

JOB DESCRIPTION

1. SERVICE	Physiotherapy
2. SERVICE DIRECTORATE/DEPARTMENT	Orkney Health and Care
3. JOB TITLE	Physiotherapist
4. GRADE	Band 6
5. LOCATION	Balfour Hospital
6. REPORTING TO	Physiotherapy Clinical Lead

7. JOB PURPOSE

To undertake a high standard of evidenced based direct clinical care this encompasses physiotherapy assessment, diagnosis, treatment and management of patients within the Balfour Hospital, NHS Orkney.

To undertake responsibility for provision of specialist clinical care with a bias towards the respiratory speciality.

To deputise for Band 7 Physiotherapist in their absence.

- Communication and liaison with patients, families, carers referrers and other agencies.
- Maintaining records.
- Delegating work to physiotherapy assistants and support workers

Covering all hospital areas may require flexible working within standard working hours and does include participation in the physiotherapy out of hours weekend on-call service.

Location – All wards at the Balfour Hospital, Orkney.

8. ORGANISATION CHART



9. SCOPE AND RANGE

Services include General Medicine/Surgical including HDU, Neurology, Orthopaedics including Day Surgery, Cardio/Respiratory, A&E, Elderly Rehabilitation, Maternity and Macmillan.

- Develop own skills and knowledge within assigned areas and also work and contribute to the development of others.
- Monitor and maintain health, safety and security of self and others.
- Co-ordinate inpatient services and work with Band 7 physiotherapists and physiotherapy assistants.
- Ensure own actions promote safe, effective and person centred care and alert others to quality issues.

Promotes people's equality, diversity and rights. Establish and maintain communication with individuals and groups about difficult or complex matters overcoming any problems in communication.

Assess people's health and wellbeing needs when those needs are complex and change across the caseload. Staff Responsibility –Independently supervise the caseload and clinical education of undergraduate and Pre-Reg students.

Jointly, but with experience may independently supervise, manage the workload and appraise support workers and/or Physiotherapy Assistants.

10. MAIN DUTIES/RESPONSIBILITIES

- Act independently to assess, analyse and provide an accurate clinical diagnosis using advanced clinical reasoning skills and specialist knowledge for individual patients to determine their need for physiotherapy intervention.
- Act independently using well developed clinical reasoning skills to appropriately plan, implement, continually re-evaluate and progress treatment to maximise patient rehabilitation and care.
- Act independently to discharge patients from physiotherapy and/or arrange appropriate follow up care. This may include information sharing to week-end staff.
- Independently prioritise and monitor own clinical activity.
- Independently evaluate the effectiveness of own treatments.
- Independently communicate with and work as part of the multidisciplinary team involved with a patient at relevant meetings, ward rounds, case conferences or ad hoc to ensure effective treatment and patient care.
- Work independently on the emergency respiratory on-call rota to contribute towards the out of hours physiotherapy service to acutely ill respiratory patients.
- Delegate work to Physiotherapy assistant staff as necessary.
- Prioritise hospital caseload in times of senior staff shortages.
- Communicating effectively with a wide range of people including patients, carers, other physiotherapists and other professionals in hospitals and community settings. Giving advice, motivating, devising care plans, teaching exercises etc.
- Patient specific assessment: exploring complex issues (e.g. physical and social issues – sensitive issues)
- Supporting people (patients, relatives and carers) in difficult circumstances, e.g. progressive disease, accepting disability, terminal illness, discussing realistic goals and adaptations.
- Maintaining confidentiality during communications, consistent with professional code of conduct, and NHS Orkney policies
- Presentation of information and ideas to others, e.g. at meetings
- Maintaining patient records (paper) to reflect care provided, in accordance with legislation and agreed local standards

- Reporting back on the outcomes of case conferences, assessments and making recommendations to relevant parties.
- Asking for support and advice from senior colleagues when issues are particularly difficult or complex.
- Recognising the need to utilise a range of communication skills e.g. considering knowledge, culture, environments in an effective manner.
- Undertake other therapy service provision within scope of professional practice.

Educational

- Taking responsibility for own continuing professional development (CPD) and performance and maintaining CPD portfolio to ensure delivery of evidence based care
- Evaluating own knowledge and practice, (e.g. reflective diary, peer assisted learning (PAL) and making effective use of learning opportunities
- Meeting regularly with Specialist physiotherapist for support and developing reflective practice
- Applying own learning to the future development of area of work (e.g. back pain, core stability, tissue viability, posture and positioning etc.)
- Contributing to the development of a learning and development culture in the workplace
- Alerting managers to resource issues which affect learning, development and performance
- Educating other MDT members by discussion and presentations
- Contributing to the learning experience of student physiotherapists and other student health professionals and new staff.
- Participating in physiotherapy in-service training programme
- Identifying his/her own development needs in relating to current practice and possible future work, and set personal development objectives, with the support of senior physiotherapist
- Making effective use of learning opportunities within and outside workplace pertinent to your area of practice
- Mandatory training must be undertaken and kept up to date
- Contribute to the implementation of services
- Help identify and evaluate opportunities to improve the service in order to supply the best patient care within the resources available.
- Manage an individual caseload and/or ward of patients effectively and efficiently.
- Access Senior Physiotherapy staff to gain support, advice and direction in management of caseload.
- Independently delegate appropriate tasks to Support workers and/or Physiotherapy Assistants and undergraduates.
- Jointly, but with experience may independently supervise, monitor workload and appraise Physiotherapy Assistants and undergraduates.
- Participate in both departmental staff meeting and peer group meetings.
- Deputise for the Band 7 Physiotherapist to maintain continuity of service delivery in their absence.
- Applying legislation, policies and procedures to own work – with guidance from Senior colleagues where appropriate
- Identifying how to contribute effectively to service development and evaluations, e.g. clinical audit, evidence base
- Evaluating and documenting own and team work, e.g. PAL, reflective accounts, critical incidents
- Making suggestions for improving services in own area of work, implementing and evaluating these, with support from senior colleagues

11. SYSTEMS AND EQUIPMENT

- Identifying and assessing potential risks involved in work activities
- Identifying how to manage risks effectively
- Complying with legislation and NHS Orkney policies and procedures on Health & Safety

- Supporting others in maintaining health, safety and security
- Taking appropriate action to manage an emergency
- Using tools, equipment and materials appropriately
- Reporting relevant issues to senior colleagues
- Respiratory Apparatus - Nebulisers, CPAP/NIV, suction equipment – treatment of chest conditions.
- Aids Protheses, orthoses, walking aides – gait education.
- Gym Apparatus - Electric standing frame, bicycle, parallel bars, treadmill, weights pulleys, Arjo walker, tilt table, PPAM aid/femurett – muscle strengthening, endurance training, joint stabilisation, improving range of movement, gait re-education.
- Electrical Apparatus - Ultrasonic, TENS, trophic stimulators, Biodex, Isokinetics -strengthen muscle, reduce pain, promote healing.
- Hot/Cold Therapy - Ice, heat packs, wax - reduce swelling and inflammation, pain relief.
- Manual Handling Equipment - Hoists, sliding sheets, transfer boards, Sara Plus, Sara Stedy, Turn-mate and other manual handling equipment – to promote Minimal Manual Handling Policy of Division.
- Computers - Patient database/records, Physiotools Audit purpose, Powerpoint presentations. Intranet access for organisational communication. Internet access for Evidence based practice.
- Hand written patient - Physiotherapy patient record, integrated care pathway, notes multidisciplinary nursing records and medical notes as appropriate.
- Patient information - Exercises and information handouts.

12. ASSIGNMENT AND REVIEW OF WORK

- An open referral system exists on all wards, otherwise a specific referral system is detailed. A pager system operates for urgent referrals including respiratory patients and A/E referral.
- Ward responsibility is allocated to the post holder by the senior physiotherapist. The post-holder is then responsible for triaging patients who are appropriate for Physiotherapy and manages his/her own caseload.
- Non clinical tasks will be delegated to the post holder by senior Physiotherapists e.g. attending working groups or committees, interviewing, inducting staff.
- Audit and service develop in liaison with senior staff particularly in the scope of respiratory.
- Understanding role, scope of role, and potential to develop
- Organising and carrying out work effectively
- Identifying and managing any risks to quality, (e.g. workload, communication, team working) with support of Specialist physiotherapist
- Keeping up-to-date with developments in quality within the physiotherapy profession and own area of work
- Evaluating quality of own and others work, and making necessary improvements.
- Re-evaluating quality following change to ensure improvements have been made
- Raising quality risks and related issues with relevant people
- Undertake clinical audit as appropriate to work and supporting clinical governance within physiotherapy service
- Maintaining accurate statistical information
- Assisting in developing, implementing and maintaining appropriate clinical guidelines ensuring clinical effectiveness to optimise patient care

13. COMMUNICATIONS AND WORKING RELATIONSHIPS

- Explaining own role, responsibilities, accountability and scope of practice
- Explaining information needed from assessment, and who might have access to it
- Obtaining informed consent prior to assessment

- Promoting people's rights and wishes during assessment
- Identifying people's health and well-being needs through subjective and objective assessment, using assessment tools which are within scope of practice
- Following processes of reasoning, which balance additional information against the overall picture of the individual's needs
- Interpreting all of the information available and making a justifiable assessment of people's health and well-being related needs and prognosis, risks to their health and well-being in the short and longer term
- Referring people to other practitioners when needs and risks are beyond his/her own scope of practice
- Identifying the implications of the assessment for the content and scheduling of care
- Acting independently to assess, analyse and provide a clinical diagnosis for individual patients to determine their need for physiotherapy intervention – with support from Specialist physiotherapist, where appropriate
- Working as an autonomous practitioner, with appropriate support from a senior physiotherapist.
- Team Lead physiotherapists will be available to consult on a daily basis as required and will provide both direct and indirect supervision.
- Team Lead Physiotherapists are available for additional guidance, personal and/or professional support either face to face or by telephone.
- Induction and performance review is provided by the Team lead Physiotherapist.

14. MOST CHALLENGING/DIFFICULT PART OF THE JOB

- Explaining own role, responsibilities, accountability and scope of practice
- Explaining information that may be collected, and who might have access to it
- Obtaining informed consent prior to implementation of plan of care
- Discussing and agreeing with patient/colleagues the needs to be addressed, appropriate goals, location and timing of different interventions, how the plan as a whole will be managed and reported
- Supporting people effectively through promoting their wishes and beliefs, addressing their concerns and encouraging them to promote their own health and well-being
- Undertaking intervention consistently with evidence-based practice, own scope of practice and current legislation.
- Evaluating the effectiveness of interventions in meeting agreed goals, and modifying as necessary
- Managing caseload of patients effectively and efficiently, including complex cases – with support of other physiotherapy staff where appropriate.
- Working as an autonomous practitioner – with advice and support of Senior physiotherapist where appropriate.
- Managing a wide range of complex conditions including respiratory, neurology, medical, surgery.
- Managing own caseload and time in accordance with patients' and service needs.
- Managing undergraduates and assistant staff workload and performance.
- Deputising for the Team leader in their absence through additional responsibility.
- Communicating with consultants, GPs, relatives and other members of the multidisciplinary team.
- Actively participating and presenting clinical findings in ward rounds and case conferences formally and ad hoc.
- Undertaking a mentally and physically demanding job whilst taking care to safeguard their own health and safety and that of their patients and colleagues.
- Working independently with acutely ill and complex patients whilst on-call with no direct professional support or supervision.
- Responding to constantly changing situations on a daily basis and service demands including prioritisation of workload.
- Exposed to periods of lone working in Hospital in times of annual leave, study or sick leave.
- Handling conflict with patients, carers and colleagues.

15. DECISIONS AND JUDGEMENTS

- Make decisions on diagnosis and treatment of patients as well as issue of aids to mobility.
- Decide when to refer or seek guidance from a senior clinician.
- Works in accordance with CSP guidelines and departments standards to achieve set agreed goals.
- Responsible for delegating some tasks or cases to less experienced non- Qualified staff.
- Need to be aware of own limitations and when to seek guidance from senior staff.

Decision Making – Post holder

- Manage his/her own clinical caseload and review appointments.
- Discharge patients from physiotherapy treatment as necessary to suit patient's needs.
- Refer patients back to consultant/GP/other professionals for further investigation/treatment.
- Advise, supply, fit or refer on regarding surgical appliances and aids.
- Reporting of equipment faults.
- Call a MDT meeting if required.
- Prioritisation of team's workload in absence of Team leader/lead clinician.
- Handling first line conflict situations whilst informing senior staff

Decision Making – Refer to Senior Staff

- Changes to department practices/procedures.
- Recommendation regarding equipment purchase, replacement.
- Request for annual leave.
- Highly complex patient management cases where post holder is unsure of any aspect of patient management.
- Complex personnel issues e.g. staff conflict.
- Formal complaints/complex conflict.

16. PHYSICAL EFFORT

- Manual handling of patients on a daily basis. This may include assisting patients with significant physical, cognitive or behavioural impairment. Patients may be very immobile. Obese or unwilling to move e.g. patients who require support for lengthy periods often from lying to sitting position, sitting to standing and back in one session.
- Assisting patients with walking, wheelchair mobility and stair practice – this may include sudden and unpredictable changes in direction of movement or faints or falls, which require physical support and /or safe lowering to the floor to avoid injury to patient or staff. This may include the higher risk areas of walking outdoors or using public stairways.
- Undertaking the passive movements of patient's immobile limbs. This requires a competent level of dexterity, response to sensory feedback and coordination of movement.
- Handling and using equipment on a daily basis-hoists, walking aids, wheelchairs, specialist beds and tilt tables all of which require safe moving and handling techniques and dexterity, often manoeuvring in confined spaces or transporting equipment within the wards or department settings.
- A significant element of walking, standing and working in confined spaces on a daily basis.
- May need to adopt static postures for lengthy periods whilst assisting dependent patients e.g. following a stroke. This requires a significant degree of physical strength and endurance and manual handling techniques.
- Working in conditions which may involve daily exposure to infection and bodily fluids including sputum, vomit, blood and urine.
- Working in an environment which may involve daily exposure to fleas and lice and to verbal and physical aggression e.g. swearing, punching, biting and scratching.

17. MENTAL EFFORT

- Maintaining high levels of concentration when assessing and treating patients, attending meetings, analysing documentation and presenting reports.
- Dealing with unpredictable events (e.g. falls, patient illness) and interruptions which may include assisting colleagues and requests for information.
- Exercise increased management role in the absence of a Senior /lead clinician
- Continuous high levels of motivation and encouragement are required to keep patients on task during a treatment session.
- Work load priorities vary to meet service requirements
- Writing MDT notes and reports as required for external agencies.
- Negotiating and influencing skills
- De-escalation of volatile situations
- Conflict management
- Dealing with challenging behaviour
- Dealing with changing resource provision

18. EMOTIONAL EFFORT

- Communicating with distressed, anxious and worried patients and relatives.
- Treating terminally ill patients.
- To deal appropriately with patients with varying levels of anxiety, aggression and pain.
- Stress when managing a caseload with time constraints.
- Coping with the management of complaints
- Providing episodes of care that challenge individual beliefs and values.
- Balancing the support for carers with the protection of vulnerable groups.
- Managing patients who may be terminally ill or have long term degenerative conditions, deteriorating prognosis and/or difficult social, emotional, behavioural, communication or mental health status - weekly.
- Dealing with carers and/or family who may be distressed, angry or confused -frequently.
- Imparting unwelcome information to patients, carers and family regarding rehabilitation prospects - frequently.
- Dealing with challenges and at times complex feedback when undertaking performance review.

19. WORKING CONDITIONS

- Daily exposure to body fluids and offensive odours e.g. sputum, sweat, faeces, urine, head and body lice, MRSA.
- Some exposure to a degree of verbal abuse from patients, relatives ,members of the public
- At times lone working with a diverse clinical caseload within the hospital secondary to team leader leave

20. JOB DESCRIPTION AGREEMENT

Job Holder's Signature:

Date:

Head of Department Signature:

Date:

Job Title: Physiotherapist

Department: Physiotherapy

Location: The Balfour

FACTOR	ESSENTIAL	DESIRABLE
QUALIFICATIONS TRAINING RESEARCH PUBLICATIONS	Degree equivalent professional qualification in physiotherapy and HCPC registration Evidence of current CPD activity	Training/qualification in area of special interest Involvement in research /audit
EXPERIENCE	Competency and clinical experience expected after completion of a range and variety of rotations; experience must include; Elderly Medicine, Respiratory, HDU, General Medicine, Neurology, Oncology and Orthopaedics Recent significant clinical experience within Inpatient areas.	Previous experience at this level Previous on-call experience. Special interest in respiratory Staff/Student supervision experience.
KNOWLEDGE AND SKILLS	Excellent communication and listening skills. Alert and quick thinking Good organisational skills Prioritisation of workload subject to staffing Communication skills necessary to perform this role safely and effectively. Report writing. Experience of working in a multidisciplinary team Awareness of evidence base for interventions IT skills	Appraisal skills Awareness of research techniques Discharge planning and community services
PERSONAL QUALITIES	Excellent interpersonal skills Evidence of ongoing CPD Dependable and good time management Able to participate in an out of hours rota Adaptable/flexible Ability to prioritise own workload evidence of being able to manage competing priorities.	