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| 1. JOB IDENTIFICATION

**Job Title:** Specialist Occupational Therapist, Front door Team**Department(s):** Occupational Therapy/Physiotherapy**Job Reference number**  |
| 1. **JOB PURPOSE**

The specialist Occupational therapist within the front door team works within an integrated Physiotherapy and Occupational Therapy Service covering the emergency department, AAU and medical receiving units.Our aim is to provide an integrated OT /PT service which focuses on admission avoidance.Presence at ‘Front Door’ will prevent unnecessary admission, ensure earlier identification of patients who are being admitted, support to medical /Nursing staff in the signposting for downstream referral, and decreased length of stay (LOS) and effective discharge focus. The service will be delivered with a single point of contact with blurring of professional roles.As an autonomous practitioner this post will manage complex clinical presentations, make quick decisions on discharge, risk assess applying specialist knowledge and skills and work within a complex time pressured environment. The post will have strong links with community teams to allow for rapid referral and a seamless service.To participate in the planning, development and evaluation of the service and contribute to the maintenance & development of the service, taking a lead for specific projects. To deputise for team lead in their absence, taking responsibility for operational issues.  |

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| **5. MAIN DUTIES/RESPONSIBILITIES****Clinical**To provide an integrated, patient-centred service to patients in hospital and in their homes. This includes patients who present with highly complex physical, cognitive, psychosocial and housing needs because of their disease, injury, illness and any other pre-existing conditions.Assessing and diagnosing impairments which result in functional, physical, cognitive, perceptual, psychosocial and sensory deficits. This may involve using functional assessments together with formal standardised and non-standardised assessments.To independently plan and implement treatments, using advanced clinical reasoning, critical thinking and reflection to monitor, evaluate and modify treatment, evaluate outcomes and ensure effectiveness of intervention.To deliver specialist intervention using principles of graded activity and a wide range of treatment techniques i.e. neuro-developmental therapeutic handling techniques, functional and remedial activities, equipment provision, education and health promotion.To effectively and efficiently manage a complex caseloadTo provide specialist advice on a range of functional issues including pain management, joint protection, lifestyle changes, energy conservation. Work as a key member within AHP and multi-disciplinary teams to ensure effective communication and delivery of care.Maintain patient documentation as per College of OT standards. Record accurate statistical information to reflect care provided to meet professional standards.To promote safe discharge from hospital by conducting functional and home assessments to determine the patient’s ability to cope at home. Provide specialist recommendations/ judgements balancing risk, safety, client choice, areas of conflict, cost effectiveness and eligibility for services.To assess for and recommend specialist equipment and/ or adaptations including wheelchairs and specialist seating.To provide specialist advice to the multi-disciplinary team when required, on the management of patients within the specialty e.g. strategies for coping with perceptual/ cognitive/ behavioural problems & falls.Contribute to the implementation and evaluation of appropriate national guidelines within the specialty to ensure effective patient care from organisations such as NANOT; RCP; SIGN and Quality Improvement Scotland.Attend and report in clinical review meetings, ward rounds, case conferences, ensuring effective communication and co-ordination of patient care.To assist team leader in the development of local guidelines.**Managerial**Very Occasionally deputise for Line Manager to maintain continuity of service delivery in their absence e.g., annual leave, sickness, absence recordsSupervise clinical workload of junior staff, providing direct and indirect supervision ensuring continued professional development and performance review to promote personal and service development.Take responsibility for the day-to-day management of junior staff and delegate tasks or dutiesIdentify and address performance issues with junior/ support staff with support and guidance from line manager.To identify, design and organise and participate in designated audits, journal club and clinical effectiveness projects to support Clinical Governance agenda and present results in line with annual clinical team plan. Take active role to interview staff, be involved in the recruitment process and induction of new staffAdhere to the Trust Health & Safety policy to provide a healthy and safe environment for both staff and patients –infection control; waste disposal, fire, house cleaning and safe use if equipment/ machinery.To participate in the planning, development and evaluation of the integrated OT/PT Service – developing/ implementing team policy and procedures.**Educational**Develop and update clinical knowledge and management skills in relevant clinical areas to ensure best practice based on evidence to meet patient needs and also requirements for ongoing HPC registrationTo provide leadership, support, guidance, teaching, clinical supervision and performance review to junior Occupational Therapists and Support workers.Attend, develop and deliver elements of the AHP team in-service trainingTo participate in the education of nursing, medical and other multi-disciplinary team members to promote knowledge of the team's role and to enhance patient care. This may take the form of workshops or presentations to large formal groups.Independently supervise and provide specialised training to Occupational Therapy students on professional practice placements ranging from 4 to 15 weeks and to provide written reports for the relevant academic institution regarding student performance.To participate in marketing activities to highlight the profile of the ServiceAttend mandatory training e.g., CPR, fire lectures, violence and aggression and manual handling and ensure modules do not lapse.Use of academic searching techniques in electronic databases in pursuit of evidence-based practice to support and develop best practice.Provide specialist expertise and advice to OTs working at generalist and specialist level and multidisciplinary professional colleagues at local, regional and national level (dependant on specialty). |

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| 1. **SYSTEMS AND EQUIPMENT**

Use 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.To take responsibility for the maintenance, repair and infection control of Occupational Therapy equipment in the specialty.To understand, appropriately select and monitor safe use of ADL equipment including recommendations for special orders and to make referrals where necessary.Use a variety of standardised patient assessments which require technical expertise in their execution and interpretation. **Activities of Daily Living Equipment** Dressing e.g., stocking aids, helping hands, button hooks, adapted laces Feeding e.g., adapted cutlery, specialised crockery. Toileting e.g., bottom wiper, raised toilet seat, toilet frames, commodes, bidets Kitchen e.g., kettle tippers, Rutland trolley, jar opener, adapted knives, tin openers, tap turner Transfers e.g., bed rails, high chairs, cushions, mattress elevators, sliding boards, rope ladder Bathing e.g., bath boards, bath seats, swivel bather, shower boards, electronic bathing  equipment, shower stools Mobility e.g., mobilators, trolleys, delta walkers, banisters and rails, wheelchairs **Splinting** Splinting bath, heavy duty knives and scissors, splinting materials Able to apply a variety of specialist splints i.e., air splints, AFOs and be aware of contra- indications. **Treatment / Rehabilitation** e.g., plinths, varitables, upper limb remedial activities**Assistive Technology** IT systems, ELINK, lightwriter, environmental controls, mobile phones**Moving & Handling Equipment**Standard hoists, turning discs, wheelchairs and specialist seating**Miscellaneous** e.g., flipchart, easels, overhead projectors, TV, video, power point projectors**Computers**Use of computers programs, including using Word, Excel, PowerPoint, for production of patient reports; input to EQUIPU internet ordering system; production of handouts/ presentations and other information relevant to specialty or site. Use of Outlook to communicate with other staff and access divisional electronic notice board.Use of internet for educational purposes**Patient Information System**To access patient details and information regarding hospital appointments/ admissions **Patient Documentation System**To use integrated documentation system and record OT interventions carried out with patients. This includes OT referrals to other agencies. To use any documentation as required by the development of single shared assessments and from the OT integration process with Primary Care and Social Work services**Health & safety Systems**Complying with all Health and Safety procedures and ensure these are adhered to by junior staff on individual sites, this includes the Guardian Angel system. |
| **7. DECISIONS AND JUDGEMENTS****Site**Co-ordinate, prioritise, delegate and review on a regular basis, the clinical caseload and non-clinical tasks of junior staff within site, in liaison with AHP Co-ordinator.Work autonomously dailyIndependently manage work timeTo independently change & re-assess priorities throughout the day as competing demands emerge**Referrals**To use advanced clinical reasoning skills based on specialised knowledge of the disease process to decide appropriateness of referrals and whether Occupational Therapy will have a positive effect on the patient’s function/ disability/ illnessPrioritise referrals using specialty priority systemRefer to other appropriate agencies as required**Clinical Care**Following functional assessment, regularly using advanced clinical reasoning, select appropriate assessments to identify specific patient impairment and formulate appropriate treatment plan, to meet specific patient needs.Take lead role in the assessment & management of risk associated with patient discharge and make recommendations to secure safe and effective discharge in light of this information.To review treatment programmes regularly to ensure ongoing effectiveness and outcome.Dealing with patients who wish to self-discharge during a home visit or community treatment.**Assignment of work**Clinical caseload will be generated by the specific service needs of each clinical area and acted upon by the senior therapist.Senior therapists will also delegate other non- clinical tasksWork independently on a day-to-day basis with Team Lead support if required.Senior Occupational Therapist will provide induction, performance review and on-going regular and direct supervision for own staffParticipate in bi-monthly supervision with clinical team lead, develop Personal Development Plan in line with Clinical Team annual service plan and annual review. |
| **8. COMMUNICATIONS AND RELATIONSHIPS****Patient/ Carer/** To establish therapeutic relationships with patients, consistently demonstrating empathy, empowering and motivating patients; to educate re symptom management, effect on functional performance and management of same to maximise and maintain independence and quality of life.To provide specialist advice regarding appropriate equipment / adaptations, communicating technical knowledge and health & safety of equipment.Daily responsibility for communication of difficult/ complex sensitive information to patients/ family carers maintaining client confidentiality at all times, in line with Caldecott guidelines. To offer support & re-assurance as required empowering and educating patients and carers to cope and come to terms with loss and disability and help plan for the future. There may be barriers to acceptance and understanding e.g., sensory loss, cognition problems, response to unwelcome news.To communicate with the rest of the multi-disciplinary team all aspect of the occupational therapy intervention with specific patients. This includes providing written reports / record of events in line with legal requirements and professional standards; verbal feedback at MDT meetings and informal verbal feedback to staff.To frequently refer to, liaise, communicate and negotiate with a wide range of external agencies including social work, voluntary sector, primary and secondary health care services to meet our patient’s needs.**Staff**To assist site/ clinical team lead to gather, collate & disseminate information to staff. This includes professional, strategic, training and organisational information  |
| **9. PHYSICAL DEMANDS OF THE JOB****Physical Skills**I.T skillsMoving and handling of patients or provide physical assistance. This may include assisting patients who have significant physical, cognitive or behavioural impairments.Therapeutic handling i.e., facilitation of movement, upper limb manipulation, sensory stimulation and tone reduction **Physical Demands** Occasionally moving and handling equipment of varying size and weight (maximum weight – 10.5 kg) to patients’ homes/ wardsPush trolleys/ wheelchairs.Stand/ Walking for major part of the working dayTherapeutic handling – physical exertion / endurance required to seat and position complex patients or transfer using mechanical aid.Working in confined spaces, kneeling for periods of time.Equipment adjustments |
| **10. MOST CHALLENGING/ DIFFICULT PARTS OF THE JOB** Undertake a mentally and physically demanding job, whilst at the same time taking care to safeguard their own health & safety as well as that of colleagues and patientsContinually develop & maintain clinical knowledge in own specialty (some required to do 2 specialties)Due to the nature of managing a complex caseload of patients, the post holder will frequently be required to deal with patients experiencing a variety of distressing and emotional circumstances. This includes supporting patients and carers through acute, chronic or terminal illness where the patient can be familiar to the Therapist through repeated admissions. Therapist must be highly skilled and adept in ability to support both patient and carer whilst maintaining secure sense of self and professionalism.Ability to challenge senior/ medical staff when experiencing a difference of professional opinionAbility to deal with unrealistic expectations from patients / carers / junior staff regarding future outcome of therapy –including frustration, aggression, denial, lack of insight and unrealistic goal settingWorking with a client group constantly aware of stigma attached to their condition/ lifestyle e.g., HIV positive. Dealing frequently with ethical issues around confidentiality and disclosure of diagnosis.Accurate assessment of risk associated with community visitsOccasionally working with patients who are asylum seekers and have been victims of torture, physical and emotional violence in their home countriesOccasionally working with people who present with challenging behaviour and may be aggressive or resistant to interventions. **Mental Demands** Prolonged concentration required when assessing and treating patients, also complex report writingFlexibility required to deal with unpredictable demands of the jobOften must make quick on the spot decisions, continuously assessing risk, with outcome affecting safety of self and / or patients. Dealing regularly with cognitively impaired patientsUsing acquired skills to prevent situations from becoming volatileBalancing clinical vs. non clinical prioritiesOften dealing with complex clinical and non- clinical cases and providing advice and support for these.Frequent revision of decisions made about work priorities considering additional incoming demands on the service**Emotional Demands**Impart highly sensitive information regarding support required / likely outcome of therapy and future placement.Dealing with challenging behaviours including working with people demonstrating verbal  and / or physical aggression and potential for self-harmDiscussing sensitive issues with patients, relatives or carers Treating terminally ill patients with varying degrees of acceptance of illnessDealing with patients who are in emotional distressDealing with patients who are in pain**Environmental**Frequent exposure to body fluids, faeces, unpleasant odours.Occasional exposure to verbal aggressionOccasional exposure to physically aggressive behaviourOccasional exposure to unsanitary conditions in patients’ homes.Occasional risk of exposure to fleas, head lice, scabies, etc.Occasional exposure to drug and alcohol abusers during home visits with Occupational Therapist.Frequent exposure to infection**Lone Worker**Following a risk assessment, a decision is made to complete environmental visits, equipment delivery or check visits alone. |
| **11. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**Honours / Diploma / Degree in Occupational Therapy and will be a registered Occupational Therapist with the Health Professions CouncilThe post holder will have been qualified for a minimum of 3Knowledge of current best practice in chosen specialtyDocumented evidence of commitment to CPD and post graduate learningAdvanced communication skillsAbility to work independentlySupervisory experienceAwareness of learning needsExperience of audit |