# Job Description

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **JOB IDENTIFICATION** | Job Title | **Rotational Physiotherapist** | |
| Department(s)/Location | **P&K Physiotherapy Service**  **PRI** | |
| Number of Job Holders | **5** | |
| CAJE | **SC06-421** | |
| JOB PURPOSE  1. Autonomously provide specialist physiotherapy assessment, diagnosis, treatment, discharge and onward referral of own patient workload. 2. Annual rotational post through medical, surgical, intensive care, high dependency, outpatients, medicine for the elderly, community, orthopaedics, neurology/stroke. 3. Supervise/teach qualified/non-qualified physiotherapy staff, physiotherapy students and other personnel, acting as a source of physiotherapy advice. | | | |
| ORGANISATIONAL POSITION Team Lead Physiotherapist  Postholder  Equivalent Grades x 4  Band 5 Physiotherapist Staff  Physiotherapist Support Staff and Students | | | |
| SCOPE AND RANGE With access to advice and support from senior physiotherapy staff the post holder delivers outpatient and inpatient physiotherapy within: Perth Royal Infirmary (300 beds general hospital) and a variety of community settings and accepts referrals from Hospital Consultants, General Practitioners and other agencies.   1. Perform specialist physiotherapeutic assessment of patients with diverse presentations and complex physical and psychological conditions. 2. Provide a diagnosis/clinical impression, develop and deliver an individualized treatment programme. 3. Responsible for discharge and/or onward referral of caseload. 4. Hold responsibility for own caseload and a defined area of the service working without direct supervision. 5. Supervise, educate and assess the performance of physiotherapy students. 6. Train, supervise, advise and support junior qualified/non-qualified physiotherapy staff. 7. Make recommendations to clinical lead/manager of service for changes to practice by the team. May lead the implementation of specific changes to practice or contribute to service protocols. 8. Undertake all aspects of clinical duties as an autonomous practitioner. 9. Provide advice and guidance on health promotion, health management and prevention strategies to patients, carers and multi-agency staff. 10. After a period of training, participate in the emergency on-call service. | | | |
| 1. **MAIN DUTIES/RESPONSIBILITIES**   **Clinical**   1. Professional and legal accountability for all aspects of work as an independent physiotherapy practitioner. 2. Undertake specialist clinical assessment of patients including those with diverse or complex presentations/multiple pathologies; interpret and analyse clinical and non-clinical data, use developed clinical reasoning skills and manual assessment techniques. 3. Act independently to formulate, implement, evaluate and deliver an individual physiotherapy treatment plan based upon evidence-based practice and treatment options e.g. manual physiotherapy/respiratory/neurological techniques, patient education, exercise classes, electrotherapy, acupuncture. 4. Use specialist clinical skills necessary for the assessment and manual treatment of patients. 5. Understand and interpret complex medical information and investigations and alter treatment programme accordingly e.g. measure and monitor blood pressure, x-ray and blood gases. 6. Evaluate patient progress, reassess and adapt treatment programmes. 7. Maintain patient documentation, records and accurate mandatory statistical information to meet professional and local standards. 8. Identify and manage clinical risk within own patient caseload and monitor others i.e. less experienced qualified/non-qualified physiotherapy staff. 9. Work inter-professionally with multi-agency staff to optimize patient care e.g. one-to-one discussions, case conferences. 10. Advise, teach or instruct other health professionals and social agencies, patients, relatives and carers. 11. When working in the community and domiciliary settings, work as a lone practitioner with telephone support available. 12. May be required to undertake visits to patient’s home from hospital with other health/social staff with a view to patient’s discharge home. 13. Work independently to provide physiotherapy on-call care to support delivery of the 24-hour service to acutely ill patients e.g. removal of chest secretions using nasopharyngeal suction. 14. Work flexibly to provide assistance when required to cover other areas of physiotherapy service. 15. Undertake any other duties of a similar nature delegated by senior staff or the Service Manager.   **Professional**   1. Maintain and develop competency through Continuing Professional Development, training, maintenance of portfolio and reflective practice. 2. Adhere to the national, professional and local policies and guidelines as directed by Health Professions Council, Chartered Society of Physiotherapy and NHS Tayside. 3. Be an active participant in and may lead in-service training programme, which may include individualised training, tutorials, journal club and presentation of case studies. 4. Participate in appraisal programme as an appraiser and/or appraisee, contributing to Professional Development Planning. 5. Undertake evaluation of own work through the use of outcome measures, evidence-based practice and departmental audit programmes. 6. With supervision may be required to write legal reports providing accurate and detailed information regarding patient’s diagnosis, treatment and expected outcome. 7. Demonstrate understanding and participation in all aspects of Clinical Governance. 8. Assess patient understanding of treatment proposals, ensure consent has been given and to have an understanding of the legal framework e.g. for patients who lack capacity to consent to treatment.   **Managerial**   1. Responsible for planning and prioritizing own caseload (including students) to meet service and patient needs, readjusting plans as situations change or arise. 2. Delegate and supervise an identified caseload for less experienced qualified/non-qualified physiotherapy staff. 3. Deputise for more senior staff in periods of absence, if required, taking responsibility for operational management of the team. 4. Keep work area tidy, clean physiotherapy equipment on a daily basis and ensure that faulty equipment is reported and withdrawn from use. 5. May be required to represent physiotherapy and/or other health care professions at clinical meetings e.g. representing other members of the Allied Health Professions. 6. Participate in ongoing service review. 7. Responsibility for managing informal disciplinary matters and disputes. 8. Deal with complaints and take appropriate level of action i.e. investigate and report to Line Manager and/or respond to complainant. | | | |
| 1. **COMMUNICATIONS AND RELATIONSHIPS** 2. Communicate effectively with patients, families and carers some of whom may have barriers to understanding (e.g. sensory impairment, learning difficulties, language barriers and confusion), using verbal/non-verbal, written and presentation skills as required. 3. Convey comprehensive detail of care/physiotherapy treatment in a manner appropriate for every individual, emphasizing and reiterating points to ensure a full understanding. This information may be sensitive or contradictory to patient and carer expectations. 4. Instruct, reassure, encourage and guide patients, carers and multi-agency staff throughout the treatment programme. 5. Develop a rapport with patients and carers to encourage their interest and engagement in an activity therefore maximizing its therapeutic benefits. 6. Communicate assessment and treatment results to the appropriate disciplines verbally and/or in the form of reports and letters. 7. Represent physiotherapy team and/or individual patients at multi-agency team meetings e.g. reporting on patient progress. 8. Explain the role of physiotherapy to a range of professionals and the public; clarify appropriateness of referral, interventions and continuation/discontinuation of treatment. 9. Give presentations to audiences using audio-visual and multi-media equipment. 10. Diffuse potentially hostile and antagonistic situations with staff, patients and carers, using negotiation and interpersonal skills. | | | |
| 1. **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB** 2. Honours degree level or equivalent in physiotherapy. 3. Current Health Professions Council registration. 4. Minimum of eighteen months postgraduate experience in a range of in and outpatient specialties. 5. Evidence of Continuing Professional Development e.g. relevant postgraduate training, accredited Clinical Educators course (in order to supervise students). | | | |
| 1. **SYSTEMS AND EQUIPMENT** 2. Responsible for safe and competent use and security of equipment, patient appliances, electrotherapy equipment, hydrotherapy etc. in accordance with departmental guidelines. 3. Assess for specialist equipment e.g. manual handling, orthoses, standing frames, TENS units. 4. Understand, apply and teach safe use and care of specialist equipment to patients, carers, other healthcare and multi-agency staff. 5. Have a working knowledge of relevant IT systems and software packages e.g. Physio tools (exercise programme), electronic IR1s. 6. Competent in the use of Problem Orientated Medical Records and contribute to the development of multi-agency care plans. 7. Contribute to Single Shared Assessment process and communicate with appropriate member(s) of the multi-agency team.   **Responsibility for Records Management**  All records created in the course of the business of NHS Tayside are corporate records and are public records under the terms of the Public Records (Scotland) Act 2011. This includes email messages and other electronic records. It is your responsibility to ensure that you keep appropriate records of your work in NHS Tayside and manage those records in keeping with the NHS Tayside Records Management Policy and with any guidance produced by NHS Tayside specific to your employment. | | | |
| 1. **PHYSICAL DEMANDS OF THE JOB**   **Physical demands** – **repeated regularly on a daily basis**   1. Manual handling of patients with or without handling equipment for purposes of rehabilitation and therapeutic positioning. This may include assisting the very immobile, obese, unwilling and challenging patients from lying to sitting, sitting to standing and back in one treatment session (approximately half an hour per patient), repeated passive lifting of lower limb for assessment purposes. 2. Use of specialist manual physiotherapy techniques including facilitation of movement and manipulation techniques. A specialist level of dexterity, sensory, co-ordination skills and precision are essential in treatment techniques e.g. suctioning of secretions from chest, manual therapy, acupuncture needling. 3. Work with patients whose medical condition may make manual/therapeutic handling challenging e.g. dementia, anxiety, pain, limited mobility and patients with alcohol/drug dependency. 4. Requirement to maintain static postures for therapeutic purposes i.e. kneeling and standing for prolonged lengths of time. 5. Significant element of walking, climbing stairs, standing and working within confined and awkward spaces. 6. Move heavy and awkward objects i.e. gym equipment. 7. Assist patients during treatment e.g. walking and stair practice. This may include sudden and unpredictable changes in direction or movement, faints and falls.   **Occasionally** -   1. Work with patients who exhibit physically challenging behaviour.   **Mental demands** - **repeated regularly on a daily basis**   1. Alert to unexpected changes in patient’s condition, respond using initiative and clinical reasoning skills to adapt patient management. 2. Prioritise own and others workload throughout the day. 3. Periods of particular concentration especially with new and complex patients who may have communication difficulties. 4. Motivate, encourage and persuade patients to take an active role in their rehabilitation to facilitate optimal outcome. 5. Interruptions during working day from other staff, patients and carers/relatives e.g. telephone calls, pagers, direct contact.   **Occasionally** –   1. Travelling in an urban or rural environment including adverse weather conditions. 2. Respond to group dynamics during exercises classes or group sessions. 3. Deal with lone working and sole responsibility for service provision e.g. emergency service when on-call. 4. Deal with abusive and aggressive situations which may involve patients, carers or other staff.   **Emotional demands** - **repeated regularly on a daily basis**   1. Deal with patients (and their families) who have long term chronic illness, debility and pain. 2. Undertake assessment and treatment which may increase pain levels. 3. Convey information of a sensitive and emotive nature when it is contradictory to patient and carer expectations and desires.   **Frequently** -   1. Undertake distressing treatment modalities e.g. naso-pharyngeal suction. 2. Deal with patients with terminal or life limiting conditions.   **Occasionally -**   1. Deal with information which may be of an emotional and distressing nature e.g. domestic abuse history, child protection issues. 2. Deal with death and bereavement.   **Working conditions**  **Daily -**   1. Exposed to bodily fluids (urine, faeces, blood and vomit) sputum, infections i.e. MRSA. 2. exposed to body odours, fleas and lice.   **Occasionally –**   1. In domiciliary or community settings, exposed to adverse weather, terrain and unknown working environment e.g. unhygienic housing environment, animals and tobacco smoke. 2. Work as a lone practitioner e.g. on-call, GP surgeries, domiciliary setting. 3. Deal and cope with threat and occurrence of violence, aggression and unpredictable behaviours. | | | |
| 1. **DECISIONS AND JUDGEMENTS** 2. Complete discretion over own patient caseload, including prioritization and balancing other patient related and professional demands. 3. Work autonomously making clinical decisions within scope of practice. 4. Accept, assess, plan, undertake and complete and/or discontinue physiotherapy interventions as per presenting clinical condition or refer on to other agencies. 5. Influence patient management decisions through multi-agency working. 6. Need to use own initiative and identify own limitations and ask for guidance from more senior staff. 7. May be asked to participate in single shared assessment and refer to appropriate member of the multi-agency team. | | | |
| 1. **MOST CHALLENGING/DIFFICULT PARTS OF THE JOB** 2. Deputise for senior physiotherapy staff in their absence, taking responsibility for operational management of the local service and/or team, allocating and organizing the work of qualified/non-qualified physiotherapy staff to meet service priorities on a daily basis. 3. On a rotational basis, move into a new clinical area, develop new relationships with a new team, gain understanding of the environment and develop the necessary clinical and organizational skills to carry a diverse clinical caseload. 4. Undertake a physically and mentally demanding job whilst taking care to safeguard own health and safety as well as that of patients and colleagues. 5. Regular interruptions during working day from other staff and carers e.g. bleep responsibility. | | | |
| 1. **JOB DESCRIPTION AGREEMENT**   A separate job description will need to be signed off by each postholder to whom the job description applies. | | | |
| **Job Holder’s Signature:** | | | **Date:** |
| **Head of Department’s Signature:** | | | **Date:** |