#### **JOB DESCRIPTION**

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| 1. JOB IDENTIFICATION |
|  Job Title: Job Title: Advanced Paediatric OrthoptistResponsible to:Lead OrthoptistDepartment(s): OrthopticsDirectorate: OphthalmologyOperating Division: NHS Lothian – University Hospitals DivisionJob Reference: 158379No of Job Holders: 2Last Update : July 2023 |
| 2. JOB PURPOSE |
| To provide a specialised Orthoptic service, as an autonomous practitioner, to a diverse patient caseload involving assessing, diagnosing, treating and monitoring defective visual development, ocular motility problems and defective binocular vision.To be a lead clinician for one or more paediatric specialist area - First Surgical Assistant in theatre, Visually impaired children, complex paediatric ocular motility and orthoptic vision screening.Leadership role in developing skills and practice within the orthoptic and multidisciplinary team within specialist area(s).Clinical tutor delivering clinical teaching to undergraduate orthoptic students. |
| **3. DIMENSIONS** |
| The orthoptic department provides orthoptic service over 4 acute hospital sites and health centre/community treatment centres across Lothian.Referrals are received from community optometrists, Ophthalmologists,General practitioners (GP’s), Health visitors, Paediatricians, Neurologists, Maxillo-facial and stroke services.**Clinical Activity**Outpatient attendance’s :13,000 patients seen annually.Paediatric neuro-ophthalmology clinic-4 clinics per month.Adult neuro-ophthalmology clinic- 12 clinics(sessions) per month.Functional vision clinics- 5 clinics per month.Visual field service-10,000 patients seen annually. Screening: 9,950 of pre-school children annually (at 400 nursery sites and locality clinics).**Staffing Responsibilities:**Leadership role in developing skills and practice within the team including delivery of competency training for CSW support staff.Responsible for clinical supervision and other staff groups within specialist area(s). |
| 4. ORGANISATIONAL POSITION |
| Lead Orthoptist Deputy Lead/Advanced Orthoptist**This post**Specialist Orthoptists Orthoptic administratorOrthoptistsField technician/Orthoptic AssistantsAdvancedOrthoptists |
| 5. ROLE OF DEPARTMENT |
| The Orthoptic Services sits within the Ophthalmology Dept. Patients are seen in outpatient services at the main bases Princess Alexandra Eye Pavilion and St John’s Hospital and specialist clinics at the Royal Hospital for Sick Children. DCN outpatients at Western General Hospital and Community treatment centres.**Key Responsibilities of the department are**:The provision of high quality Orthoptic assessment, diagnosis and care to all patients with a diverse range of clinical conditions across acute and community settings.Visual field technical service provided at the Princess Alexandra Eye Pavilion providing field service for predominately glaucoma services for Edinburgh, East and Mid Lothian.Delivery of pan Lothian pre-school orthoptic vision screening service. |
| 6. KEY RESULT AREAS |
| 1.To support NHS Lothian’s values of quality, teamwork, care and compassion, dignity and respect, and openness, honesty and responsibility through the application of appropriate behaviours and attitudes.**Clinical(80%)**2.To triage direct referrals into the service and priortise urgency and act independently to assess,diagnose and formulate individualised management and treatment pathways using advanced clinical reasoning and a wide range of treatment skills and discharge patients appropriately liasing with other specialities to provide integrated care pathways for individual patients i.e. community optometrists and consultant ophthalmologists.3.To undertake pre and postoperative measurements of ocular motility defects,discuss surgical options and identify and discuss post operative risks with patients/carers and consultant ophthalmologist and thereafter assist surgeon in post operative adjustment suture technique. 4.To identify and advise patients of their responsibility to contact the DVLA when their visual impairment does not meet driving standards and identify potential adult and child protection issues and escalate accordingly.5.To use a range of verbal and non-verbal communication e.g. Makaton and written mechanisms to explain treatment plans to patients and carers with hearing or non-communication disabilities and to deal clearly and sensitively with patients and carers to instruct and gain informed consent on treatment plans.6.To undertake the role of first theatre assistant to the paediatric ophthalmologist during strabismus (squint) surgery using highly developed specialised skills and knowledge involving scrubbing up and aseptic techniques and requiring in-depth knowledge of anatomy and physiology of surgical area to accurately measure, cut, swab and handle tissues during the paediatric eye muscle surgery procedure.  7.Lead clinician on orthoptic led post operative paediatric strabismus clinics undertaking orthoptic assessment that includes measurements, ocular motility and visual acuity including modification of the spectacle prescription to achieve the optimal surgical result previously undertaken by consultant ophthamologists. In this extended role undertake review of ocular signs and symptoms with slit lamp or direct ophthalmoscope examination with appropriate orthoptic review or onward referral of patients to paediatric ophthalmologist within agreed guidelines.8.Lead clinician for development and co-ordination of the orthoptic service for children with Visual IImpairment within NHS Lothian involving cross boundary working within education and social services and use and interpretation of many additional tests/examination techniques that are in extended scope of practice providing specialised assessment of Visually Impaired Children in multi-disciplinary clinics.  9.To provide unique expert and understandable advice to parents/carers, educators and multidisciplinary colleagues to facilitate their understanding of hidden sensory loss associated with visual impairment and implementation of care strategies to maximise residual vision within home and school environment and play an active part in the managed clinical network VINCYP (Visual Impairment Network for Children and Young People).10.To Assess, diagnose and treat children with complex multiple disabilities on specialist paediatric clinics. Caseload includes children with complex neurological disorders, high level medical needs and autistic spectrum disorders. Liaising with other members of the multidisciplinary team all contributing to the management of the whole child where changes in visual signs can be indicative of progression of disease and when medical intervention is indicated.11.To undertake specialist neurological visual field assessment using the Octopus 900/Goldmann perimeter determining the clinically appropriate visual field assessments required with analysis and interpretation of highly complex visual field results for neurological progression to determine/alter future clinical management. 12.To maintain documentation, records and statistical information to reflect care and meet professional standards and undertake measurement and evaluation of own work and current practices through the use and application of evidence based practice.13.To participate in the enhancement and delivery of pre-school visual screening programme in Lothian in accordance with national guidelines.14.To take responsibility for adhering to existing policies and where appropriate to propose changes and implement new policies in own area of responsibility.**Managerial(10%)**15.Provide leadership within specialist area to promote high quality patient journey sharing expert clinical knowledge to implement best practice that includes recognising learning needs within the team and driving improvements in orthoptic testing and treatment plans with supervising/mentoring staff within specialist area.Alongside Consultant Ophthalmologist(s) and Lead Orthoptist, development and implementation of orthoptic clinical protocols and standards for the specialist area at local and national level.16.To assist the Lead and Deputy Lead Orthoptist in managing change and meeting departmental targets. This includes organisation of staff rota’s to ensure the service runs smoothly and adapt to change as it arises and be responsible for review on TURAS of allocated reviewees.**Education(10%)**17.Responsible for the delivery of competency training programmes to field technician/orthoptic assistant staff and participate in the education and development of other members of the multidisciplinary team to inform and promote a better service for patients i.e. Paediatric Community Registrars, Community Medical Officers, Student Nurses, pre-reg Optometrists and Health Visitors.18.To take a shared responsibility with the orthoptic clinical tutors for delivery of clinical teaching of undergraduate orthoptic students.19.Encourage and develop research and innovative practice through clinical audit/research. |
| 7a. EQUIPMENT AND MACHINERY |
| The following are examples of equipment which will be used when undertaking the role.**Electrical**:Snellens charts,synoptophore,Lees screen,Goldmann perimeter,Octopus 900,Humphrey field analyser,worths lights,focimeter.**Non electrical**: Lensbox,loose prisms,Fresnel prisms,prism bars, flippers,Cardiff acuity,keeler cards,kay pictures,logmar crowded,near vision tests,contrast sensivity,confrontation fields-stycar balls, Frisby, TNO,Lang stereotests, sbiza bar, neutral density filter, bagolini glasses, Maddox wing,Maddox rod,overlays and rate of reading test,RAF rule,colour vision tests for adults and children.**Additional equipment in role as Surgical Assistant:** Chavasses squint hooks,Calipers,Westcott scissors,Moorfields pincers.**Additional equipment in role in post operative childhood squints:** Direct ophthalmoscope, hand-held slit lamp. **Additional equipment in role of Visual Impairment:** Contrast sensitivity tests,finger lights, Stycar rolling balls,tests of simultaneous perception.The post-holder is expected to have full knowledge of all equipment used in the area but may not have daily clinical involvement of all equipment. He/she is responsible for ensuring that all equipment is fit for purpose, maintained, compliant with all Health and Safety Regulations and any incidents are investigated and rectified in accordance with Policy. |
| **7b. SYSTEMS** |
| The following are examples of systems which will be used when undertaking the role:Intranet – to obtain local Divisional information.Internet – to obtain professional, research and other Health Service related information.E-mail – to send and gain information.SSTS/Empower/PECOS/eKSF/TURAS.Working knowledge of Microsoft Office/Excel packages.**Note:** New systems may be introduced as the organisation and technology develops, however training will be provided. |
| 8. ASSIGNMENT AND REVIEW OF WORK |
| Clinical caseload generated by service demands from various sources including Consultant Ophthalmologist, Specialist Medical Practitioners, GP’s, Health Visitors, Optometrists, School Nurses and Community Medical Officers.Postholder will have regular 1-1’s and annual PDPR with the lead orthoptist.The post-holder will be professionally accountable for all aspects of own work, including management of patients in own care. Has ability to prioritise own caseload and that of other staff members in absence of Lead and Deputy Lead Orthoptist. |
| **9. DECISIONS AND JUDGEMENTS**  |
| For patients being solely managed within orthoptic only clinics postholder is required to make decisions and judgements based on clinical signs and symptoms they have identified. These may be conflicting or require a differential diagnosis to make decision on review/discharge or to decide when appropriate for surgical management,eye drop treatment or further investigations such as scanning would be warranted and consultation with the ophthalmologist is required.As first assistant in theatre required to react to unexpected findings perioperatively and discuss and advise where appropriate the implications and modification to planned procedure with the surgeon. Instillation of eye drops including local anaesthetic, ocular lubrication and antibiotic eye cream/drops during surgery and post operatively. Deciding on requirement of eye drops taking into account all clinical considerations which include general health/various medical conditions, previous medication and allergies when dispensing this medication. Applying judgment on a range of managerial issues that may arise when deputising for Lead or Deputy Lead Orthoptist in periods of absence and be required to manage and prioritise workload effectively when conflicting service needs arise ensuring excellent time management.During clinical teaching of undergraduate orthoptic students, job holder to apply discretion when evaluating student performance during clinical assessment of patients and when measuring student competence and knowledge against objectives and criteria set by the university. |

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| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| To communicate complex patient related information effectively to patients and their carers to ensure understanding of condition gaining consent to allow initiation of effective treatment.Assessing a child with complex needs and visual impairment requires highly reactive and excellent judgement skills and inherent decision making. |
| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| The post holder should develop good communication links with following groups:**Internal**Staff within orthoptic department – Daily.1.Administrative staff- to advise for smooth running of department.2.Lead Orthoptist- for professional advise and support.3.Orthoptic and support staff-daily-Advise and support.Nursing, medical and support staff in the department-daily-professional advice and support to other members of ophthalmology team to provide best care for the patients. Other Health professionals-as required-regarding service provision and processes to aid referrals,professional advice.Community Paediatricians/Community Child Health- as required-ensure service delivery relating to visual screening programme.The post-holder must have a range of highly advanced verbal and non-verbal communication skills in order to assess, diagnose and manage. This includes patients with impaired communication and comprehension. To recognise and overcome barriers to communication and comprehension for example: learning disabilities; patients with complex sensory loss, i.e. speech, visual and/or hearing; aphasia/dysphagia; where English is not the first language.To sensitively explain the details of the medical condition, components of which are typically highly complex. This requires developed communication including persuasion skills, using a holistic approach. Patients or parents/carers may have no knowledge of the visual consequences associated with particular medical conditions and/or have difficulty accepting the diagnosis and/or prognosis~~.~~**External**External links include GPs, district nurses, health visitors, opticians and the Social Work Department- as required- regarding service provision and processes to aid referrals,professional advice.Educational Services for the visually impaired- as required- on functional clinics with VTVI (visiting teacher visual impairment staff).Patients and their families/carers-daily-clinical advise and support.School Nurses and nursery school staff - as required-guidance on referrals/for smooth running of visual screening service.Edinburgh Univerity/Glasgow Caledonian University (undergraduate orthoptic student placements) and other HEI’s- as required- for delivery of undergraduate student placements. |
| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical:**High degree of manual dexterity and refined hand/ eye coordination, precison for accurate measurements (of ocular alignment) that informs surgical decision using specialist equipment and especially when assisting in theatre. Highly developed skills are vital when assessing neonates/young children during clinical examiniation with twisting and adjustment of own body to accommodate position of child. Manual dexterity also required for frequent instillation of eye drops, particularly in paediatric patients used for diagnosis of visual problems. **Mental:**Concentration required when:Undertaking assessment and diagnosis during clinics where patients are seen frequently and successively. These patients have a variety of conditions and therefore require different treatment and management plans, including explanations of these to patient/carers where as large proportion of paediatric caseload often frequent interruptions during assessment by child or accompanying siblings that requires post holder to adapt ensuring clear explanation of condition, treatment plan and understood by parent. During assessment to issue clear clinical documentation for parents to hand over to community optometrists when refraction (glasses test) required and complete accurate written advice for parents when commencing treatment.Interuptions from other clinical staff (orthoptists,nursing,medical staff) at times during clinical assessment or writing up of clinical report with requests for specialist information and advice generaterating demands on concentration.**Emotional:**Frequent compassionate communication with distressed/anxious/worried patients and relatives of children with complex needs and life limiting conditions including unwelcome news on diagnosis/treatment. For example imparting details of previously undiagnosed visual defects to parents that may impact on child’s ability to drive in future or adaptation to career options or in a child with a brain tumour.Exposure to difficult/distressing circumstances. For example a child who has a brain tumour/genetic condition where progression of visual defect can indicate deterioration of their condition or diagnosis of vision defect being the first sign and indication of previously undiagnosed life threatening or life changing systemic condition.**Environmental Conditions:**Occassional exposure to verbal and potentially physical aggression.Adapting multi-purpose peripheral sites (e.g. health centre rooms) for specific clinic needs.Daily direct patient contact. Potential for communicable diseases due to nature of paediatric patients with possible communicable diseases and odours.e. soiled nappies and daily exposure to body fluids(i.e tear film)Requirement to travel |

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| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| Diploma or Degree in Orthoptics.Registration with Health Professional Council(HCPC).Post graduate clinical experience with highly developed specialist knowledge of orthoptic clinical practice and completion of in-house competency training programme from professional body ratified standards within the following specialist paediatric areas of orthoptic practice:-paediatric visual impairment, paediatric complex motility clinics and First Theatre Assistant (level 7 on AHP career framework for Advanced practice).Post registration qualification in one of the following: a specialist area of Orthoptics,within research/audit, clinical teaching qualification (Masters clinical teaching module) or evidence of previous leadership/management,mentoring/supporting junior staff.Exemptions Postgraduate certificate (level 11 SQF Framework) for administering/supplying agreed list of eye drops for diagnostic/treatment.Evidence of excellent communication skills.Evidence of leadership skills and an example of service development within a previous role. |
| **14. JOB DESCRIPTION AGREEMENT** |
| A separate job description will need to be signed off by each job holder to whom the job description applies.Job Holder’s Signature:Head of Department Signature:  | Date:Date: |