#### **JOB DESCRIPTION TEMPLATE**

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| JOB IDENTIFICATION |
| Job Title: Rehabilitation Assistant Practitioner Band 4 Responsible to: Team Lead for: Community Rehabilitation TeamDepartment(s): Physiotherapy/Occupational TherapyDirectorate: Fife H&SCP, Community Care ServicesOperating Division: Fife WideJob Reference:No of Job Holders: 6Last Update (insert date): November 2024 |

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| 2. JOB PURPOSE |
| To provide direct clinical assessment and intervention within level of scope to patients in their own home or homely setting referred by the multi-disciplinary team and other agencies/services. Patients are offered assessment of occupational and physical 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. Community Rehabilitation Teams   * Daily rehabilitation * Non-daily rehabilitation * Short Term Assessment 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 (RSW/HCSW) where appropriate.  * Participate with student and junior staff education. |

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| 4. ROLE OF DEPARTMENT | |
| Fife Community Rehabilitation Teams are based across 6 localities and provide assessment and rehabilitation in the patient’s own home or homely setting to prevent hospital admission, support early hospital discharge and community rehabilitation.  Community Rehabilitation service:   * To provide a high quality, effective and equitable Therapy Services to the designated population within Fife. * To assess and treat referred individuals in line with Royal College of Occupational Therapy and Chartered society of Physiotherapy 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. * To be actively involved in the service development | |
| 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 individuals 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 and functional 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. Prioritise patient needs (triage), to ensure individuals receive timely intervention. 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 sand minor adaptations. To include delivery, fit and demonstration.  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.  5.3 Educational  1. Maintain and complete the Occupational Therapy competencies checklist. 2. Maintain and complete the Physiotherapy competencies checklist. 3. Develop and update clinical knowledge. 4. Provide training and advice to staff as appropriate e.g. equipment. 5. Actively participate and support training within the Therapy Service. 6. Assist in the education of multidisciplinary team members and others to promote knowledge of Therapy. 7. 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 and CSP 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.
* Mobility equipment and specific physiotherapy tools.
* Treatment/Rehabilitation – equipment to promote recovery of function within treatment programmes e.g. theraputty, gripable, etc.
* Orthoses – e.g. hands splints

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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 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 being responsible for own caseload with available support from the Therapy team. * A designated 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 Therapy Staff.
* Referral to appropriate agencies if required.

**Clinical Care**

* Make autonomous 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, e.g. aggressive/challenging behaviour, deteriorating patient, falls.
* Contribute to a safe working environment and report any concerns to facilities.

**Delegation**

* Refer to 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. * Work with patients who have a life changing and life limiting illness. * Work with patients who are emotionally distressed by their illness or disability. * Engage with patients families who may have differing views to the patient. * Undertake 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**   * Engage the patient/service user in order to develop therapeutic relationships e.g. good conversation, informal counselling or persuasive/motivational skills. * Convey details of 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.     **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 tasks to B3 support staff as appropriate. * Attend and participate in meetings.   **Therapy staff (external)**   * Communicate, negotiate and liaise with appropriate 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 Therapy.   **Other Agencies** (Local Authority, voluntary sector, etc)   * Liaise 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 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. * Assist 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. * Work 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/walk for the majority of shift. * Work 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:**   * Respond 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. * Balance clinical vs. non-clinical priorities. * Awareness of team dynamics.   **Emotional Demands:**   * Support patients through episodes of bereavement or loss. * Work with vulnerable adults, dealing with patients disclosing abuse. * Deal with challenging behaviours including people demonstrating verbal and/or physical aggression and potential for self-harm. * Discuss sensitive issues with patients/carers/relatives and using basic counselling skills to deal with the situation eg. Loss, spirituality, sexual needs. * Deal with difficult situations and circumstances, eg unexpected organisational complications, life events, behaviour or new demanding work challenges. * Maintain 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. Difficile * 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 * Have the ability to travel timely in this community position to fulfil requirements of the role and manage caseload effectively. |

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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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