

***NHS GREATER GLASGOW AND CLYDE***

# JOB DESCRIPTION

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# SAHP031

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| **1. JOB IDENTIFICATION** | |
| **Job Title:**  **Grade :**  **Hours :**  **Responsible to:**  **Accountable to:** | Therapy Support Worker – (NRU) Neurological Rehabilitation Unit  Band 3  37.5 hours  AHP Team Lead, NRU  Chief AHP Regional Services |
| **Department(s):** | Physiotherapy/ Occupational therapy –– NRU, Queen Elizabeth University Hospital  Regional Services NHS GGC |
| **Job Reference number (coded ):** |  |
| 1. **ROLE OF THE THERAPY SERVICE**   NRU provides specialist rehabilitation for neurological and major trauma patients within NHS services in the West of Scotland. Within this the therapy service delivers high quality, patient centred physiotherapy and occupational therapy as part of a multi-disciplinary team.  The key responsibilities of the service are to provide specialist inpatient assessment, diagnosis, treatment and discharge planning. Therapeutic management utilises a range of physical, behavioural and cognitive modalities to regain function following surgery, illness, injury, dysfunction or disease. This includes the management of highly complex patients and their carers to improve quality of life. There is also a key role in health promotion. | |
| 1. **JOB PURPOSE**  * Assists qualified physiotherapists (PT) and occupational therapists (OT) with the delivery and implementation of patient treatments within NRU. * Assists qualified OTs with community integration work and home visits. * Treatments may be 1:1 or involve multiple therapy staff to support patient rehabilitation. * Group work is used to run both education and practical sessions. * Completes OT and PT interventions for patients assessed and referred by a Physiotherapist and Occupational therapist and may carry these as own caseload. * Undertakes direct and indirect patient care. * Carries out clerical and general housekeeping duties including cleaning, stock monitoring and ordering * Undertakes clerical and admin work including maintain databases and appointing patients * Writes patient notes in line with PT/OT standards using electronic patient records  1. **ORGANISATIONAL POSITION**     AHP Team Lead  Occupational Therapists  B7-5  Physiotherapists  B7-5  Generic Support Workers B4  Generic Support Workers B3 – Including this position | |

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| **4. SCOPE AND RANGE**   * Works within NRU, QEUH – some treatment sessions may be undertaken out with NRU in other QEUH wards or in patient’s homes but the majority would be based in NRU. * Assists therapists with treatment sessions and holds responsibility for own caseload as delegated by the PT/OT * Works within the specialty, with and without direct supervision * Has responsibility for organisation, prioritisation and time management of own   patient caseload as delegated by the physiotherapist/ occupational therapist | |
| **5. MAIN DUTIES/RESPONSIBILITIES**  These may be carried out with or without direct supervision  Clinical   * Assists the therapist in the rehabilitation of patients using a range of delegated exercises and manual physical therapy treatments * Manages the rehabilitation of patients as delegated by the physiotherapist or occupational therapist and is responsible for assessing patient progress and reporting back to the physiotherapist or occupational therapist. * Instructs patients and advises carers, providing direction and guidance on a range of physical therapy, mobility and functional activities. This is within an active approach to regaining and maintaining personal independence as part of own clinical work or as directed as necessary by the physiotherapist or occupational therapist * Assisting patients with personal care tasks as part of the therapy process. * Practice of activities of daily living to improve function and independence of patients. * Ensures valid consent has been gained for the programme of care * Where specific protocols allow undertakes basic initial assessment of patients * Undertakes individual treatments or group treatments as appropriate. * Undertakes initial information gathering from patients, which may include discussion with relatives/carers and accessing relevant databases/systems. * Documents accurate records of work undertaken and keeps monthly statistics as required, including documenting patient contacts in line with CSP, COT and service standards. * Liaises with the physiotherapist or occupational therapist as necessary regarding patient care. In particular highlighting any variations to expected outcomes from treatment programmes delivered * Contributes to development of patient care by attending relevant team, departmental or other appropriate meetings * Manages and prioritises own patient caseload as delegated by the physiotherapist or occupational therapist * May be asked to assist with the induction and orientation of new support workers or rotational members of staff   Admin   * Collates and enters statistical data onto the relevant database or appropriate record store * Is responsible for the administrative arrangements for organising clinics, e.g. books clinics, rooms and equipment * Provides clerical duties e.g. scanning, photocopying and filing * Reporting faulty equipment & environments   Housekeeping   * Is responsible stock maintenance and ordering * Keeps the department tidy, cleans the therapy equipment regularly andensures that no damaged or problem equipment is used in line with infection control and health and safety standards.   Personal development   * Regularly attends and occasionally delivers departmental and   specialty team in-service training programme to promote own personal development   * Participates in the departmental Personal Development and Performance Review   system to promote personal and service developments   * Develops and maintains a record of Continuing Professional Development activities,   which reflects training and experience equivalent to SVQ level III | |
| 1. **SYSTEMS AND EQUIPMENT**  * Applies and monitors safe use of therapy equipment including electrotherapy, exercise equipment, orthotics/appliances, walking aids,   nebulisers   * Safely uses additional patient care equipment including specialist beds, hoists, stand aids, sliding sheets and wheelchairs * Is competent in the use of current documentation systems e.g. Integrated   Care Pathways   * Demonstrates a working knowledge of relevant IT systems and software   packages e.g. Physiotools (exercise programme package)   * Regularly cleans and checks equipment e.g. resuscitation trolley and reports any defects or faults | |
| **7. DECISIONS AND JUDGEMENTS** Recognises changes in patients’ general condition affecting suitability fortreatment and feeds back findings to relevant therapist  * Follows protocol based programmes of care * Undertakes basic risk assessment regarding patient condition and environment to ensure patient and staff safety | |
| 1. **COMMUNICATIONS AND RELATIONSHIPS**  **Patients and relatives/carers**  1. Communicates basic clinical information effectively and appropriately with   patients and their carers, using a range of verbal, non-verbal and written skills.  (This may involve conveying clinical terminology into lay terms and communication with those with speech difficulties eg following head injury or MS)     1. Provides and receives basic clinical information regarding assessment, diagnosis,   prognosis and treatment, to encourage patient compliance   1. Identifies and modifies the most appropriate communication method depending   on the individual requirements e.g. hearing or visual impairments, cognitive  impairment, learning difficulties, language differences, disinterest or  perceptual problems   1. Provides support, reassurance, encouragement and information to patients and   their carers as part of the rehabilitation process   1. Conveys details of therapy treatment programmes in a manner and at a   rate which is appropriate for every individual, emphasising and reiterating points  as and when necessary to ensure a full understanding   1. 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   1. Conveys information in a particularly sensitive manner when it is contradictory   to patient and carer expectations and desires   1. Utilises appropriate methods and aids e.g. communication charts 2. Demonstrates appropriate skills for dealing with telephone calls from patients or   other health care professionals   1. Listens effectively to patients and carers needs and concerns and reacts or   intervenes appropriately   1. Develops a professional rapport with patients, instilling trust and confidence 2. Demonstrates effective communication strategies to deal with anxious patients   and carers in stressful or emotional situations  **Physiotherapy Staff and Occupational Therapy staff (internal/external to Division)**   1. Has effective 2 way communication with qualified physiotherapy and occupational therapy staff on a daily or more frequent basis 2. Provides appropriate details for transfer of patients for on-going care elsewhere 3. Attends and contributes to general staff meetings and grade meetings   **Multi-professional Team/ Other Agencies e.g. Local Authority, Voluntary sector**   1. Passes on relevant physiotherapy or occupational therapy-related information as directed by the qualified member of staff to facilitate on-going management e.g. assessment findings, progress with treatment, and discharge information 2. Accepts patient related information e.g. from nursing reports and passes this on to the relevant therapist   In keeping with policies and standards, maintains strict confidentiality regarding patient and staff information | |
| As the AHP Service evolves and develops these duties may be amended  to meet the needs of the service**.** | |
| **9. PHYSICAL DEMANDS OF THE JOB** Manual handling of patients on a daily basis. This may include assisting patientswith significant physical, cognitive or behavioural impairment. Patients may bevery immobile, obese or unwilling to move e.g. patients who require supportfor lengthy periods – often from lying to sitting position, sitting to standing andback in one session  * Assisting patients with walking and stair practice – this may include sudden and unpredictable changes in direction of movement or faints/falls which require physical support and/or safe lowering to the floor to avoid injury to patient and staff. This may include the higher risk areas of walking outdoors or using public   stairways Undertaking passive movements of patients’ immobile limbs.Frequent use of equipment such as hoists, walking aids or tilt tables which require manipulation and dexterity, often manoeuvring within confined spaces or having to transport equipment a long distanceA significant element of walking, climbing stairs, standing, working on the floor and within confined and awkward spaces on a daily basisMay need to adopt static postures for lengthy periods whilst assisting dependent patients e.g. following stroke, to regain movement patterns. This requires a significant degree of physical strength and endurance  * May spend short periods using IT equipment – requires awareness of own postures and correct positioning of equipment/seating etc * High level of activity when taking or assisting with group exercise classes * Regular housekeeping tasks such as cleaning or changing laundry once or twice a week * All daily activities require a significant degree of physical strength and endurance   **MENTAL DEMANDS**  On a frequent basis:- Responding to frequent changes in patients’ condition  * Prioritising workload including balancing the demands of multiple   different physiotherapists and occupational therapists   * Prolonged and frequent periods of concentration especially with new and   complex patients with communication difficulties   * Responding to group dynamics eg. during exercises classes    EMOTIONAL DEMANDS On a frequent basis dealing with :-   * patients who have long term chronic illness or progressive conditions * patients who may not be able to return to their own home and require long   term care   * patients who are in pain * terminally ill patients * emotionally labile and/or depressed patients * emotional family members  WORKING CONDITIONS Frequent exposure to:-   * bodily fluids e.g. urine, faeces, blood, vomit, sputum * body odours, fleas, lice * transmittable diseases and infections   Occasional exposure to:-   * potentially dangerous and unpleasant environments during home visits * abusive patients or relatives/carers – this may be physical and***/***or verbal abuse | |
| 1. **MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**  * Undertake a physically and mentally demanding job whilst taking care to   safeguard own emotional and physical health and safety as well as that of  patients and colleagues   * On an regular basis assist with orientation of rotational Band 5 members of staff * Requirement for high level of flexibility – planned activities often reorganised due   to new demands e.g. moving to another clinical area to cover for staff shortages   * Dealing with demanding and uncooperative patients and relatives/carers * Being responsible to several members of staff (both within physiotherapy, occupational therapy and other members of the multiprofessional team) with competing demands | |
| **11. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**  High standard of written and verbal communication skills  On-site training with extensive induction covering clinical conditions and their  management, terminology, professional behaviour etc which equates to SVQ level II,  with CPD reflecting training and experience equivalent to SVQ level III  Interest in the rehabilitation process  Recording of CPD activity  Working knowledge of basic IT – e.g. word processing, use of internet,  Data base management  Within 6 months complete training in:-  Moving & Handling  Cardiopulmonary Resuscitation  Fire Safety  Plus annual updates | |
| **12. JOB DESCRIPTION AGREEMENT**  A separate job description will need to be signed off by each jobholder to whom the job description applies.  **Job Holder’s Signature:**  **Head of Department Signature:** | **Date:**  **Date:** |

PERSON SPECIFICATION

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| **Criteria** | **Essential** | | **Desireable** | | **How Assessed** |
| Personal Traits | * Committed to the development and maintenance of good relationships with colleagues, patients and carers * Evidence of good rapport building and interaction skills * Ability to be flexible and adaptable * Interest and enthusiasm for the post * Ability to carry out a physically demanding job * Able to work as team or independently | |  | | A, I, R  A, I, R  A, I, R  A, I |
| Qualifications and Training | * Evidence of skills to manage delegated caseload. | | * Relevant Health & Social Care qualification. * Statutory training in Basic Life Support, Moving and Handling, food hygiene and fire safety. | | A, I, R, C  A, I, R, C |
| Experience and Knowledge | * Evidence of team working * Understanding of the role of Physiotherapy, Occupational Therapy and the post applied for * Demonstrates evidence and reasons for working within Occupational Therapy and Physiotherapy * Experience of working within relevant clinical area * Experience of implementing programmes of care as prescribed by qualified practitioner and working within agreed scope of practice. | | * Experience working with neurological patients or within rehabilitation * Experience of therapy support worker role | | A, I, R  A, I, R  A, I, R  A, I, R |
| Skills and/or Abilities | * Effective verbal and written communication skills * Experience of interacting with general public * Organisational and initiative skills * Ability to work under supervision/direction of senior members of staff including confidence in reporting back * IT skills * Ability to work within a multidisciplinary team * Good telephone skills * Housekeeping skills | |  | | A, I, R  A, I, R  A, I, R  A, I, R  A, I, R, C  A, I, R  A, I, R |
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| **Key – how assessed** | | | |
| A = Application form | | I = Interview | |
| C = Copies of certificates | | R = References | |
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