

NHS GG&C

JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title:	Specialist Occupational Therapist Queen Elizabeth National Spinal Injuries Unit, Scotland
Responsible to (insert job title):	Team Lead Occupational Therapist - Spinal
Department(s):	Occupational Therapy
Directorate:	Regional Services
Operating Division:	South Glasgow Division

2. JOB PURPOSE

The post holder has responsibility for the Occupational Therapy service within the Scottish Spinal Injury service which serves the acute, rehabilitation and lifelong needs of the Spinal Injured population of Scotland

Works as an autonomous practitioner managing a specialist clinical caseload within the Spinal Unit.

Has operational responsibility for daily functions in the Occupational Therapy department of the Scottish Spinal Service.

Supervises the junior staff within the Spinal Unit and support staff.

Has a key role in the education and development of Occupational Therapy and other staff within the Spinal Unit.

Has a role as a Practice Educator for the learning and development of Occupational Therapy students.

Active involvement in Research and Development within the Spinal Unit and Occupational Therapy service.

Provides a specialist resource to other health care staff / patients / carers / other agencies.

Has a role in the goal planning process and assisting patients and carers in the co-ordination of the rehabilitation program and discharge planning

Is able to carry out standardised and non-standardised upper limb assessment such as Oxford Scale, GRASSP, and measure ROM

3. DIMENSIONS continued

Has responsibility for a staff establishment of

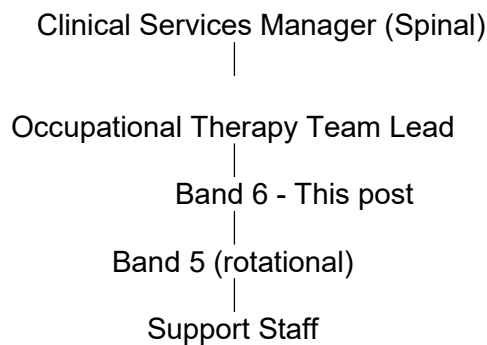
- 1wte band 5 Occupational Therapist (rotational)

Works as an autonomous clinician within this speciality taking full responsibility for an identified caseload.

Delegates an appropriate caseload to band 5 rotational staff and Support worker.

The post-holder has access to supervision and support from the Team Leader / Clinical Specialist on a regular basis.

4. ORGANISATIONAL POSITION



5. ROLE OF DEPARTMENT

Occupational Therapy enables people to achieve health, well-being and life satisfaction through participation in occupation. (College of Occupational Therapy)

To provide an equitable person centred service providing assessment and treatment interventions with evaluation, enabling patients to achieve their maximum independence. The service may be provided in an acute, rehabilitation, clinic, outpatient or community setting.

The service strives to provide an efficient and effective service, which is underpinned with a robust evidence base where available.

Occupational Therapists liaise with relatives and carers, members of the multidisciplinary team and external agencies.

The service aims to support staff with training opportunities to support their Personal Development Plan with regular supervision and appraisal.

6. KEY RESULT AREAS

6.1 Clinical

1. Is professionally and legally accountable and responsible for all aspects of own work, including direct and indirect patient care, within scope of practice as per Health Professions Council Guidelines.
2. Assesses capacity, gains valid consent and has the ability to work within a legal framework with patients who lack the capacity to consent.
3. Acts independently to assess and analyse clinical and non-clinical information and has responsibility for verifying the diagnosis. This will include patients with severe high level spinal cord injury, ventilator dependant individuals and those with multiple pathologies and complex clinical presentation. Intervention will be completed timeously.
4. Acts independently to plan, implement, evaluate, treat and progress patient care to maximise their rehabilitation potential and functional independence, including decision-making regarding discharge from care.
5. Maintains patient documentation as per the College of Occupational Therapy Standards.
6. Manages an identified complex caseload of patients effectively and efficiently within the Spinal Unit multi-professional team. This will include the management of the reconstructive surgery service
7. Delivers specialist interventions using the principles of graded activity and a wide range of treatment techniques ie neuro developmental, therapeutic handling techniques, functional rehabilitation, adaptation, equipment provision, education and health improvement.
8. Works as a key member of a multi-professional team to ensure effective communication and delivery of care.
9. Prescribes and coordinates intervention to be carried out by others such as support workers including training to carry out therapeutic programmes as appropriate.
10. Attends and reports in clinical meetings and case conferences.
11. Provides specialist advice, when required, on the management of patients within the Spinal Unit, eg strategies for coping with perceptual / cognitive deficits.
12. In liaison with the Team Leader develops, implements and evaluates appropriate clinical guidelines within the area of the Spinal Injury rehabilitation eg Royal College of Physicians / Scottish Intercollegiate Guidelines Network / QIS.
13. Links with specialist internal and external working groups and specialist interest groups.
14. Makes autonomous decisions regarding discharge from Occupational Therapy when patients may continue within unit for ongoing treatment from other disciplines.
15. Arranges and undertakes visits to patient's home, work and education environment as indicated with community staff. Works collaboratively with external agencies to provide advice and guidance on patient's needs specific to their condition. Advises on minor/major adaptations to patients home environment to facilitate safe discharge and quality of life whilst maximising independence
16. Takes patients on community based outings, assisting them in overcoming psychological, emotional and environmental barriers; promoting independence and assisting in the development of coping mechanisms

6.2 Managerial

1. Liaises with the Team Leader / Clinical Specialist to gain support and direction
2. Deputises for the Team Leader / Clinical Specialist to ensure, in her absence, continuity of safe effective Occupational Therapy service within the Spinal Unit.
3. Takes responsibility for the daily operational management and delivery of services for the Spinal Unit as agreed with the Team leader.
4. Delegate's appropriate caseload, tasks and supervises band 5 and Support Worker to maximise efficiency and achieve desired quality of patient care.
5. Acts as a clinical supervisor, monitors and develops clinical performance of identified staff within the Spinal Unit and with support and guidance, manages performance issues.
6. Completes accurate activity information to reflect care provided.
7. Maintains high standard of clinical competence in area of specialism by training, education and self-study as relevant.
8. Participates in the recruitment and selection of Occupational Therapy staff within the service.
9. Identifies gaps and service pressures within the Spinal Unit Occupational Therapy team, discusses and implements remedial actions with the Team Leader.
10. Participates in, and undertakes the service Supervision Policy, Personal Development Plan and Performance Review system to promote personal and service developments.
11. Actively promotes and markets the Occupational Therapy Service.
12. Actively involved in identified areas within clinical effectiveness, such as audits, journal clubs and projects to support the Occupational Therapy Clinical Effectiveness Strategy.
13. Assists / cooperates in all matters necessary for the efficient management and development of the Occupational Therapy Service in accordance with Service Policy.
14. Adheres to the Divisional Health and Safety Policies and Procedures to provide a healthy and safe environment for both staff and patients.
15. Adheres to Occupational Therapy Service and Divisional Policies

6. KEY RESULT AREAS continued

6.3 Educational

1. Develops and updates clinical knowledge and management skills in relevant clinical areas to ensure delivery of evidence based practice and to meet the requirements of Health Professions Council.
2. Provides formal and informal teaching sessions for band 5 and Support staff within speciality.
3. Attends, develops and delivers Occupational Therapy in-service education.
4. Leads in the education of nursing, medical and other multidisciplinary team members to promote the knowledge of Occupational Therapy.
5. Participates in the induction and support of new and rotational Occupational Therapy staff.
6. Acts as a student supervisor for Occupational Therapy Undergraduate and Postgraduate students on professional practice placements and to adhere to the course guidelines and placement objectives.
7. Attends staff and service meetings.
8. Provides patient education as part of their rehabilitation programme.
9. Any other duties within grade as deemed appropriate by the Team Lead, Professional Lead or Chief AHP

7a. EQUIPMENT AND MACHINERY

Uses a wide range of equipment during therapeutic interventions, a sample of which is noted below. It should be noted that many interventions may be carried out at home or in local community venues and staff will therefore be using a wide range of equipment as expected to be found in these areas.

Takes responsibility for the maintenance, repair and infection control of Occupational Therapy equipment within speciality.

Appropriately selects and monitors the safe use of Activities of Daily Living equipment including special orders and makes referrals where necessary. Ensures safe use of, and prescribes patient care equipment, including wheelchairs and pressure cushions, hoists, stand aids, sliding sheets showerchairs, environmental control units etc.

Assesses and trials specialist equipment.

Uses a variety of standardised assessments to give a consistent baseline assessment for review of treatment and measurement of effectiveness of outcome eg Functional Independence Measure, pressure mapping, JAMAR, e-link and GRASSP

Assistive Technology

Any item, piece of equipment, or system, whether acquired commercially, modified or customised, that is commonly used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Splinting

Designs and fabricates upper limb splints using splinting bath, heavy duty knives and scissors, splinting materials, heat gun

Is able to apply a variety of specialist splints ie airsplints, Ankle Foot Orthosis, PRAFOs and be aware of the contraindications

Treatment / Rehabilitation

Plinths, varitables, upper limb remedial activities ie cones, beanbags, theraputty

Electronic Assistive Technology

Eg IT systems, ELINK , environmental controls, mobile phone, eyegaze

Moving and Handling Equipment

Eg stand aids, hoists, turning discs, wheelchairs and specialist seating

Miscellaneous

Eg, PowerPoint projectors

7b. SYSTEMS

Input into:

Patient information systems (Clinical Portal, ELMS2, TRAKCARE)

Patient records

Caseload management

Supervision

External referral systems

Unified Case Records

8. ASSIGNMENT AND REVIEW OF WORK

Co-ordinates, prioritises, delegates where appropriate and reviews, on a regular basis, the clinical caseload and non-clinical tasks of junior staff.

Works autonomously on a daily basis with Team leader / Clinical Specialist support if required.

Is flexible and adaptable to ensure that service needs are met.

Participates in two-way communication with consultants, team management and other agencies required to maximise patient care.

9. DECISIONS AND JUDGEMENTS

The post holder will receive regular supervision from the Team Leader / Clinical Specialist, in addition to the annual personal development planning and review.

Accepts or declines referrals, re-assesses, plans and undertakes highly complex Occupational Therapy interventions using clinical reasoning, to decide how to complete and / or discontinue treatment, taking all presenting factors into account regarding clinical condition and using a holistic approach to care.

Works autonomously making clinical decisions within scope of practice using specialist knowledge of clinical area.

Advises relevant personnel regarding ongoing treatment and progress throughout the episode of care.

Undertakes risk assessments regarding patient condition and environment to ensure patient and staff safety.

Prioritises and balances clinical and managerial demands within the Department.

Takes responsibility for Occupational Therapy staff within the Spinal Unit.

9. DECISIONS AND JUDGEMENTS continued

Directs and advises junior staff on clinical decision-making and organisational issues.

Allocates caseloads and delegates appropriate tasks to junior staff and support workers.

Seeks advice and guidance from Team Leader / Clinical Specialist.

Deputises for Team Leader / Clinical Specialist in times of absence.

Carries out a risk assessment for junior and support staff who may be lone working.

10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

Undertaking a mentally and physically demanding job, whilst at the same time takes care to safeguard their own health and safety as well as colleagues and patients.

Imparting sensitive and complex information to patients and family in lay terms. Reinforcing consequences of devastating diagnosis in practical terms where there are often psychological and emotional barriers to understanding and acceptance, resulting in the necessity to have to repeatedly reinforce information

Working in a confined space

Adapting to variable and unpredictable demands of both clinical and managerial workload, in addition to developing and supporting needs of the team.

Is able to substantiate clinical reasoning when experiencing a difference of professional opinion in patients care.

Dealing with expectations of patients / carers regarding future outcome of therapy, frustration, aggression, denial, lack of insight and unrealistic goal setting.

Developing clinical knowledge, skills and evaluation processes in a wide variety of conditions within the patients to become a specialist within the Spinal Unit.

11. COMMUNICATIONS AND RELATIONSHIPS

Patients and Relatives / Carers

Communicates complex clinical information eg related to diagnosis, treatment and prognosis, effectively and appropriately with patients and their carers, using a range of non-verbal, written and presentation skills. This may involve conveying complex terminology in lay terms.

Utilises appropriate communication methods to ensure patient compliance with treatment programmes.

Identifies and modifies the most appropriate communication method depending on the individual requirements eg hearing or visual impairments, learning difficulties, cognitive impairments, language differences, disinterest or perceptual problems.

Provides support, reassurance and encouragement to patients and their carers as part of the rehabilitation process.

Conveys comprehensive detail of Occupational Therapy treatment programmes in a manner and at a rate, which is appropriate for every individual, emphasising and reiterating points when necessary to ensure a full understanding.

Encourages and motivates patients to maximise outcome recognising those who are in pain, cognitively impaired or those who are afraid or reluctant and require reassurance, motivation and persuasion to comply with treatment.

Conveys information in a particularly sensitive manner when it is contradictory to patient and carer expectations and desires.

Provides advice and guidance to relatives and carers relating to ongoing rehabilitation programmes.

Listens effectively to patients' and carers' needs and concerns and reacts or intervenes appropriately.

Develops a professional rapport with patients, instilling trust and confidence.

Demonstrates effective communication strategies to deal with anxious patients and carers, stressful or emotional situations.

Occupational Therapy Staff (Internal / External)

Consults more experienced staff for advice.

Provides appropriate details for transfer of patient for ongoing care elsewhere.

Delegates tasks clearly to more junior staff, support staff.

Assists staff with effective communication strategies to deal with difficult patients or difficult situations with other staff.

Deals with conflict within the Occupational Therapy staff group.

Collaborates with peers eg clinical effectiveness groups

Maintains effective two-way communication with line manager regarding service and staff.

11. COMMUNICATIONS AND RELATIONSHIPS

Multi-professional Team

Provides patient assessment findings, progress with treatment and discharge information contributing to the discharge planning and decision-making regarding future management.

Liases and advises regarding additional strategies and knowledge for patient management eg referral to another specialist practitioner.

Deals with conflict within the multi-professional team and promotes the role of Occupational Therapy.

Is involved with goal planning process and chairs meetings to co-ordinate rehabilitation and discharge planning

Networks to ensure delivery of clinically effective care and consistent service across Glasgow.

Other Agencies eg Local Authority, Voluntary Sector

Provides information to support ongoing management eg SIS, Backup, Aspire, community rehabilitation

Makes referrals eg for social work community care, physical disability teams.

Negotiates and liases with agencies to optimise patient care and ensure efficient service delivery.

In keeping with policies and standards, maintains strict confidentiality regarding patient and staff information.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical Skills

Moving and therapeutic handling of patients on a daily basis who have significant physical, cognitive or behavioural impairments. Patients may be immobile or obese and require support from lying to sitting position, sitting to standing and transferring to wheelchairs.

Frequent use of equipment such as hoists, stand aids that require manipulation, dexterity and strength, often manoeuvring within confined spaces.

Therapeutic handling ie facilitation of movement, upper limb manipulation, sensory stimulation and tone reduction.

Dexterity, coordination and sensory skills for assessment and manual treatment of patients.

Physical Demands

Carrying equipment to patients' homes / wards of varying size and weight.

Push trolleys / wheelchairs.

Stand / walking for the majority of the working day.

Therapeutic handling e.g. the physical exertion / endurance required to seat and position complex patients or transfer using mechanical aid throughout the day.

Fitting and adjusting specialist equipment in hospital and home environment.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB continued

Working in confined spaces, kneeling for periods of time.

Equipment adjustments.

Driving.

Mental Demands

Prolonged concentration required when assessing and treating patients including complex report writing.

Flexibility required to deal with unpredictable nature of the job.

Often have to make quick on the spot decisions, with outcome affecting safety of self, patients.

Constant awareness of risk, continually risk assessing.

Dealing regularly with cognitively impaired patients.

Using acquired skills to prevent situations from becoming volatile.

Dealing with unpredictable work patterns / interruptions.

Balancing clinical versus non-clinical priorities.

Supporting other members of staff on a daily basis, giving informal training as well as formal supervision.

Often dealing with complex clinical and non-clinical cases and providing advice and support for these.

Dealing with many and varied medical conditions requiring a range of clinical knowledge.

Often dealing with verbally aggressive patients, carers and relatives.

Emotional Demands

Imparting highly sensitive information regarding support required / likely outcome of therapy and future placement.

Working with bereaved and distressed relatives.

Dealing with challenging behaviours including working with people demonstrating verbal and / or physical aggression and potential for self-harm.

Discussing sensitive issues with patients, relatives or carers.

Treating terminally ill patients with varying degrees of acceptance of illness.

Dealing with patients who are in pain.

Awareness that ones role and effectiveness affects the functional outcome of patients.

12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB continued

Working with patients under the Adults with Incapacity Act detained under the Mental Health Act Scotland and / or in police custody, Child Protection, Vulnerable Adults and dealing with patients disclosing abuse.

Working Conditions

Frequently exposed to unpleasant odours and body fluids / risk of infection.

Unclean houses often unsuitable to carry out home assessments in.

Head lice.

May be exposed to antisocial localities and abusive patients or carers whilst working alone in the community.

Exposure to transmittable diseases and infections.

Lone Worker

Following a risk assessment, lone working to complete environmental visits, assess suitability of prescribed equipment in home situations, post discharge home assessments.

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Essential

BSc Degree Occupational Therapy

Registration with the Health Professions Council

Fieldwork / student supervisory experience

Minimum of three years postgraduate experience, with previous clinical experience of spinal injury or neurological conditions within an NHS setting.

Computer literate including use of e-mail and internet search skills

Evidence of experience of clinical effectiveness - audit / systematic reviews, research proposals

Supervisory skills in developing and supporting staff and students

Self motivated

Excellent communication skills

Committed to speciality

Leadership qualities

Responsible

13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB continued

Disclosure Scotland

Occupational Health clearance

Driving licence

Desirable

Evidence of further educational qualifications

Experience of involvement, participation of change / service redesign