#### **JOB DESCRIPTION TEMPLATE**

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| JOB IDENTIFICATION |
| Job Title: Band 4 Occupational Therapy Assistant Practitioner Responsible to: Intermediate Care Team Lead Occupational TherapistDepartment(s): Occupational TherapyDirectorate: Community Care ServicesOperating Division: Fife WideJob Reference:No of Job Holders: 1Last Update (insert date): January 2024 |
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| 2. JOB PURPOSE |
| To provide direct clinical assessment and intervention to inpatients and those in their own home or homely setting referred by the multi-disciplinary team and other agencies/services. Patients are offered assessment of occupational performance, planned and evaluated interventions supporting personal outcomes and health and wellbeing. The post holder will work with supervision from a senior member of staff. |

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| **3. DIMENSIONS (where is the job located, type of patient** |
| The post holder will work closely with the MDT providing a clinical service to mainly Older People. **Integrated Community and Support Services (ICASS)**   * Intermediate Care Team (ICT) * Community Hospital inpatients * Community Rehabilitation * Assessment and Rehabilitation Centres * Short Term and Rehabilitation (STAR)  The post holder will work with Individuals who have a broad range of clinical conditions and they may have the complexities of multiple pathologies.The post holder may be responsible for delegating to Band 3 Assistant Practitioners (RSW/HCSW) where appropriate.  * Participate with student education |

Organisational Position – chart – will this be a separate add on for each area.

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| 4. ROLE OF DEPARTMENT | |
| The Occupational Therapy Service is part of Fife ICASS and covers two main geographical areas (East and West) in NHS Fife.  Responsibilities of the Occupational Therapy service:   * To provide a high quality, effective and equitable Occupational Therapy Service to the designated population within Fife. * To assess and treat referred individuals in line with Royal College of Occupational Therapy standards and evidence based practice. * To work with MDT, clinical specialities and agencies (statutory/voluntary) in order to provide the most effective service to individuals and their carers. * Development, implementation and management of Clinical and Staff Governance Strategy. | |
| 5. KEY RESULT AREAS | |
| 5.1 Clinical  1. Ensure consent has been obtained for agreed intervention taking into consideration adults with incapacity and mental health acts as appropriate. 2. Following initial triage, assess the occupational performance of referred individual’s and agree personal outcomes. 3. Provide tailored treatment interventions (which may include self management) in order to maximise independence and rehabilitation potential. 4. Continuous assessment and review of occupational performance. 5. Report either through appropriate verbal and/or written forms of communication. 6. Record in systems appropriate to each area (written/electronic). 7. With guidance and support from therapists manage own caseload autonomously. 8. Prioritising patient needs (triage), to ensure individuals receive intervention timeously. 9. Seek advice from senior staff with more complex cases. 10. Work as part of a multi-disciplinary team to ensure effective communication. 11. Maintain patient documentation, records and accurate statistical information to reflect rehabilitation provided and meet professional standards. 12. Assess for and prescribe a range of assistive equipment and adaptations. 13. Deliver, fit and demonstrate equipment provided as part of Fife Equipment Loan Service protocols.  5.2 Managerial  1. Effective time management of self as appropriate. 2. Participate in the departmental Personal Development and Performance Review System to promote personal and service developments. 3. Implement departmental policies, local protocols and contribute to service development and evaluation e.g. audits 4. Ordering/maintaining stock (in satellite store).  5.3 Educational  1. Maintain and complete the Occupational Therapy competencies checklist 2. Develop and update clinical knowledge. 3. Provide training and advice to staff as appropriate e.g. equipment. 4. Actively participate and support training within the Occupational Therapy Service. 5. Assist in the education of multidisciplinary team members and others to promote knowledge of Occupational Therapy. 6. Participate in student education.   **5.4 Professional**   1. Comply with NHS Education for Scotland (NES) Mandatory Induction Standards and Code of Conduct for Healthcare Support Workers. 2. Comply with RCOT code of ethics and professional conduct, national/local policies and procedures. 3. Comply with the HCPC standards of proficiency 4. Contribute to the quality improvement of the service. | |

**6a. EQUIPMENT AND MACHINERY**

Use and be able to provide advice on a wide range of equipment for therapeutic interventions

* Activities of Daily Living Equipment – used to promote safety and independence of patient e.g. helping hand, cutlery, trolleys etc.
* Treatment/Rehabilitation – equipment to promote recovery of function within treatment programmes e.g. theraputty, gripable, etc.
* Orthoses – e.g. hands splints

Moving & Handling Equipment - to ensure safety of patient, colleague and self

IT and general office equipment

Travel

* Responsible for checking road worthiness of vehicles used
* Ability to travel around Fife

**6b SYSTEMS**

* Patient information systems.
* Digital Health systems e.g. TURAS (PDP and learning); Datix; Electronic pay and expenses systems)
* Electronic based therapeutic activity e.g. gripable
* Security and safety systems and procedures eg lone working, risk assessment

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| 7. ASSIGNMENT AND REVIEW OF WORK |
| * Clinical caseload will be generated by the specific service needs within the designated clinical area and will be allocated in conjunction with the therapy staff. * Senior Occupational Therapists will also delegate other non-clinical tasks to maintain service efficiency and support development e.g. site walkabouts. * Work independently on a day to day basis responsible for own caseload with available support from the Occupational Therapy team. * A designated Occupational Therapist will provide induction, performance review and ongoing regular and direct supervision. |

**8 DECISION AND JUDGEMENTS**

Responsible for their own patients and caseload and are expected to make decisions around when they may require further support from senior members of staff. Examples as follows:

**Referrals**

* Prioritising own caseload with guidance from Occupational Therapy Staff.
* Referral to appropriate agencies if required.

**Clinical Care**

* Make decisions around assessment and treatment of allocated patients.
* Evaluate clinical effectiveness of treatment and adapt treatment plan as necessary.

**Health and Safety**

* Has an awareness of the need for clear and concise documentation re. manual handling/therapeutic handling
* Has an awareness of changing circumstances which require immediate action to prevent harm or damage to patient or other individual, eg aggressive/challenging behaviour, deteriorating patient, falls.
* Contribute to a safe working environment and report any concerns to facilities.

**Delegation**

* Refer for Band 3 colleagues for patient follow up where appropriate.

**Seek Guidance**

* Has an awareness of own competencies and level of knowledge and experience.

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| 9. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| * Be flexible and able to balance clinical demands, personal development and departmental duties. * Working with patients who have a life changing and life limiting illness. * Working with patients who are emotionally distressed by their illness or disability. * Engaging with patients families who may have differing views to the patient. * Undertaking a mentally and physically demanding job, whilst at the same time taking care to safeguard their own health and safety as well as colleagues and patients. * Discharge planning |

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| **10. COMMUNICATIONS AND RELATIONSHIPS** |
| 1. **Communications and Working Relationships**   **Patients/service users**   * Engaging the patient/service user in order to develop therapeutic relationships e.g. good conversation, informal counselling or persuasive/motivational skills. * Conveys details of Occupational Therapy treatment programmes in a manner and at a rate which is appropriate for each individual, emphasising and reiterating points to ensure a full understanding, avoiding clinical terminology. * Communicate clinical information effectively and tactfully with patients and their carers using a range of verbal, non-verbal and written skills. * Use advocacy skills.   **Relatives / Carers**   * Receive and act professionally with information regarding complex and sensitive issues. * Educate and negotiate with carers in relation to patient care needs and agree outcomes. * Teach a range of patient management strategies. * With support from qualified staff deal with complaints at local level following NHS Fife policy procedures.     **Occupational Therapy Staff (internal)**   * Communicate with all grades of staff including students * Participate actively in clinical supervision, annual performance review and the implementation of own PDP. * Liaise with peer group to ensure sharing of knowledge, skills and support. * Delegate task to B3 support staff as appropriate. * Attend and participate in meetings.   **Occupational Therapy staff (external)**   * Communicate, negotiate and liaise with appropriate Occupational Therapy colleagues to ensure delivery of clinically effective care.   **Multidisciplinary team**   * Work collaboratively with MDT colleagues; communicating effectively to achieve shared patient outcomes * Contribute to the informal training of other staff groups, enhancing awareness of Occupational Therapy.   **Other Agencies** (Local Authority, voluntary sector, etc)   * Liaising with other agencies in relation to patient care needs and make referrals as appropriate. |

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| **11. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical Skills:**  Skills necessary to implement a variety of Occupational Therapy treatment interventions.  **Physical Demands:**   * Therapeutic manual handling of patients/clients on a daily basis. This may include assisting patients/clients with significant physical, cognitive or behavioural impairment. Patients/clients may be very immobile, obese or unwilling to move e.g. those who require support for lengthy periods often from lying to sitting, sitting to standing and back in one session. * Assisting patients to mobilise and transfer – this may include sudden or 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/client and staff. This may include the higher risk areas of patients own home, walking outdoors, mobilising on external steps and public footpaths. * Frequent use of mobility aids and adaptive ADL equipment, which require manipulation and dexterity, often manoeuvring within confined spaces or transporting equipment within ward, department and home environments. * Working with clients with complex mental health and challenging behaviour needs * Move a range of equipment and furniture e.g. trolleys, wheelchairs, hoists and plynths. * Stand/walking for the majority of shift. * Working in confined spaces, kneeling for periods of time, stooped postures. * IT keyboard skills * Regular housekeeping tasks such as wiping down equipment following use.   **Mental Demands:**   * Responding to frequent changes in the patient’s condition. * Often have to make quick on the spot judgements and problem solve, with outcome affecting safety of self, patients and others. * Constant awareness of risk, continuously risk assessing. * Balancing clinical vs. non-clinical priorities. * Awareness of team dynamics.   **Emotional Demands:**   * Supporting patients through episodes of bereavement or loss. * Working with vulnerable adults, dealing with patients disclosing abuse. * Dealing with challenging behaviours including people demonstrating verbal and/or physical aggression and potential for self-harm. * Discussing sensitive issues with patients/carers/relatives and using basic counselling skills to deal with the situation eg. Loss, spirituality, sexual needs. * Dealing with difficult situations and circumstances, eg unexpected organisational complications, life events, behaviour or new demanding work challenges. * Maintaining a professional demeanour in situations of confrontation.   **Working Conditions:**   * Exposure to unpleasant odours and body fluids and actively assisting with cleansing process (e.g sputum, sweat, urine, faeces) on a regular basis within personal care assessments and treatment sessions. * Unclean and unsafe houses often unsuitable to carry out assessments in and possible infestations and dangerous situations e.g I.V. drug users, aggressive pets, smoke filled environments. * Increased risk of unsafe working environment within patients own home for practitioner, patient and carers – lone working. * Risk of infection – e.g. head lice, covid 19, C. Diff * Exposure to a degree of verbal abuse from patients and relatives. |

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| 12. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| Essential  * HND in health related subject/SCQF level 8 OR SVQ3/HNC plus evidence of experience working within health and/or social care and managing a delegated caseload. * Evidence of working with older people/in patient and/or community as a Rehab Support Worker. * Demonstrate a commitment to working collaboratively within a multidisciplinary team. * Be able to work autonomously. * Effective communication skills – A level of English language competency and communication skills necessary to perform this role. * Good time management skills. * IT skills |

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| **13. 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: |

*For Official Use only:*

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| **Date Received:** | **Date Evaluated:** |
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