES

Your office is one of fifty medical offices in Montana that has been selected to provide information on the entry-level job competencies of medical secretaries. This information will then be used to develop a model medical secretary program that will aid the colleges and vocational-technical centers in Montana in providing training that will be compatible with the needs of employers.

Because your input is vital to this project, would you please take a few minutes today to complete the attached survey. I will stop by your office tomorrow to pick up the completed form.

Your assistance in this study is greatly appreciated. If I can provide you with additional information or assistance, please contact me at 458-9337 in Helena or 994-4995 in Bozeman.

Sincerely,

Carol L. Sullivan
Graduate Teaching Assistant

APPENDIX C

List of Surveyed Offices (by City)

Bozeman

Dentists

Booth, James L.

Douma, Dave A.

Fellows, T. W.

Hall, Sidney H.

Kline, Gary

Miller, Ronald R.

Nybo, N. T.

Tursich, Thomas S.

Medical Doctors

Alvord, Doug

Balice, F. W.

Boldt, Lyle D.

Cunningham, John M.

Fisher, John A.

Gagne, Andro

Heetderks, B. John R.

Ireland, Daniel R.

Livers, Eric

Rogers, Brian

Steele, V. W.

Tenney, Richard

Towers, Robert J.

Varberg, Bernard M.

Optometrists/Ophthalmologists

Haynes, Robert F.

Sather, Thomas C.

Williams, James R.

Helena

Dentists

Ditchey, Thomas K.

Fritz, Robert W.

Kehr, James W.

Kiesling, David H.

Livingstone, N. C.

Lyon, Arnold

Schneider, Lawrence

Medical Doctors

Alvarez, F. M.

Ballinger, William G.

Bellin, Bruce D.

Bishop, Don

Browning, Richard

Buswell, Richard

Carpenter, Kenneth

Espelin, Donald E.

Hanson, Harris D.

Johnson, Dale G.

Kremer, Jerome

Marcel, Jesse

Moore, O. M.

Seliskar, John E.

Strizich, John

Whitesitt, Robert

Optometrists/Ophthalmologists

Kuntz, Kyle

Lewis, Rodger V.