

Questionnaire – Job Evaluation

Is your job description a true reflection of your job role?
If not what is different?

Communication and Skills

Who does the role require you to communicate with?

<i>Patients</i>	<i>Hospice Management</i>	<i>External agencies</i>
<i>Carers</i>	<i>MDT</i>	<i>Social Services</i>
<i>Family</i>	<i>Community teams</i>	<i>Doctors</i>
<i>OTs</i>		

How does the role communicate?

Electronically e-mail throughout the hospice, hospital and community settings, mail info from Cancer Network. Electronic reports made on patients, and distributed to Hospice and Community team (GP, DN, SS) often by fax.

Verbal Attend and participate at Dr's rounds, MDM meetings, Day Care meetings, case conferences

Writing Case notes kept according to professional and hospice policies. This will include background information, outcome of assessment, problem identification, goal setting and evaluation of treatment and outcomes. Reports written including, functional reports, home visit reports, seating assessment reports and reports to support applications for charitable funding, and applications for disability linked benefits. Communication by writing in medical and nursing notes. Writing business plan and service review.

What type of communication does the role demand?

Presentation Role of OT to other staff, presentation to management team on strategic issues,

Training Specialised adaptive equipment, e.g. hoists, ECU, use of splinting, specialised seating, positioning of patients, moving and handling of patients. To staff and carers.

Advice to patients/carers, O.T's, other disciplines

Negotiation facilitating negotiations within families, between professionals, with suppliers. Particularly important because as a voluntary body funding issues often mean that hospice patients are not entitled to the same facilities as NHS patients. OT needs to advocate on behalf of patients to ensure needs are met.

Does the role require you to be involved with sensitive, contentious issues/ information?

If so at what level?

Example. All the patients seen are palliative and are having to deal with their own mortality. Issues involved in discharging patients, and their reduced levels of independence and therefore their acceptance of care from others and changes to their environment needs to be treated sensitively, and an accurate assessment made, of their stage of awareness and willingness to accept it. With quickly deteriorating diseases e.g. MND, the therapist needs to have identified needs ahead of time to ensure that as abilities change, daily activities and safety needs continue to be met.

Knowledge, training and experience**What training is required for this role to be fulfilled?**

BSC (or the equivalent) to enable state registration with the Health Professions Council. Evidence of continuing professional development to renew registration. Post graduate training in Neurology, Orthopaedics, Splinting, Seating, Wheelchairs, Specialised equipment, Counselling and Communication skills, management training, moving and handling, fieldwork educators for student accreditation, clinical supervision. Specialist palliative care. Budget management skills.

What knowledge is required for the role to be performed?

Knowledge of Palliative Care, Oncology, Neurology, Normal movement, in-depth knowledge of MS, MND, brain tumour, spinal cord compression. Problem solving skills.

Does the role require you to familiarise yourself with policies, procedures and working practices?

If so at what level? *Adhere to National Care Standards, and hospice policies. Also College of Occupational Therapy Code of Ethics and Professional Standards. Develop own departmental policies specific to the area.*

Are the work procedures routine, or do they require specialist knowledge?

Specialist postgraduate skills need to be acquired, through specialist courses, and experience of evidence based practise. Suggest a minimum of five years post graduate experience.

Do you think the role requires an individual to have experience of a particular nature to perform the role?

Require knowledge of the functional effects of a wide range of diseases and illnesses. An holistic approach, patients requiring help with anxiety states, depression, neurosis, psychosis, as well as cognitive and behavioural difficulties, often resulting from their primary diagnosis. Experience in both Hospital and community settings.

Palliative care service developments relating to Occupational Therapy are reliant on the professional ability of the senior post holder. A person is required who is actively engaged in the profession and able to identify and implement service developments to improve the experience of patients and their carers.

Involvement with Network, and Special Interest Group (HOPE).

Analytical and Judgmental Skills

Does the role require any analytical skills?

If so please state what.

(Straightforward or complex – obtain an example)

Treatment programmes can be complex, involving problem solving, and balancing the patients abilities, likely disease progression, with their environment and carers abilities and needs. They will often need to be amended as the situation changes. Often needs conflict, making choices more difficult. Anticipating future needs. Analysing the patients and carers interpretation of their medical condition and prognosis can be difficult.

Does the role require any judgmental skills?

If so please state what.

(Straightforward or Complex – obtain an example)

Prioritising patient cases, where service is most needed and most effective. Often difficult to determine prognosis and need to ensure that time is used effectively. Judging the appropriateness of intervention requested. Judging competency of students/staff to practise.

<p>Planning and Organisational Skills</p> <p>What planning does the role require you to undertake? Day to day activities prioritising patients, planning assessments and treatments, patient key worker for discharge, managerial responsibilities and clinical supervision. Straightforward tasks record keeping, attending meetings, arranging case conferences. Complex activities, organising home assessments, liaising with Social Services Departments Developing Long term strategic plans for the service. Recruitment and retention of staff. In-service training programmes. Financial planning og budget.</p> <p>Obtain examples, i.e. rotas, classes, meetings, multidisciplinary activities</p>
<p>Physical Skills</p> <p>What physical skills does the role require you to perform?</p> <p>Typing yes Driving yes, making visits with and without patients, transporting equipment, Moving patients assisting transfers and mobilising patients both within the hospice and on visits to patients own home before and after discharge, including climbing stairs.</p> <p>Does the physical component of this role require precision or speed? High degree of precise handling where neurological deficits occur, and therapeutic handling is required.</p> <p>Is their a requirement for hand/eye co-ordination ? Use of tools for adjusting wheelchairs, measuring, adapting and fitting equipment, making and adapting splints.</p>
<p>What training is required for these physical requirements to be met? Manual handling and use of specialised equipment. Knowledge of normal movement, and therapeutic handling to facilitate movement.</p>
<p>Responsibilities for patient care</p> <p>What patient care does the role require you to undertake? Assessment of functional abilities, and facilitation of independence and safety in daily activities, by establishing a treatment programme, related to specific goals. Re assessment and evaluation of outcomes. Provide information and advice on all aspects of adaptation possible to compensate for differing levels of disability and prognosis. Teach coping skills, e.g. fatigue management, breathlessness, stress management.</p>
<p>Responsibilities for policy and service development</p> <p>What level of involvement does the role have in relation to policies and service development? For example does the role follow policies or is there a requirement to write them? Requirement to write departmental policies, specific to this area of work.</p>
<p>Is the role responsible for implementing policies or service development? If so at what level i.e. will it impact across the Hospice?</p> <p>Involved in policy decisions affecting MDM team</p>
<p>Responsibilities for financial and physical resources</p> <p>Doe your role require you to have any financial responsibilities? Yes For example, do you hold a budget? Yes OT Budget Do you look after patient's valuables? Patients possessions during assesments at home, securing property when leaving following home visit. Handles cash and cheques for deposits for equipment, donations to hospice.</p>

Does the role have responsibility for purchasing supplies? Yes

Responsible for OT equipment and supplies.

Does the role require accounting skills? Yes

At what level? I.e. basic, complex, basic

Responsibility for human resources

Does the role require you to assist others? Yes

If so who and how?

Line manager for staff, responsibility for supervision and training

At what level, for example is it day-to-day supervision or the management of staff?

Management of staff.

Do you deliver any hr advice?

Do you provide any training/teaching?

Communicating role of Occupational Therapy and teaching specific skills to other professionals, carers and family e.g. hoisting, wheelchair handling. Carers share 'n' care group. Training in use of specialised equipment.

If so do you design the content? Yes

Responsibility for information resources

Does the role require you to record any data?

Yes

What data is recorded?

For example, statistical, minutes, results, medical records

Occupational Therapy patient records, results of OT surveys, minutes of meetings eg CPD (MDM) Supervision, patient factsheets on coping skills and equipment. Patient statistics.

How is the data recorded/

Word-processing Yes *documents, reports etc*

Typing No

Spreadsheets (design also?) Yes *Survey results*

Databases (design also?) Possibly in the future

Manually Yes *patient records*

How often is data recorded?

Daily, weekly, monthly etc

Daily

Responsibilities for research and development
Does the role require you to undertake any research? If so what, please provide details <i>OT Service is being developed using evidence-based practise, from literature published and personal experience. Will be writing up projects</i>
Does the role require you to record any information/observations? <i>Details of all patient contacts and assessments/treatments have to be recorded. Also interaction with family, carers, MDT and other agencies.</i>
Does the role require you to test equipment? <i>Equipment is constantly evaluated in relation to other equipment of similar use, and judged against its appropriateness for this client group.</i>
Does the role require you to co-ordinate or develop any research and development? <i>Not done in a formal fashion to date, but as a professional, we have a duty to publish work that is done</i>
If the role requires research and development to be undertaken is this internal or external? <i>Involvement with specialist section , benchmarking, reflective practice, clinical governance, evidence based practice.</i>
Freedom to act
Is the role supervised? <i>No professional supervision from own disciplines, but accountable to the Director of Nursing for service and receive management supervision.</i>
In order to perform the role do you have to follow policies, procedures and working practices Yes
Does the role require you to make decisions? (Obtain level of decision making requirements) Yes Describe a decision that you would make Decisions regarding OT service, appointing basic grade therapist, specialised equipment required within the hospice e.g. Environmental control unit.
Does the role require you to manage your workload? Yes
Does the role require you to interpret policy and or strategy? <i>Yes, needs awareness of external forces e.g. network that will influence development of Hospice and the work of Occupational Therapy within this service.</i>
Physical effort
What physical effort does the role require? Sitting, standing, walking? <i>Moving around the Hospice to see patients on the wards and in Day Care and visits out into the community.</i>

Describe the level of physical effort?

(Is it light or heavy – not just weight could be frequent)

Moving patients and equipment e.g. patients/wheelchairs into cars.

Helping patients up and down stairs

Is there a requirement to work in a confined space or awkward position?

Describe

Fitting equipment e.g. into a bath, around toilet, raising beds and chairs. Transferring patients in confined areas.

Mental effort

Is the work pattern predictable?

If not describe

Patients are unpredictable and usually in-patients are medically unstable. Careful assessment and reassessment on a frequent basis is therefore important. Crisis intervention, high level of emotional support required for patients, their family and carers.

Is there a requirement for long spells of concentration? If so at what level i.e. intense,

Conversations can easily become in- depth and it is important to concentrate hard to ensure that non verbal language and cues are not missed. What is not being said, and how what is being said is said.

Are there interruptions? If so how often?

Pager, phone, other team members. Proritise to deal with emergencies.

Emotional effort

Does the role require you to deal with any emotional situations? If so what

All patients are palliative and will become terminal. The stress of this can lead to very involved family dynamics, and adapted behaviour. Patient's pain has an impact on those around them.

What is the frequency of the exposure?

Hourly, daily, weekly etc

Daily

Working conditions

What are the working conditions the role is exposed to? i.e. cold, heat, smells, noise

In the community often exposed to unkempt and dirty houses, including fleas, and ferocious dogs!

The hospice has its fair share of body odours, morphine induced noises, as would be expected in any Hospice.

How frequent is the exposure?

Variable

Are there any hazards? i.e. fluids

Likely to have contact with urine, faeces and vomit during course of work, especially when fitting and removing adaptive equipment. Patients sometimes vomit whilst in the car travelling to home visits. Lone workers doing home visits