# Job Description

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| 1. **JOB IDENTIFICATION** | Job Title | Highly Specialist Occupational Therapist | |
| Department(s)/Location | IDART – Birnam, Murray Royal Hospital | |
| Number of Job Holders | 1 | |
| CAJE | SC06-1455 | |
| JOB PURPOSEPlan, deliver, develop, and evaluate the effectiveness of the Occupational Therapy service to patients within the Specialty.Autonomously highly provide specialist Occupational Therapy assessment, diagnosis, treatment, discharge, and onward referral of own patient workload.Enable patients to achieve their optimum level of independence in the areas of personal care, domestic, leisure, education, and work through the application of Occupational Therapy theory, techniques, and practice.Co-ordinate/supervise/teach qualified/non-qualified Occupational Therapy staff, Occupational Therapy students and other personnel, acting as a source of specialist advice as appropriate. | | | |
| ORGANISATIONAL POSITIONMental Health Service Manager|Integrated Operations Manager| Highly Specialist Occupational Therapist | Health Care Support workers/ Recovery Workers | | | |
| SCOPE AND RANGE The team is community based and the Occupational Therapist works as part of the rehab team, which is based in IDART Birnam Murray Royal Hospital.  **The postholder will: -**   1. Operationally and professionally line manage own case load, (mentoring OT staff as appropriate) including planning, monitoring, and evaluating service delivery. 2. Highly perform specialist Occupational Therapy assessment of patients with diverse presentations and complex physical and psychological conditions. 3. Work autonomously with patients/clients, assessing, planning, and implementing agreed long and short-term goals to facilitate optimum level of independence to facilitate safe and effective discharge from service or to appropriate destination. 4. Use advanced clinical judgement to provide an Occupational Therapy diagnosis/opinion, basing this on assessments completed in relation to cognition, perception, physical function, and their effects on activities of daily living. 5. Develop and deliver an individualised treatment programme. 6. Hold responsibility for own caseload and that of the team for a defined area of service. 7. Regularly supervise, educate, and assess the performance of OT students (over 15 weeks per annum) and contribute to training of MDT students/staff on an ongoing basis. 8. Train, supervise, advise, support and performance manage less experienced qualified/non-qualified Occupational Therapy staff. This will include the use of formal appraisal processes, documentation, caseload, and peer reviews. 9. Undertake all aspects of clinical duties as an independent practitioner. 10. Provide advice and guidance on health promotion, health management and prevention strategies to patients, carers, and other healthcare staff. 11. Lead the implementation of specific changes to practice or contribute to service protocols. | | | |
| 1. **MAIN DUTIES/RESPONSIBILITIES**   **Clinical**   * Professional and legal accountability for all aspects of work as an independent occupational therapy practitioner. * Provide highly specialised Occupational Therapy assessment and treatment for patients within IDART using standardised assessments/outcome measures as appropriate. (e.g. cognitive, perceptual, and functional assessments). * Apply an advanced level of specialist occupational therapy skills and knowledge of the OT process, consolidated through previous experience and training, to the complex and diverse client group. * By applying a high level of clinical reasoning, demonstrate an ability to problem solve, monitor, evaluate and modify interventions and their outcomes for patients in order to measure progress and ensure effective intervention. * Contribute to multidisciplinary decisions regarding patient/client care. * Prescribe OT intervention within care plan, which other professionals (e.g. MDT, Care Managers and Social Work OTs) will follow. * Advise and instruct patients/carers, other health care professionals, and external agencies (e.g. social care officer) as appropriate on the principles of OT intervention to ensure continuity of approach, e.g. social care officer adhering to OT recommendations to ensure maintenance and progression of treatment. * Enable patients to explore, achieve and maintain life balance in their activities of daily living in the areas of personal care, domestic, leisure, education, and work. * Within specialist area, acquire knowledge and clinical skills required to meet the needs of the patient’s group. * Manage clinical risk for own caseload e.g. Assessment of level of support services. * Manage clinical risk for caseloads of T. I’s and provide advice as required. * Daily work as a lone practitioner within the community visiting patients at home to carry out rehab programmes. * On a daily basis lead and co-ordinate regular rehabilitation sessions within the patient’s own home and community to improve social skills, communication, confidence, cognitive skills e.g. money handling and safety awareness, * Lead and co-ordinate all Occupational Therapy aspects of the patient’s complex rehabilitation.   **Documentation**   * Maintain written and electronic records and maintain activity data in accordance with College of Occupational Therapy and NHS Tayside standards. * Maintain patient/client documentation and provide specialist OT reports relevant to practice setting according to professional standards and local protocols e.g. Freedom of Information Act, Data Protection Act. * Occasionally required to devise and develop computer-based OT documentation on IT system. * Ensure accurate onward referral to other agencies, gaining patient consent, and ensuring that the multidisciplinary team has contributed as appropriate.   **Professional Ethics**   * Ensure that the OT complies with professional Code of Conduct and Ethics, HCPC standards of proficiency, the NHS Tayside Code of Conduct for staff, National and local policies/procedures. * Attend all mandatory training annually e.g. Fire Lectures, Moving and Handling Updates, CPR annually. * Respect the individuality, values, culture, and religious diversity of patients/clients/colleagues and contribute to a service sensitive to these needs. * Be aware of ethical issues relating to OT and other professionals’ clinical practice and address issues in an appropriate and professional manner, ensuring that OT practice and patient care is not compromised, e.g. patient/client being asked to carry out an inappropriate activity contradictory to culture or diagnosis.   **Leadership, supervision, and performance development review**   * Review and reflect on own practice and performance through effective use of professional and operational supervision and performance development review system. * Ensure performance development (appraisal) reviews and supervision are carried out as required. * Contribute to the recruitment and retention of junior OT/MDT staff as required. * Promote the ethos of multi-agency team and in partnership working.   **Professional Development**   * Actively participate in the performance development review process (appraisal) and undertake relevant activities to meet learning objectives agreed with line manager. * Continually improve and apply skills and knowledge in order to enhance professional competence to address complex clinical and management situations and support lifelong learning. * Maintain a professional portfolio in line with requirements for HPC registration, recording learning outcomes. * Ensure that own practice and that of delegated staff under supervision, meet the required standard of OT practice.   **Training Staff and Students**   * Initiate, plan, and implement the induction, training and education of students, staff, and other professionals. * Supervise, educate, and assess the performance of degree level OT students and other MDT students. * Educate staff in health, education, local authority, and voluntary agencies, in issues related to OT. e.g. formal/informal education sessions to both large and small groups   **Service Development and Delivery**   * Take a lead role in the planning, coordination, and evaluation of Occupational Therapy practice. * Contribute to the development of clinical pathways and protocols within the multidisciplinary team. * Contribute to the operational planning and implementation of policy/service development within the team leading on delegated projects in collaboration with line manager. * Manage a designated OT work area in accordance with health and safety and infection control regulations. * Lead any changes to Occupational Therapy service once approved by Specialty Manager, within own department and share with OT and other AHP/Nursing colleagues re implications of change. * Develop and prepare documents for submission to management team. e.g. action plans, business proposals or reports to support changes to practice, taking account ofall clinical, financial, and operational implications.   **Clinical Governance, Quality and Standards**   * Comply with all relevant NHS Tayside and National, Local and Departmental policies, procedures, and guidelines, e.g. Equal Opportunities, Health and Safety, Confidentiality of Information, Patient and Public Involvement. * Follow NHS Tayside policy when handling and learning from complaints and in conjunction with senior staff contribute or lead the response, as agreed with line manager. * Contribute to local and departmental clinical governance and quality agenda as agreed with line manager e.g. sharing/learning from a significant event analysis, collation of clinical governance information. * Take a lead on specific clinical governance/clinical effectiveness topics as agreed with line manager. * Apply national guidelines and legislation relating to health and social care. * Monitor and review interventions, making recommendations to line manager in relation to service gaps and developments.   **Management Skills**   * Manage the Occupational Therapy intervention to make best use of all resources and delivery of therapeutic interventions in times of planned/unplanned staff shortages. * Deal with verbal complaints and take appropriate level of action i.e. investigates and reports to Manager and/or verbally respond to complainant. * Take part in the selection process and interviewing of support staff. * Exercise effective personal time management, punctuality, and reliable attendance. * Accountable for the departmental stock management system, advising budget holder on resources/equipment required. * Ensure the maintenance of equipment/materials are fit for purpose at the point of issue, providing advice to the recipient on the safe use of same in accordance with NHS Health and Safety Policy * Responsible for organising and prioritising own and caseload to meet service and patient need. * Encourage innovative practice within agreed boundaries.   **Research and Practice Development**   * Critically evaluate current research and apply to practice. * Lead, undertake and promote research and/or audit projects relevant to OT and/or service area. * Promote dissemination of audit/research outcomes at local/national level, implementing change as agreed with line manager. | | | |
| 1. **COMMUNICATIONS AND RELATIONSHIPS**  * Communicate effectively with patients, families, and carers some of whom may have barriers to understanding (e.g. sensory impairment, language barriers and confusion), using verbal/non-verbal, written and presentation skills as required and in a way that respects their views, autonomy, and culture. * Establish robust networks (written, electronic and verbal) to communicate effectively with other health professionals and external agencies on clinical matters. * Convey comprehensive details of Occupational Therapy treatment/outcomes to patients/carers, in a manner appropriate for every individual, emphasising and reiterating points to ensure a full understanding. This information may be sensitive or contradictory to patient and carer expectations. * Communicate assessment and treatment outcomes to the appropriate disciplines verbally and/or in the form of reports and letters e.g. present professional opinion to consultants and multi-agency team influencing decisions, which will have a direct effect on patient care. * Develop a therapeutic relationship with patients and carers to encourage their interest and engagement in an activity therefore maximizing its therapeutic benefits. * Work autonomously making decisions regarding patient OT treatment and discharge from service. * Instruct, encourage, and guide patients/carers regarding aspects of OT, e.g. equipment fitting, intervention plans. * Inform patient/client/colleagues of changes to service delivery timeously e.g. inform clinical area of planned/unplanned absences. * Actively promote the benefits of OT intervention in patient care with patients/clients and other professionals * Use advanced communication skills to demonstrate empathy and understanding when dealing with distressed patients, their family, and staff, when breaking highly contentious news e.g. the extent of the individual’s loss of function. * Use advances communication skills to assist patients to develop insights into their level of dysfunction. * Receive, analyse, and convey information of a contentious or sensitive nature, e.g. change in service delivery. * Frequently provide relevant information, both written and oral, for documents * Have the skills to give presentations to large audiences using audio-visual and multi-media equipment at local and national events. * Diffuse potentially hostile and antagonistic situations with patients’ carers and staff, using highly developed negotiation and interpersonal skills. * Use leadership skills to develop a cohesive team within specialist occupational therapy service area. * Promote and ensure the effective two-way flow of communication within the organisational structure in relation to service delivery/developments and represent OT/MDT team at meetings as required. * On occasion, may chair and attend meetings as agreed with line manager. * Participate/represent OT service at relevant forums both local and national as required. * Liaise with schools, further and higher education establishments re undergraduate Occupational Therapy training. | | | |
| 1. **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**  * Diploma/degree in Occupational Therapy. * HPC Registration. * Extensive post registration experience as an OT including 1 year in a relevant clinical specialty. * Post graduate training relevant to post and specialist knowledge of best practice equivalent to MSc level, evidenced by on-the-job training, short courses and/or CPD portfolio. * Membership of an OT professional body and Specialist Interest Group is desirable. * Ability to reflect and critically appraise own and other's performance enhancing clinical reasoning. * Ability to teach skills relating to the OT process, e.g. practical skills to enable a patient/client to be independent in an activity of daily living. * Ability to build and maintain effective working relationships within OT team and across all agencies. * Effective communication skills written, verbal and non-verbal. * Computer literacy, e.g. e-mails, patient documentation, and treatment media * Understanding of professional ethics/standards and their application in OT practice * Detailed knowledge and application of current legislation/policy e.g. Health and Safety, Risk Awareness/Management. * Evidence of leadership/management skill development within department/ organisation. * Willingness to work towards gaining certificated evidence of leadership skills training e.g. Leading an Empowered Organisation course. * Ability to travel in the area. * Fieldwork education experience. * Willingness to work flexibly to meet the needs of the service and/or patient/clients. | | | |
| 1. **SYSTEMS AND EQUIPMENT**  * Assess for and prescribe specialist equipment/materials to enhance patient ability to conduct activities of daily living and social participation e.g. feeding/dressing aids, splints, and wheelchairs. * Understand, apply, and teach safe use and care of specialist equipment/materials to patients/clients/carers and other staff as appropriate, adjusting heights and ensuring that it is fit for purpose. * Record, collate and submit data information to contribute to service quality indicators e.g. waiting times. * Ensure the maintenance of accurate patient records e.g. OT notes and integrated care pathways. * Effectively utilise local services e.g. voluntary and statutory organisations * Adhere to identified systems e.g. stock control and department security. * Use of communication equipment on a daily basis e.g. the ability to work with IT systems to generate reports, record statistics etc. patient/client communication aids.   **Responsibility for Records Management**  All records created in the course of the business of NHS Tayside are corporate records and are public records under the terms of the Public Records (Scotland) Act 2011. This includes email messages and other electronic records. It is your responsibility to ensure that you keep appropriate records of your work in NHS Tayside and manage those records in keeping with the NHS Tayside Records Management Policy and with any guidance produced by NHS Tayside specific to your employment. | | | |
| 1. **PHYSICAL DEMANDS OF THE JOB**   **Physical demands**  **Repeated Regularly or Occasionally on a daily basis:**   * Manual handling of patients with or without handling equipment for purposes of rehabilitation and therapeutic positioning. This may include assisting the very immobile, obese, unwilling, and challenging patients from lying to sitting, sitting to standing, and to wheelchair and back in one treatment session. * Repeated passive lifting of the patients affected arm for assessment and treatment purposes (stroke rehab) * Required to maintain static postures for therapeutic purposes i.e. standing supporting a patient for prolonged lengths of time. * Mobilising with patients providing moderate physical support and direction. This may include sudden unpredictable changes in direction or movement, faints, and falls. * Work with patients whose medical condition may make manual handling challenging e.g. brain injury can cause major cognitive impairment (causing the patients to be potentially impulsive, lacking in safety awareness, dis-inhibited, unable to follow commands, unpredictable), physical deficits, perceptual impairment (patients may be unable to process visual information appropriately and therefore require additional instruction and management), anxiety, pain, and patients with alcohol/drug dependency. * Maneuver (lift, push, pull, carry) heavy and awkward objects/equipment (e.g. mobility aids, remedial/functional equipment, assessment tools. * Working with patients in their own homes frequently means lack of control of the environment e.g. cluttered workspace. * Ability to travel around the environs of Dundee for assessment and treatment purposes of the patient.   **Mental Demands**  **On a daily basis:**   * Using decision making, observational, communication and problem-solving skills in the planning, implementing, and evaluating of rehab programmes and during intervention sessions at home. * Plan, initiate and review OT interventions, encouraging and persuading patients/carers/MDT colleagues to support the OT treatment process. * Prioritise own workload and that of other OT staff to meet the needs of the service. * Interruptions during working day from other staff/ patients/clients/carers, e.g. telephone, pager, direct contact (family and friends in the home). * Respond to unexpected changes in patient’s/client’s condition. This requires being alert and undertaking an advanced standard of clinical reasoning in relation to assessment and decisions regarding patient/client management, e.g. unexpected collapse. * Work with patients with emotional disturbances (low mood, emotionally labile, dis-inhibition). * Frequent periods of sustained concentration e.g. working with patients/clients who have communication problems, addressing staffing issues. * Ability to travel in an urban or rural environment with diverse weather conditions and other road hazards. * Work alone within a community setting with sole responsibility for service provision and decision making.   **Occasionally:**   * Responding to unexpected changes within service provision, e.g. sickness absence * Infrequent exposure to verbal/physical aggression/ disinhibited behaviour using acquired skills to prevent situations from becoming volatile. * Use a consistently supportive approach to support poorly performing staff to achieve agreed objectives. * Will be required to respond to unpredictable demand, e.g. urgent situation in another area.   **Emotional Demands**  **On a daily basis:**   * Receive, analyse, and convey information of a sensitive and emotive nature which may be contradictory to staff/patient/client and carer expectations and desires.   **Frequently:**   * Directly manage distressing and emotional circumstances. * Use effective communication skills to liaise with distressed family and carers, explaining the patient’s deficits and how best the family can assist with rehabilitation. * Support patients and carers who exhibit challenging behaviour due to the effects of major life losses, using skills to diffuse the situation. * Respond to distressing and emotional circumstances on a regular basis e.g. knowledge of distressing patient details.   **Occasionally:**   * Deal with information which may be of an emotional and distressing nature e.g. domestic abuse history, child protection issues. * Provide support to staff within the team.   **Working conditions**  **Frequently:**   * Exposed to unknown working environment e.g. unhygienic housing environment, tobacco smoke, alcohol and drug misuse and uncontrolled animals when working within a community setting. * Work in the community on a daily basis as a lone practitioner with telephone support. * Exposed to bodily fluids/odours (urine, faeces, saliva, blood, vomit, and infections e.g. MRSA * Exposure to verbal/physical aggression. | | | |
| 1. **DECISIONS AND JUDGEMENTS**  * Work is self-directed and autonomous. * Autonomous discretion over the overall caseload, including prioritisation of workload/clinical prioritisation of cases/referrals. * Work autonomously and independently, making clinical decisions within scope of practice. * Accept, assess, plan, undertake and complete and/or discontinue nursing interventions. * Refer/liaise/work in partnership with external agencies on an individual case basis. * Use specialist knowledge and expertise to deal with crisis situations. * Response to crisis situations in a speedy, effective and responsible manner. * Utilise extensive specialist knowledge and experience to provide an evidence-based, client needs-led service. * Be accountable for clinical judgements and decisions made in the absence of the line manager. | | | |
| 1. **MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**  * Working as a lone practitioner with a diverse and complex case load and making daily risk management decisions in relation to community-based home rehabilitation programmes. * Participating in multi-agency teams ensuring a professional opinion is expressed which other, more experienced members of the team may not agree. * Undertake a physically and mentally demanding job whilst taking care to safeguard own health and safety as well as that of patients and colleagues whilst working with a diverse, complex clinical caseload. * Identify and deal sensitively with patients whose symptoms are both psychological and physical in nature., especially where diagnosis has not been confirmed or disclosed. | | | |
| 1. **JOB DESCRIPTION AGREEMENT**   A separate job description will need to be signed off by each postholder to whom the job description applies. | | | |
| **Job Holder’s Signature:** | | | **Date:** |
| **Head of Department’s Signature:** | | | **Date:** |