JOB DESCRIPTION

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| **JOB IDENTIFICATION** |
| **Job Title:** Band 6 Specialist Occupational Therapist  **Responsible to :** Principal Occupational Therapist    **Department(s):** Occupational Therapy Department, Sir George Sharp Unit  **Directorate:** Fife Health & Social Care Partnership  **Operating Division:** Community Care Services  **Job Reference:**  **No of Job Holders:** Three  **Last Update (insert date):** 14-11-2023 |
| **JOB PURPOSE** |
| * To work as a highly experienced clinician with specialist knowledge in Neurological Rehabilitation (including severe brain injury) and vocational rehabilitation encompassing assessment treatment and management of a complex caseload * To act as an expert resource for other health & social care staff, patients, carers and external agencies * Provide supervision and guidance to Band 5 and Clinical Support Worker within Fife Rehabilitation Service * Develop and implement service changes and developments * Contribute to the development, implementation and management of clinical governance strategy |
| **DIMENSIONS** |
| **The postholder will:**   * + - * Be responsible for providing clinical care in all aspects of Occupational Therapy for patients accepted to Fife Neuro Rehabilitation Service for multi-disciplinary neuro-rehabilitation.       * Provide specialist clinical assessments, treatment and evaluation to patients accepted to Fife Neuro Rehabilitation Service who meet Occupational Therapy criteria. This includes adults with physical and cognitive deficits as well as language impairment and patients who may have behavioural problems. * Provide clinical and professional supervision, and co-ordination of workload to support staff within Occupational Therapy (Band 5 & Band 3) * Engage in the development, implementation and management of a clinical governance strategy within the OT department at Fife Neuro Rehabilitation Service. * Act as a resource to other health care staff, patients, carers and other agencies in relation to occupational therapy in neuro-rehabilitation. |
| **ORGANISATIONAL POSITION** |
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| **ROLE OF DEPARTMENT** |
| * The Occupational Therapy service sits within the Community Care Services of the Health & Social Care Partnership. * We aim to deliver high quality Occupational Therapy to patients and their carers, referred to our specialty. * The key responsibilities of this service are to provide assessment, diagnosis, and treatment to a diverse range on conditions and patient types, in a variety of environments. Therapeutic management utilises a range of physical, behavioural and cognitive modalities to regain function following, surgery, illness, injury dysfunction or disease. There is also a role in health promotion. * The Occupational Therapy staff work within the MDT liaising with a wide range of other health professionals and community staff, both statutory and voluntary ensuring effective service provision to meet the complex care needs of individual patients. * All staff within the Occupational Therapy Service must comply with Division and Departmental Policies, Clinical Governance, in addition to complying with College of Occupational Therapy Professional Standards and Code of Ethics and Conduct. * The team is multidisciplinary, consisting of Consultant (Rehabilitation Medicine); Occupational Therapy; Physiotherapy; Speech & Language Therapy; Dietetics; Clinical Psychology; Nursing. There are close links with social work, voluntary and statutory agencies. |
| **KEY RESULT AREAS** |
| **6.1 Clinical**   * Act independently at a specialist clinical level to provide assessment to determine the need for Occupational Therapy intervention within specialist area this will include patients with multiple pathologies and complex clinical presentation. * Act independently to plan, implement, evaluate, treat and progress patient care to maximise rehabilitation potential within specialist area. * Make key clinical decisions regarding discharge from hospital and need for out-patient follow up, when covering in-patient area. * Provide case management to those patients returning to work, including liaison with employers where appropriate. * Demonstrate knowledge and clinical reasoning skills using a range of therapeutic techniques and strategies to facilitate optimum recovery and enable independent living e.g. normal movement, cognitive rehabilitation therapy, splinting and use of advanced technical equipment. * Manage caseload of patients effectively and efficiently, including where appropriate complex cases. * Act as a highly specialist resource of the Occupational Therapy service regarding their specialism to optimise available clinical care * Work with patients, carers and other staff in a variety of environments, to promote maximum functional independence. * Work as part of a team to ensure effective communication and delivery of care * Communicate and make recommendations to all relevant disciplines of staff e.g. GPs, Consultants, Specialist nurses and social workers to maximise patient care and promote multi agency working * Attend and report to relevant clinical reviews and case conferences ensuring effective communication and coordination of patient care. Take lead role in case conference where appropriate. * Participate in specialist forums on behalf of the service and feedback to the occupational therapy team agreed actions and developments. * Assess risk in therapeutic treatment situations which include manual handling, environmental and behavioural issues. * Work closely where appropriate with wheelchair, orthotic, postural management, social services and community stores to ensure suitable equipment is provided for patients.   **6.2 Clinical Governance**   * + Comply with the RCOT code of conduct and agreed standards of practise.   + Maintain patient documentation, records and accurate statistical information to reflect care provided and meet professional standards.   + Develop, implement and maintain appropriate clinical guidelines ensuring clinical effectiveness to optimise patient care.   + Participate in departmental audit and research.   + Continue personal development and maintain and up to date CPD portfolio   + Incorporate additional skills gained from continuing professional development into clinical practice and disseminate these to others   **6.3 Managerial**   * Supervise and allocate workload to support workers to maximize efficiency and achieve desired quality of care * Participate in the Personal Development and Performance Review system to promote personal and service developments. * Support Principal Occupational Therapist to develop a specialist Occupational Therapy service to maximise patient care and use of resources. * Assist Principal Occupational Therapist to prioritise resources to meet service demands. * Participate in clinical audit to support the Occupational Therapy service clinical governance strategy * Assist in development of, and implement, managerial policies to promote a fair, consistent and safe working environment. * Liaise with a range of individuals, internal and external to the organisation, to ensure effective service delivery. * Follow departmental guidelines for maintenance of equipment to ensure all items are fit for purpose and replacement needs are identified. * Allocate workload to support workers where appropriate. * Ensure that Health and Safety policy is adhered to in designated area of responsibility * Assist the Principal Occupational Therapist in the recruitment and selection process ensuring appropriate appointments to the service and retention of staff   **6.4 Educational**   * Develop, maintain and update specialist knowledge across an extremely wide range of work procedures and practices underpinned by theoretical knowledge or relevant practical experience. * Provide training and advice to all Occupational Therapy staff regarding specialist area. * Be actively involved in the in-service programme to promote personal development * Educate and provide expert advice to nursing, medical, other multidisciplinary team members, educational staff and others to promote knowledge of Occupational Therapy management to enhance patient care. * Educate and advise patients and carers, formally and informally, in the management of their condition, moving and handling issues and environmental health and safety issues. * Demonstrate, and teach carers, to facilitate independence in functional activities of daily living, to be incorporated into a patients daily routine * Supervise the clinical training of undergraduate and postgraduate Occupational Therapy students. * Be actively involved in health promotion and promoting healthy living for the patient * Participate in national clinical networks and interest groups to ensure practice and service development is in line with national policy   **6.5 Health and Safety**   * Ensure the health and safety of self, patients and other staff * Use own initiative and discretion to assess risk when selecting treatment or therapeutic handling techniques. * Comply with organizational policies procedures and training in * Load management and patient handling * Risk assessment * Infection control * Lone worker policy * Reporting of accidents injuries * Management of violence and aggression * Emergency procedures |
| **EQUIPMENT AND MACHINERY** |
| **The Postholder is required to risk assess each situation and the patient’s ability to used the equipment safely. Equipment used will be appropriate to clinical skills to include the following:** Activities of daily living equipment (to promote safety and independence of patients)  * Dressing e.g. stocking aids, helping hands. * Feeding e.g. adapted cutlery, specialised crockery. * Toileting e.g. raised toilet seat, toilet frames, commodes. * Kitchen e.g. kettle tippers, trolleys, jar openers. * Transfers e.g. bed rails, high chairs, cushions, mattress elevators, sliding boards, rope ladders, specialist seating, emergency lifting equipment (mangar) * Bathing e.g. bath/shower boards, bath seats, swivel bather, hydraulic bath lift (mangar), shower stools. * Mobility e.g. mobilators, delta walkers, banisters, rails, portable ramps, wheelchairs.  Treatment/Rehabilitation (to promote recovery of function within treatment programme)  * Hydraulic/electric plinths and varitables. * Standard domestic style equipment including gas /electric cookers, microwaves, kettles, toasters. * Full range of remedial games/activities, including therapeutic computer software. * General creative/art equipment and materials  Specialised Assessment Equipment*(to assess function and its component parts to inform the treatment planning process)*  * VALPAR – (Highly specialist vocational assessment tool) * Rivermead perceptual assessment battery (RPAB) * COTNAB * Rivermead Behavioural Memory Test (RBMT) * Behavioural Inattention Test (BIT) * Rookwood Driving Assessment Battery * Biometrics E-Link system * Hand/Upper limb assessments including goniometry * Stroke Drivers Assessment * Pablo System (hand-arm-therapy- and assessment device) * Saebo Upper Limb exerciser  Splinting (to promote recovery of function)  * Splint bath, portable splint pan, heavy-duty knives/scissors, hot air gun, splinting materials.  Appliances & Orthoses (to promote safety and independence of patients)  * Awareness and knowledge of the range of equipment used in the specialty and appropriate ways to put on/take off e.g. Upper /lower limb splints, prostheses. * Awareness, knowledge and understanding of medical/nursing equipment e.g. catheters, PEG tube  Moving & Handling equipment *(to ensure safety of patient, colleagues and self and to use within the treatment programme)*  * Glide sheets, wheelchairs, patient turning/transfer equipment e.g. turnmate. * Manual and electrical hoists, stand-aid  IT Equipment  * Laptops, desk top computers, printer, scanner, iPad  General Office equipment  * Photocopier, telephones, answering machines, mobile phones.  Cars  * Ability to use car safely and navigate effectively around Fife  Miscellaneous  * Flip charts, overhead projectors, TV, video, cameras. |
| **SYSTEMS** |
| * Patient information systems e.g. MORSE, Community Equipment, Clinical Portal, Single shared assessment, Extended liaison policy, Occupational Therapy documentation including Patient Orientated Medical Records and statistics. These are used to obtain and input clinical data, transfer/make referrals to other agencies and to analyse data as part of reviewing/developing services. * Window packages e.g. excel/word/powerpoint – to compile patient information, and to produce presentations and reports. * E-mail to ensure timely communication with colleagues. * Internet – to access national and international databases thus enhancing knowledge base of clinically effective and evidenced based care. * Intranet - to access information within the division, e-library/learning centre. * Computer based therapeutic system – Pablo, E-link upper limb exercise equipment and software programme. * Annual leaves, timesheets, e-expenses |
| **ASSIGNMENT AND REVIEW OF WORK** |
| **Assignment**   * To work independently on a day-to-day basis within specialist area using analytical and judgemental skills to manage complex issues/problems. * To work as specialist practitioner within a set of defined policies and guidelines (e.g. Royal College of Occupational Therapists Code of Ethics and Professional Standard, Departmental and Human Resources) * Clinical caseload will be generated by the specific service needs within Fife Neuro Rehab Service requiring a flexible approach to problem solving and crisis management. * Delegate clinical/non-clinical work to support staff. * Undertake regular update of CPD, reviewing and reflecting on work practice, to ensure change of practice where appropriate. * Carry out non-clinical tasks in relation to e.g. Health & Safety/fire, clinical governance for the Dept & FRS in order to contribute to the safe and smooth running of the Fife Rehabilitation Service & Occupational Therapy Dept. * Carry out clinical audit, within area of neuro-rehabilitation, ensuring implementation of findings and closure of the audit loop.   **Review**   * Receives clinical and professional supervision monthly from Principal Occupational Therapist or Advanced Occupational Therapist in addition to annual appraisal, personal development and review |
| **DECISIONS AND JUDGEMENTS** |
| * Make decisions on diagnosis and treatment in complex multi-pathologies and disease processes demonstrating advance clinical reasoning skills. * Work as autonomous practitioner responsible for own patients and caseload and are expected to provide advice to other members of the team regarding decisions and judgments on patient care * Prioritise caseload and anticipate and resolve problems independently seeking help in the most complex cases * Manage waiting lists to ensure equity of access to the service * Apply advanced clinical reasoning to predict outcome, set goals and assess potential for rehabilitation including the decision to discharge from treatment. * Provide specialist advice to other Occupational Therapists and professions * Use own initiative and discretion to assess risk when selecting treatment or therapeutic handling techniques * Review, evaluate and modify treatment according to a rapid change of need. |
| **MOST CHALLENGING/DIFFICULT PARTS OF THE JOB** |
| * Dealing with a consistently challenging and complex caseload, providing timely and appropriate interventions to patients with fluctuating and deteriorating conditions * Dealing with distress, grief, loss issues with patients diagnosed with chronic conditions (patients, carers, dependents) * Ability to adapt to the variable and unpredictable demands of both clinical and managerial workload, in addition to developing and supporting needs of the Occupational Therapy team. * Undertake a mentally and physically demanding job, whilst at the same time taking care to safeguard that of own health and safety as well as colleagues and patients. * Maintain and continually develop specialist clinical knowledge and the professional development of support staff within the department. * Ensuring safe, timely and effective discharge of vulnerable patients with limited resources. * Working with multiple agencies that have their own policies, procedures and philosophies of care, whilst maintaining safe practice in accordance with Occupational Therapy Standards. * Dealing with unco-operative and demanding patients. |
| **COMMUNICATIONS AND RELATIONSHIPS** |
| **In keeping with policies and standards, maintain confidentiality regarding patient and staff information.** Patients/service users  * Provide and receive written and verbal information regarding assessment, diagnosis prognosis and treatment to engage patients in the treatment process * Provide informal counselling and reassurance in support of individual patients. * Patients will predominantly have complex problems and the Occupational Therapist requires to use highly developed interpersonal skills to educate, motivate and negotiate with them in relation to care needs and provide rehabilitation in both group and individual basis. * Use diplomacy and tact to manage conflict and resolve verbal complaints * Use Specialist skills to communicate with patients where there are barriers to understanding e.g. Language impairment cognitive, perceptual, mental health, learning disabilities or sensory impairment. * Communicate information, which may be sensitive or contradictory to patient/carer expectation. * Provides specialist information relevant to neurological rehabilitation  Relatives/Carers  * Provide and receive information regarding complex / sensitive issues * Educate and negotiate with carers in relation to patient care needs. * Teach a range of patient management strategies e.g. the management of transfer techniques * Demonstrates effective communication strategies to deal with anxious carers during stressful and/or emotional situations.   Occupational Therapy Staff (internal)   * Consult senior staff for advice where appropriate. * Engage with service developments in consultation with senior staff. * Liaise with peer group to ensure service equity is maintained and resources optimised. * Provide specialist advice to enable effective patient management. * Pass on information (written, verbal and electronically) relating to patient transfers to internal colleagues.   Occupational Therapy staff (external)   * Communicate, negotiate and liaise with appropriate Occupational Therapy colleagues to ensure delivery of clinically effective care. * Network with appropriate Occupational Therapy colleagues, in undertaking development work within area of neurology ensuring delivery of clinical effective care  Multidisciplinary Team within the specialty  * Actively participate in implementing the CARF standards within FRS * Negotiate with multidisciplinary team regarding patient and service needs. * Reports patient assessment findings, treatment progress and suggests other professional input requirement. * Plan for safe and effective patient rehabilitation/care with multidisciplinary colleagues. * Contribute to the training of other staff groups to enhance awareness of the role of OT and maximise effective patient care*.*  Medical Staff  * Liaise and advise medical staff to increase knowledge relating to individual patients and specialist area, ensuring patient management is maximized  Other Agencies  * Negotiate, liaise with other agencies to optimize patient care and ensure efficient service delivery: * Social Work Service (Fife and beyond) * Fife Housing Dept * Voluntary agencies * Education providers * Employers |
| **PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical Skills**   * Skills necessary to implement a variety of Occupational Therapy treatment interventions   e.g. therapeutic handling for transfers and facilitating movement; positioning hemiplegic arm for  functional activities; manipulation/positioning of hand for splinting; sensory assessment and  treatment, co-ordination for driving and use of computer keyboards, use of specialist equipment  and fine tools. E.g. Environmental Control Systems  **Physical Demands**   * Moving and handling (patient and equipment) in a range of unknown environments in the community e.g. on home assessment, workplace on a daily basis. This includes patients with significant physical, cognitive or behavioural impairment. Patients may be very immobile due hemiplegia, obese or unwilling to move. E.g. patients who require support for lengthy periods often from lying to sitting position, sitting to standing and back in one session. * Assisting patients with mobility and functional independence – 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 patients or staff. This includes the higher risk area of patients own home, outdoors where the environment is unknown. * Therapeutic handling for several periods throughout the day including facilitation of movement and/or joint/limb manipulation. As well as a sound knowledge of anatomy and physiology this requires a competent level of dexterity, response to sensory feedback and co-ordination of movement. * Working and manoeuvring patients and equipment in confined spaces e.g. by bedside, bathrooms, toilets, frequently on a daily basis * Pushing wheelchairs and moving furniture, carrying equipment. e.g. beds/chairs, toilet equipment, remedial activities frequently on a daily basis * Standing/walking/adopting awkward postures for lengthy periods requiring significant degrees of physical strength and endurance. (Supporting weak trunk muscles and maintaining hemiplegic limb postures to facilitate movement.) * Kneeling and bending, frequently on a daily basis * Standing/walking for the majority of shift, frequently on a daily basis * Carrying, moving & transferring equipment from hospital to car to patient's home and return. * Exposure to unpleasant working conditions e.g. unclean smoky environments and where there may be unharnessed pets * Occasional exposure to bodily fluids   **Mental Demands**   * High level of concentration required in order to undertake a high standard of clinical reasoning involving constant reassessment and decision making regarding clinical management. Sessions can range from ½ hour to 1 ½ hours, one minute carrying out a cognitive/perceptual assessment and the next session completing a complex home assessment in the presence of several other professionals and distressed relatives/carers. * Making decisions regarding patients safety to return to home or to work and the support required. * Make quick on the spot judgements, with outcome affecting safety of self, patients and others, frequently on a daily basis. * Frequently responding to changes in patients condition – this requires being alert in order to undertake a high standard of clinical reasoning involving constant reassessment and decision-making regarding clinical management. * Constant awareness of risk, continuously risk assessing, frequently on a daily basis * Dealing regularly with cognitively and perceptually impaired patients modifying communication and treatment approaches accordingly on daily basis. * Dealing regularly with patients with language deficits demanding modification of assessment and treatment to ensure accurate and effective assessment and treatment. * Using acquired skills to prevent situations from becoming volatile, frequently on a daily basis * Balancing clinical vs. non-clinical priorities, frequently on a daily basis * Pressure from other MDT staff to progress assessment / intervention to finalise decisions regarding returning home , frequently on a daily basis * Dealing with regular interruptions on a daily basis * Exposure to unpredictable questions from the patient/carers, which require immediate answers. * Dealing with patients with no insight into their problems yet unable to care for themselves**.**   **Emotional Demands:**   * Communicating unwelcome news regarding prognosis to patients and carers and facilitating adjustment to progressive loss of function * Communicating with distressed/anxious/worried patients / relatives / carers on daily basis. * Dealing with challenging behaviours including working with people demonstrating verbal and/or physical aggression * Balancing clinical vs non-clinical priorities * Supporting patients / carers in understanding the concept of adaptation and recovery process maintaining focus on future plans which may be contradictory to patient/carer expectation. |
| **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB** |
| * Degree in Occupational Therapy or RCOT Accredited Masters. * Registered with the Health & Care Professions Council. * The postholder will have gained a broad range of occupational therapy experience, equivalent to undertaking a rotational post, with further post graduate training and experience in neuro-rehabilitation equivalent to working in a static rehabilitation post for 2 years.   Relevant Post Graduate Experience/Training   * Advanced supervision training * Recruitment and Selection Training * Practice Placement Educator Certificate * Critical Appraisal Training/courses * Research & Audit Training/courses * Advanced Clinical Reasoning   **A minimum of two specific courses related to Neuro-rehabilitation**.   * Normal movement * Advanced Cognitive Rehabilitation Therapy * Multiple Sclerosis * Stroke Rehabilitation * Traumatic Brain Injury * Orthotics * Vocational Rehabilitation  Skills Required  * Leadership qualities and the ability to build effective team working relationships * Ability to work independently and use initiative in an isolated situations making on the spot decisions and judgements, reflecting on working practice and altering behaviours accordingly. * Effective organisation and time management skills and ability to work under pressure and meet deadlines. * Commitment to lifelong learning * A level of English Language competency and communication skills necessary to perform this role safely and effectively. * High level of negotiation, influencing, motivation and supervisory skills. * Member of professional body – RCOT/BAOT and specialist interest groups * Computer literacy * Presentation and Training skills * Ability to analyse professional and ethical issues * Experience of development/implementation of policies/procedures and service development * Commitment to undertake fieldwork education. * Ability to travel within Fife to meet clinical and professional development commitments. |
| **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: Date:  Lead of Department Signature: Date: |