## JOB DESCRIPTION

Job Holder Reference:

Generic Job Description - No

# JOB TITLE: BAND 6 - HIGHLY SPECIALIST PHYSIOTHERAPIST – MEDICINE FOR THE ELDERLY/ MEDICAL.

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| JOB DETAILS | | | | | | | | | |
| Department: AHP | | | | Directorate: Clyde | | | | | |
| Division: Royal Alexandra Hospital | | | | Date: November 2019 | | | | | |
| JOB PURPOSE AND DIMENSIONS | | | | | | | | | |
| To deliver care in the Department of Medicine for the Elderly (DME) within Royal Alexandra Hospital which includes elderly assessment and rehabilitation wards and the day hospital.     * To provide a high standard of physiotherapy service to patients across the Royal Alexandra Hospital DME service. * To assist the AHP Team Lead in all matters relating to the delivery, planning, day to day co-ordination and evaluation of the physiotherapy service provided to patients within the Older People’s Service. * To manage all aspects of own patient caseload, while maintaining associated records, as an autonomous practitioner. * To provide highly skilled and specialised assessment and treatment of patients within the speciality of DME and Medical, many of whom present with multiple pathologies and complex needs. * To develop and deliver individualised treatment plans based on assessment findings and diagnosis. * To work as an integrated member of the MDT within the speciality to facilitate the delivery of effective care, goal setting and discharge planning. * To supervise, teach, appraise and support more junior physiotherapists, HCSW’s and students and to be a source of expertise in the management of elderly patients to other health and social care staff, carers and relatives. * To initiate, participate in and supervise evidence-based projects, and be responsible for implementing change in practice, and to lead in clinical audit within the speciality. * To deputise for the AHP Team Leader in operational matters, when required. * To support other sites in Clyde during times of service pressures. | | | | | | | | | |
| **ROLE OF THE PHYSIOTHERAPY SERVICE**  The Greater Glasgow and Clyde physiotherapy service exists to deliver high quality physiotherapy to patients and their carers referred to Greater Glasgow and Clyde NHS.  The key responsibilities of the service are to provide assessment, diagnosis and treatments for a diverse range of 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 or disease. This includes the management of critically ill patients whose survival and recovery depends on appropriate physiotherapy intervention. There is also a key role in health promotion.  The service incorporates service management, planning and development within a defined budget and a multi-professional framework.  All staff within the physiotherapy service must comply with Organisational and departmental policies in addition to complying with “Chartered Society of Physiotherapy Professional standards” and “Rules of Professional Conduct”.  The service operates on a seven day working week. | | | | | | | | | |
| ORGANISATIONAL POSITION **Chief AHP - Clyde**  **Associate Chief/AHP Team Lead – DME/ MEDICAL**    **Band 6 Physiotherapist (this post)**  **Band 7 Clinical Specialist Occupational Therapist**  **Band 6 Occupational Therapists**  **Band 5 Physiotherapists**  **Band 5 Occupational Therapists**  **Advanced Practitioners/ Support Workers** | | | | | | | | | |
| MAIN TASKS, DUTIES AND RESPONSIBILITIESPatient Care  * To be professionally and legally responsible and accountable for all aspects of the practitioner’s professional activities. * As an autonomous practitioner to undertake the highly skilled and specialised assessment of elderly patients, including those with complex presentations; by using investigative and analytical skills, to formulate individualised management and treatment plans, using clinical reasoning and knowledge of evidence based practice and utilising a wide range of treatment skills and options to formulate a specialised programme of care. * To accept overall responsibility for a designated caseload of patients and to organise this effectively and efficiently with regard to clinical priorities, time constraints and availability of staff. * To evaluate patient progress and modify treatment programmes as appropriate to ensure required outcome. * To be involved in the co-ordination of intervention which may involve other disciplines, agencies, relatives, carers e.g. goal setting, discharge planning pre discharge home assessments - where the patient’s function, mobility and environment are assessed to ensure safe discharge. * To demonstrate the physical ability to carry out physiotherapy assessment and interventions including manual handling techniques and therapeutic handling. * To manage clinical risk within own caseload and to support the team leader in the management of clinical risk throughout the clinical area. * To use specialist knowledge to refer to other disciplines / agencies (wheelchair service, Orthotics service). * To provide spontaneous and planned advice, demonstration and instruction to relatives, carers and other professionals, to promote understanding of the aims of physiotherapy, and to ensure a consistent approach to patient care * To provide highly specialised advice on the physiotherapy management of older people based on theoretical knowledge and practical experience, and to be consulted frequently for advice and guidance by more junior team members within the speciality and physiotherapy colleagues in other clinical areas. * To attend mandatory training e.g. Basic Life Support, Moving and Handling and Fire Safety.  Service Development  * To ensure that quality of service and the effectiveness of patient care are continually improved by regular evaluation of the service and current practice, the use of evidence based practice projects, audit and outcome measures. To make recommendations for change where appropriate. * To ensure that physiotherapy staff working in Older peoples services implement policy and service changes. * To assist the team leader in the strategic and operational development of the service.  Physical Resources  * To ensure correct and safe use of equipment in carrying out physiotherapy duties, and to adhere to local departmental policy, including competence to use equipment and to ensure the safe use of equipment by other more junior staff through teaching, training and supervision of practice. * To ensure that all equipment defects, accidents and complaints are reported to the team leader immediately and that appropriate action is taken by those concerned.  Human Resources  * To participate in the staff appraisal scheme (TURAS) and Personal Development Planning (PDP) as both the appraiser and appraisee. | | | | | | | |  | |
| Information Resources  * To be actively involved in the collection of appropriate data and statistics for the use of the department (daily and monthly interventions / outcomes) * Maintain accurate and comprehensive treatment records in line with professional, legal and departmental requirements and standards.  Planning and Organisation  * To be responsible for a designated area of work and to plan and organise efficiently and effectively with regards to patient management and use of time and resources. * To organise junior staff’s caseload and monitor progress on a day-to-day basis. * To be responsible for ensuring the effective selection and use of all treatment resources available for self and for junior staff * To deputise for the AHP team leader in DME in times of absence. This involves planning and prioritisation of workload and delegation of duties to other staff members, being the first point of contact if physiotherapy is required within the unit and being in charge in the case of an emergency. * To be aware of Health and Safety issues impacting on service area and to ensure the implementation of local and organisational health and safety policies. This includes compliance with the policy on moving and handling. * To comply with all organisational and departmental policies and procedures and to be involved in the reviewing and updating as appropriate. * To communicate effectively and to take the lead in physiotherapy matters within the multi disciplinary team (in own area of work) and work proactively with medical, nursing and physiotherapy colleagues to ensure delivery of a co-ordinated multi-disciplinary service. .   **Education**   * To provide specialist advice, teaching and training to other members of the multi-disciplinary team regarding the physiotherapy management of the problems with which elderly patients present. * To train, supervise and manage performance of more junior physiotherapists, support workers and students. This will include the use of formal appraisal documentation. * To maintain and be responsible for own continuous professional development (CPD) by updating clinical skills and incorporating them as necessary into working practice and providing evidence of such maintenance in the form of a professional portfolio. * To organise and lead the in-service training programme, within the speciality by the attendance and presentation at staff meetings, tutorials, training sessions, external courses and reflective practice * To act as clinical supervisor for junior members of staff and students and attend clinical supervision with resulting improvement in clinical effectiveness   **Research, Quality and Audit**   * To demonstrate a sound understanding of Clinical Governance and Risk Management and apply to work situations. * To undertake the measurement and evaluation of you own work and current practice through the use of evidence based projects, audit, research and outcome measures and support more junior staff in doing likewise. * To keep up to date with developments within the speciality, disseminate information and ensure practice is based on the best available practice. | | | | | | | |  | |
| EQUIPMENT AND MACHINERY | | | | | | | | | |
| Please describe any machinery and/or equipment used in the job:   * Computer, printer, various software packages. * Wheelchairs/Walking aids – pulpit frame, various types of zimmer frames, elbow crutches, walking sticks, various types of rollators. * Specialist beds * Hoists & Stand-aids * Sliding sheets * Splints/Appliances : Ankle Foot Orthoses, Aircast Splints, wrist braces and hand splints, variety of knee braces, * Suction equipment  Electrotherapy  * Ultrasound, Pulsed shortwave diathermy * TENS | | | | Give brief description of use of each item used:   * Used for the collection and storing of patient information, email, internet and intranet access. Used to access Physiotools (information on exercises for patients) and for document and letter writing.   To produce reports on various aspects of the service, produce caseload list, to print out monthly statistics and travel expenses.   * To aid mobility * Use of automatic beds to reposition patients * Used to transfer patients who are unsafe to move/ transfer manually * To assist in patient bed mobility * All items of equipment in regular use in department.   All qualified staff involved in the prescribing, ordering and/or fitting of these appliances which support various parts of the body.   * Invasive equipment to assist in removal of secretions from the patient’s airway * Mains operated devices for treatment of musculo-skeletal injury after appropriate screening for contra-indications and prescription of suitable use. * Battery operated device for use by patients for pain relief | | | | | |
| SYSTEMS | | | | | | | | | |
| Please describe any system used in the job: Computer Systems  * TURAS * Microsoft * Internet Explorer * Monthly statistical returns * Physiotools  Systems relating to Patient Care  * Problem Orientated Medical Records * Recording in medical casenotes * S.M.A.T | | | | Give brief description of use of job holder’s role in relation to each system:   * Staff appraisal system. * Communication by email.      * Used to access information which supports evidence-based practice and professional development. * Monthly statistics for clinical area are collected for inclusion in the physiotherapy service’s statistics. * Software package, which allows physiotherapist to produce written information on exercise programmes which are tailored to individual patient’s requirements. * Used to document patient assessment, problem list, goals as set with patient, and to record subjective and objective information and treatment on a daily basis. * A resume of initial assessment findings, treatment, progress and plan of future treatment. This is done on initial contact with patient and updated to inform medical staff of any changes in patient’s abilities and assists the multidisciplinary team in discharge planning. * An assessment document which contains patient information gathered by health and social care staff which assists in the identification of patients’ unmet needs and facilitates discharge planning. All qualified physiotherapy staff are required to provide information and/ or input information regarding their patient’s abilities and unmet needs prior to discharge. | | | | | |
| DECISIONS AND JUDGEMENTS | | | | | | | | | |
| Please describe the nature of supervision of the job, areas of discretion, and typical judgements made in the course of the job:   * Works autonomously with no supervision. * Deputising for the AHP team leader as required, which can involve urgent decision making, prioritisation of patient care within DME/ Medical and the wider department and delegation of work to more junior staff. * Decides priorities for own work area on a daily basis, balancing patient related and professional demands * Makes all clinical decisions independently, in relation to own specialist field. * Assesses, plans and undertakes physiotherapy treatment of patients as per presenting condition (often no medical diagnosis available) and decides when to discontinue intervention. * Decides when to refer to other disciplines/specialists following analysis and interpretation of assessment findings. * Takes decisions regarding discharge from service and onward referral of patients. * Develops comprehensive discharge plans in conjunction with other members of the multi disciplinary team often for complex discharges (involving several disciplines/ agencies). * Problem solves within area of specialisation regarding physiotherapy intervention. * In conjunction with line manager, determines competency and identifies development needs of more junior staff, support workers and students. | | | | | | | |  | |
| COMMUNICATIONS AND RELATIONSHIPS | | | | | | | | | |
| Who post holder communicates with:  Patients  Relatives and Carers  AHP team Leader,  Physiotherapy Staff and colleagues both within and out-with service area  Multi-disciplinary Team – AHPs, Pharmacists, Orthotists  Nursing Staff  Medical Staff/ Consultants  Community / Social Services  Administration and clerical staff  Local and national clinical interest groups  Voluntary support groups | | Communication may be verbal, written or electronic.  What communication is about:  Gaining consent to assessment/treatment, establishing rapport, exchange of information relating to assessment, diagnosis, goal setting, treatment, prognosis and discharge plan. Motivating patient to gain best outcome of treatment.  Future care of their relative/patient and the role of the physiotherapist in various aspects of that care. Can involve the communication of sensitive and complex medical/ musculoskeletal information.  Emotional support.  Advice on moving and handling, education, health promotion.  Matters concerning service delivery, training and development, clinical governance issues,  clinical support, advice and networking within the speciality and out-with. Service integration.  Transfer of patients between specialities.  Personal professional development – development planning, appraisal, clinical risk within clinical area, health and safety issues.  Patients’ treatment, progress and discharge planning/physiotherapy management of the patients care. Offering professional advice and offering solutions to resolve difficulties encountered in the care pathway. Joint treatment sessions. Liaison re home visits, discharge planning. Wheelchairs/orthoses, advice on medication and side effects.  Liaison with nursing staff re. Patient’s current medical status, mobility, functional abilities, positioning and handling, co-ordination of care.  Details of patient’s progress or plans for future care are written in the medical notes by the physiotherapist. Patient’s condition, concerns and advice.  Making referrals to other agencies and community teams.  Communicating of clinical information and liaison regarding patient care in the community/hospital/day hospital.  Maintenance of data. Recording of annual leave and sickness absence. Letter/ report production.  To enhance, share and disseminate clinical knowledge.  Patient/carer support, advice, information, education. | | | | | Any difficulties encountered:  Patients often present with communication difficulties: Poor eyesight, deafness, confusion, dementia, aphasia. Patients can also be uncooperative, abusive, aggressive, distressed or depressed.  Any information must be given in a way which ensures sensitivity to the receiver’s level of understanding and prior knowledge while maintaining patient confidentiality at all times.  Environmental problems e.g. Lack of privacy, noise etc.  Unrealistic expectations concerning treatment outcomes.  Balancing own clinical commitments while supporting and advising more junior staff.  Allocating time for this, which is suitable to both disciplines.  Maintenance of confidentiality of information while ensuring continuity of care. | | |
| PHYSICAL, MENTAL AND EMOTIONAL DEMANDS OF THE JOB | | | | | | | | |  |
| Physical skills: | * A wide and highly developed range of manual therapy skills required. * Manual moving and handling techniques. * Use of mechanical / electrical moving and handling equipment, * Manual therapy techniques involved in the treatment of patients e.g. to facilitate movement, in balance re-education, in respiratory care. These techniques involve an expert level of dexterity, sensory and co-ordination skills, precision and concentration and are essential in undertaking such treatments. * Keyboard skills requiring dexterity. | | | | | | | |  |
| Physical effort: | * Frequently required to move, heavy pieces of furniture / equipment, sometimes with the patient in situ. e.g. wheelchairs, chairs, beds, hoists, Encore * Rehabilitation frequently involves taking a considerable percentage of the patient’s body weight. * Manual and / or therapeutic handling of patients during the course of their rehabilitation with and without the use of equipment. * Assisting patient to stand up from bed or chair. * Assisting and supporting patient in standing/walking * Supporting a large proportion of the patient’s body weight. * Prolonged periods of continual walking or standing. * Working in cramped conditions/ static postures in limited space. * Frequent bending, twisting, kneeling and crouching are required throughout the shift. | | | | | | | |  |
| Mental demands: | * Maintaining high levels of concentration for long periods while having to regularly re-evaluate treatment and prioritisation of workload. * Intense concentration in the task at hand is required at all times when assessing or treating patients (sometimes more than one patient at a time) to ensure the safety of all concerned. Concentration is also essential in ensuring that the physiotherapist responds appropriately to any changes in the patient’s condition during treatment. * High levels of concentration are required while working in a speciality where patients may be challenging for various reasons e.g. dementia, acute confusional state, blindness, deafness, aphasia, lack of co-operation or aggression. * Flexibility in working practice is essential in order to accommodate the varying demands of the post and as frequent interruptions are common continual reappraisal and prioritisation of the workload is necessary. * Pager holder when deputising for AHP team leader | | | | | | | |  |
| Emotional demands: | * Dealing sensitively with emotional or distressing circumstances regarding patient care e.g. imparting news of poor physiotherapy outcome, treatment of the terminally ill, management of chronic pain and disability. * Deal with hostile and antagonistic situations with patients or relatives using highly developed negotiation and interpersonal skills. * Motivating and encouraging patients (particularly those who may be anxious or in pain) in the course of their treatment, in order to obtain the best outcome. * Working with patients whose behaviour may be challenging due to conditions such as dementia, confusional state. * Treating chronically degenerative / terminally ill patients. | | | | | | | |  |
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| MOST CHALLENGING/DIFFICULT PARTS OF THE JOB  * Gaining valid informed consent to treatment from patients and having the ability to work within a legal framework with patients who may lack the capacity to consent. * Deputising for AHP team leader as required which can involve urgent decision making, prioritisation of patient care and delegation of work to more junior staff. * Providing emotional support to patients who are distressed and / or confused and on occasion to provide emotional support to the patient’s family and friends. * Continually risk assessing, sometimes within areas where risk reduction to a desired level is difficult. * Coping with deteriorating or demanding patients and unco-operative relatives. * Motivating patients to carry out therapy and comply with advice in order to attain best outcome of intervention. * Providing leadership and motivation during times of service change.  Environmental Conditions  * The job involves frequent exposure to unpleasant working conditions e.g. body fluids (sputum, blood, urine, faeces), unpleasant smells and infections (MRSA) and occasional exposure to verbal and physical aggression. | | | | | | | | | |
| KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB | | | | | | | | | |
| Training and/or qualification(s) required:   * Diploma or Degree in physiotherapy/ or equivalent. * Health Professions Council registration. | | | | | | | | | |
| Level of experience/knowledge required:  Essential   * Post registration experience including emergency on-call. * Experience of working in a multi-disciplinary and multi-agency environment. * Must have a good working knowledge of all aspects of clinical governance including quality, audit and risk management. * Ability to organise, prioritise and delegate. * Leadership skills * Computer skills * Portfolio of evidence of continuous professional development including recent attendances at postgraduate courses in the field of elderly rehabilitation.  Desirable  * Membership of AGILE * Previous experience of working at Band 6/2nd tier Bd 5 level within rehabilitation * Previous involvement in service development * Previous responsibility for junior staff and experience of staff appraisal | | | Length of experience  Minimum 4 years | | | How specialised experience needs to be:   * Broad range of experience at junior level including, medical, respiratory, neurology, orthopaedic, MSK, and elderly rehabilitation. * Knowledge and experience of a varied range of approaches to the management of older patients demonstrated by advanced clinical reasoning. * Experience of liaising and communicating with the range of disciplines who are often involved with this patient group. Includes social and health care staff. | | | |
| **JOB DESCRIPTION AGREEMENT** | | | | | | | | | |
| Job Holder’s Signature:  Staff Representative’s Signature:  Head of Department’s Signature | | | | | Date:  Date:  Date: | | | | |