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| 1. Job Identification |
| Job Title:Specialist Physiotherapist – Trauma & Orthopaedics  Responsible to: Physiotherapy Team Lead Trauma & Surgery East  Department: Physiotherapy  Directorate: East Ayrshire Health & Social Care Partnership  Job Reference:  No of Job Holders: 3  Last Update: December 2023 |

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| 2. Job Purpose |
| **Clinical**   * To deliver high quality physiotherapy care to service users within the orthopaedic specialty.   **Management**   * To provide support to the Physiotherapy Team Lead in managing and delivering an efficient, equitable and responsive Physiotherapy service. |

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| **3. Dimensions** |
| **Clinical**   * To act autonomously and without direct supervision in assessing, diagnosing and care planning patients within the orthopaedic specialty. Case load includes patients within acute orthopaedic wards and and Day Surgery Unit. * To plan, organise and manage a large varied caseload, treating a diverse range of patients, many who also present with age related diseases and chronic medical problems. * To work both independently and as part of a multidisciplinary team, providing specialist knowledge and skills. * Act as a practice educator for Physiotherapy students. * Supervise and delegate tasks to physiotherapy assistants, technical Instructors and rotational band 5 staff. * The post is non rotational. * Patient throughput is impossible to quantify. Treatments can take varying amounts of time depending on the complexity of presenting conditions and the differing clinical, social and psychological needs of the patient. Many of the treatments carried out will require more than one physiotherapist.   **Management**   * To contribute to the implementation of the Physiotherapy Strategic Action plan at the orthopaedic team level. |

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| **4. Organisational position** |
| |  | | --- | | Director  East Ayrshire Health & Social Care Partnership | | ⇩ | | AHP Senior Manager East Ayrshire | | ⇩ | | Physiotherapy Service Manager East Ayrshire | | ⇩ | | Physiotherapy Team Lead (Trauma & Surgery) | | ⇩ | | Physiotherapy Clinical Lead (Trauma & Orthopaedics) | | ⇩ | | Specialist Physiotherapist (Orthopaedics)  **This post** | | ⇩ | | Rotational Physiotherapist | | ⇩ | | Physiotherapy Technical Instructor | | ⇩ | | Physiotherapy Assistant | |

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| 5. ROLE OF DEPARTMENT |
| The department provides physiotherapy care to a diverse range of patients with a variety of clinical conditions across Ayrshire and Arran. This includes a 24-hour, year round emergency respiratory service, and weekend cover for agreed patients who have urgent rehabilitation needs in order to facilitate their discharge.  Physiotherapy is a health care profession concerned with human function and movement and maximising individuals’ potential within these. The Physiotherapist will consider all aspects of the patients’ life roles and will co-ordinate with other health disciplines, community services, and carers in ensuring a seamless service.  Physiotherapists use physical approaches to promote, maintain, and restore physical, psychological and social well-being, taking account of variations in health status.  Physiotherapy is science-based and is committed to extending, applying, evaluating, and reviewing the evidence that underpins and informs its practice and delivery.  The exercise of clinical judgement and information interpretation are at its core. |

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| 6. KEY RESULT AREAS |
| **Clinical**   * Undertake a comprehensive specialised assessment of patients, including those with diverse or complex presentations or multiple pathologies. Use advanced clinical reasoning skills to provide a physiotherapy diagnosis. * Develop appropriate treatment programmes. This involves evaluating progress, altering treatment programmes, and referring to appropriate professions as required to maximise rehabilitation potential. * Plan the appropriate discharge of patients in your care. This may involve liaising with the multidisciplinary team and co-ordinating follow-up treatment to facilitate the patient journey and transfer of care within the service. Discharge from Physiotherapy is an autonomous decision and is not necessarily related to ongoing treatment from other disciplines. * Co-ordinate a caseload of patients efficiently and effectively ensuring that more junior staff are managing caseloads. This involves deciding if advice or support is required or if workload requires redistribution within the team, to ensure equity of service within staffing constraints. * Assess to determine if walking aids or supports are required. Provide the most appropriate aid, adjust to suit the patient, and educate in safe and correct use in order to maximise patient safety and rehabilitation potential. * Be the physiotherapy lead in the multi-disciplinary team to ensure integration of the physiotherapy treatment into the individual patient’s overall treatment programmes. This involves providing specialist advice to consultants, general practitioners, and other medical and health professional staff. * Maintain accurate and comprehensive patient treatment recordsto reflectcare provided in line with professional and local standards of practice. * Following satisfactory completion of the on-call induction programme, participate in the evening on-call and 24-hour weekend physiotherapy service to support the service for acutely ill patients. * Take part in providing training for On-call Staff. * Be responsible for your own health and safety and that of your patients and colleagues in line with divisional and departmental policies. This involves highlighting and reporting areas of concern to the Physiotherapy Team Lead. * Have the knowledge to recognise and take appropriate steps to deal with an emergency situation until assistance arrives. Maintain up to date Basic Life Support training. * Provide patient education, health promotion and lifestyle advice on an individual basis, or in a group setting, to maximise treatment potential and prevent further problems.   **Managerial**   * Alongside the Physiotherapy Team Lead and Clinical Lead, take a key role in planning, co-ordinating, delivering, and evaluating the physiotherapy service in your area, on both a daily and ongoing basis. This involves performance management and delegated implementation of policies and services changes to allow the smooth running of and development of the service. * Assist the Physiotherapy Team Lead in the operational management of the team. Analyse and plan the appropriate delegation of tasks to Physiotherapists, Technical Instructors and Physiotherapy Assistants and monitor their workloads, to ensure efficiency and maximise treatment outcomes. * Complete monthly numbers sheets and patient statistics as required by the line manager. Assist in or initiate (where appropriate) data collection for use in audit and research to support the physiotherapy clinical governance objectives. This may involve designing data collection tools, the analysis and interpretation of raw data, and the production of reports. * Conduct staff appraisals to facilitate staff development and ensure that organisational objectives are met.  Educational  * Support junior staff with their clinical development by appraising, clinical supervision, co-ordinating and participating in training, promoting an environment of continuous learning, and being a source of highly specialised up to date knowledge**.** * Contribute to the practice education of undergraduate physiotherapists in your role as a practice educator. This will involve liaison with practice education colleagues, ongoing development of the practice placement and communication with the higher education establishments. * Plan your ownclinical development in consultation with line manager to promote personal and service developments. This will be achieved and evidenced via the personal development staff appraisal processes and a continuous professional development portfolio. * Promote the Physiotherapy profession and educate other professionals and undergraduates regarding appropriate referrals and aims of treatment. This may involve some workplace shadowing. * Be aware of local and national clinical guidelines and standards, published research, and audits to ensure clinical practice is evidence-based. |

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| 7a. EQUIPMENT AND MACHINERY |
| After an assessment of patient needs, the following items of equipment may be used or provided:   * Walking aids to promote safe mobility - including pulpit frames, walking frames, elbow crutches, sticks, and specialist walking aids. * Manual handling equipment to ensure safe patient transfers – including hoists, stand aids, sliding boards, and sliding sheets. * Electrical equipment to contribute to treatment programme – including ultrasound, shortwave diathermy, lasers, interferential therapy, transcutaneous electrical nerve stimulation machine, biofeedback machine, continuous passive movement machines, and functional electrical stimulation machine. * Respiratory equipment to optimise respiratory function – including stethoscope, invasive and non-invasive ventilators, continuous positive pressure ventilation (C.P.A.P.), positive expiratory pressure mask (P.E.P.), suction units, nasal and oral airways, peak flow meters, acapella device, flutter device and incentive spirometers. * Supports to optimise functional status – a range of appliances and orthoses are available from the department or can be ordered from the Appliances Department. * Rehabilitation equipment to contribute to treatment programmes – including exercise bikes, weights, balanceboards, gymnastic balls, theraband, treadmills, steppers, tilt tables, standing frames, and hydrotherapy equipment. * Measurement devices for objective assessment – including goniometers, dynamometer, inclinometer, tape measure, stop watch, heart rate monitor, blood pressure cuffs, and pulse oximetry. * Thermal equipment to assist in pain management and the healing process – including heat packs and ice. * Information technology equipment, e.g. computers and printers. * Acupuncture needles may be used to contribute to treatment programmes if an appropriate, recognised course has been completed.   Please note that this is not an exhaustive list. Equipment used will vary depending on clinical caseload and working environment. |

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| **7b. Systems** |
| * Patient Physiotherapy records – maintain up-to-date records of assessment, treatment and outcome for individual patients. * Appraisal, continuous personal development and training systems. * Monthly statistics data collection sheets to monitor monthly patient treatments and discharges. * Referral to other professions or physiotherapy colleagues – written and telephone referral where appropriate to share patient information to allow further input as assessed and deemed appropriate. * Multidisciplinary discharge summary sheet within the nursing documentation – to be completed by all disciplines that had input with an individual during a hospital admission. * Medical notes – access medical notes for patient information, diagnosis, results and investigations. * On line travel expenses to be completed monthly as appropriate. * Overtime and additional hours timesheet to be completed monthly as appropriate. * Datix forms to report any incidents. * Integrated care pathways – to note physiotherapy treatment and assessment. * Hospital patient management and information systems – to receive and manage in-patient physiotherapy referrals; view results of patient investigations and information; eg xrays and operative procedures. * May be required to write medical/legal reports. |

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| 8. Assignment and Review of Work |
| * Hospital wards referrals will be accepted from any health care professional. The post holder will decide if treatment is appropriate and if so the urgency, frequency, and type of intervention required. * Plan, organise and implement own work as well as assign and support the work of physiotherapists and physiotherapy assistants within the surgical team, ensuring best practice, effective use of skill mix and best use of clinical time to accommodate changes in priorities and in existing patient’s conditions. * Delegate appropriate tasks to more junior staff and monitor the outcomes. * Additional clinical and non-clinical tasks can be delegated from the Physiotherapy Team Lead. Non clinical tasks may include assisting in the development, implementation, and review of policies, protocols, and clinical guidelines. * Deputise for Team Lead in his/her absence to maintain continuity of service delivery. This may involve representing physiotherapy on local or national groups and leading staff meetings. * Accountable to the Physiotherapy Team Lead within the clinical area who will provide induction. Performance reviews will be carried out every six months or more frequently as deemed appropriate. * Professionally and legally accountable for all aspects of your own work including the management of patients in your care. |
| **9. Decisions and Judgements** |
| * As an autonomous professional you will assess patients and use advanced clinical reasoning to arrive at a physiotherapy diagnosis which may differ from medical opinion. Independent decisions will be made based on professional and clinical guidelines as well as departmental standards. * Determine if an individual is physically able to be discharged from hospital and make recommendations of any follow up physiotherapy requirements once discharged. * Ensure procedures carried out are within scope of practice and that they have been appropriately risk assessed. * Prioritisation of workload dependent on current caseload and number and urgency of new referrals, taking into account of staffing levels and non-clinical responsibilities. * Recognise changes in the patient’s condition that may require medical review either urgently or routinely; and initiate this process. * Recognise changes in team dynamics and working relationships to prevent escalation of problems affecting harmony in the workplace. |

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| 10. Most Challenging/Difficult Parts of the Job |
| * Undertaking a mentally and physically demanding job while at the same time taking care to safeguard your health and safety as well as that of colleagues and patients. * Time management when trying to balance clinical priorities with other duties, such as multidisciplinary meetings, training of staff, paperwork, and non-clinical meetings. * Identifying detrimental changes in patients’ conditions that need review by medical professionals. * On-call involves deciding from information given by telephone if a call out is appropriate. Patients requiring assessment and treatment are likely to be acutely ill with respiratory problems and may have complex presentations. You will decide if further Physiotherapy treatment is required over the on-call period. When in attendance, you will be the sole Physiotherapist in the hospital. |

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| **11. Communications and Relationships** |
| The post-holder will communicate with various people through face-to-face contact, via the telephone or teleconferencing, or in written correspondence by letter or email.  **Patients, families, and carers:**   * Effectively utilise a range of verbal and non-verbal communication techniques at all times in order to gain consent for treatment and optimise treatment outcomes. This may include patients with communication or cognitive impairments or those who lack the capacity to give consent. * Reassure, support, encourage, motivate, and educate to achieve the best possible outcome from treatment. The pain or apprehension that patients may associate with and/or experience during treatment often complicates this. * Convey information in a particularly sensitive manner when it is contrary to the expectations or desires of the patient, carer, or family. * Provide an explanation of physiotherapy treatment in a manner and at a pace that is appropriate for each individual. This may involve emphasising and reiterating points to ensure a full understanding. * Be aware of cultural diversity and its impact on treatment, and alter communication as appropriate. * Demonstrate specific techniques to relatives/carers to optimise individual rehabilitation potentials as appropriate.   **Physiotherapy colleagues:**   * Seek advice from senior staff and provide advice to junior staff. * Delegate tasks to Physiotherapy Assistants and Technical Instructors and seek feedback on the progress of these. * Share information with internal and external colleagues regarding transfer of patients to another ward, hospital, or arrange further physiotherapy input on discharge home. * Feedback on the progress of patients in your care. * Suggest service improvements to senior staff and highlight areas of staff concern.   **Other professionals (this could include nurses, consultants and other medical staff, general practitioners, pharmacists, social workers, home care organisers, and other allied health professionals):**   * Report physiotherapy assessment findings and treatment outcomes verbally or in writing. * Actively participate in discussions regarding patient care, progress and discharge planning. This can be on a formal or informal basis. * Demonstrate and advise on Physiotherapy management strategies to optimise patient care. * Where appropriate, Co-ordinate and organise MDT meetings within the clinical area * Explain the role of physiotherapy and clarify the appropriateness and frequency of continued intervention. * Suggest input of other professional teams as appropriate. * Refer patients to Local Authority Services and the voluntary sector as appropriate. |

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| **12. Physical, Mental, Emotional and Environmental Demands of the Job** |
| Working conditions and physical tasks are continually risk-assessed with reasonable preventative steps taken; however, it is recognised that risk cannot be entirely eliminated.  **Physical effort/skills:**   * Physiotherapy assessments and techniques require a high degree of dexterity and sensory acuity. Co-ordination and precision are essential to allow facilitation of movement, limb mobilisation and fine joint mobilisation. * Therapeutic handling of patients without lifting equipment, frequently throughout the working day. This may include assisting patients with significant physical, cognitive or behavioural impairment who may be reluctant to co-operate, immobile, obese or unconscious. Patients may be assisted or facilitated when being positioned in bed or chair, moving from lying to sitting, sitting to standing, transferring from bed to chair, and when mobilising. This can all happen during one treatment session. * Daily application of manual therapeutic techniques which can involve supporting the weight of a patient’s limb to resisting their movement, and small and large joint mobilisations. * Frequent use and moving of hoists, wheelchairs, walking aids, or other physiotherapy equipment throughout the working day. * The unpredictability of patients can result in a sudden effort being required, for example to prevent a loss of balance/fall. * Standing and walking for the majority of the working day. * Frequent kneeling, sitting, bending, crouching, and working in confined space at patients’ bedside and in treatment areas throughout the working day.   **Mental effort/skills:**   * + - Intense concentration is required during patient contact as incorrectly applied techniques can endanger the patient.     - Responding to frequent changes in patients’ conditions. This requires being alert in order to undertake a high standard of clinical reasoning involving constant reassessment regarding clinical management.     - Interruptions from colleagues via the telephone/pager which can involve having to re-arrange a clinical caseload to respond to urgent referrals at short notice, supporting junior staff or liaising with other members of the multi-disciplinary team.     - You may have to lead a group-based treatment or treat more than one patient at a time.     - Regular use of computers**.**     - Occasional requirement to write reports which demands a high level of concentration*.*     - Daily requirement to maintain treatment records to required legal standards.   **Emotional effort/skills:**   * The job involves working with critically or terminally ill patients, those with chronic degenerative disorders, those who exhibit challenging behaviour, and/or those who are angry or depressed. These patients can be from any age group. * Conveying information that is contrary to patient’s expectations requires good communication skills and can add to the emotional effort of the job. * On-call can involve working at unpredictable times leading to sleep disturbance, which can impact on clinical decision making and performance. * Working as the sole physiotherapist when on-call can lead to an increase in emotional stress. * Undertaking distressing treatment modalities, e.g. nasopharangeal suctioning, passive stretching into a painful range.   **Working conditions:** Frequent daily exposure to unpleasant working conditions, which may involve direct contact with all forms of bodily fluids and occasionally parasites.  * Occasional subjection to verbal and/or physical abuse. * Daily exposure to transmittable diseases and infections. * You may have to make home visits to a patient, with limited chance to risk assess prior to visiting * Working patterns can be unpredictable therefore break times are not always at set times. |

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| 13. Knowledge, Training and Experience required to do the Job |
| **Essential** Diploma/MSc/BSc in Physiotherapy Current Health Professions Council registration  Proven clinical experience at senior level in relevant clinical specialty  Evidence of continuing professional development Excellent communication and interpersonal skills Proven supervisory and staff appraisal skills  Leadership skills Car driver **Desirable**  Recognised additional postgraduate qualifications relevant to the post  Practice education and clinical development of others  Quality improvement experience  Computer literacy with Microsoft Word, Excel and PowerPoint packages or equivalent  Membership of professional special interest group  Mandatory training  Cardiopulmonary resuscitation.  Manual handling.  Violence and Aggression Breakaway techniques  Fire safety.  Infection control. |