



Provider Group – Joint Job Evaluation Job Fact Sheet

Job #026 – Occupational & Physical Therapist Assistant

PLEASE PRINT

Section 1 – INTRODUCTION

Purpose: This section provides general direction for completing the Job Fact Sheet and is further supplemented by the additional instructions set out in the remaining sections of this Job Fact Sheet.

The collection of accurate, complete, up-to-date and gender neutral job information is essential to, and forms the basis of, the job evaluation process.

This Job Fact Sheet (JFS) provides a format and serves as a questionnaire designed to describe a job, to capture the skill, effort and responsibility normally required in the work, and to record the conditions under which it is usually carried out. The JFS focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF AN INDIVIDUAL'S PERFORMANCE ON THE JOB.**

Please read the JFS carefully, and complete each section. Throughout the JFS examples are requested and are important as you describe the job. Provide additional information on the back blank pages of this document, additional job holder comments can be recorded in Section (16) on page 26, or attach additional pages if necessary.

SUPERVISOR – STEPS TO FOLLOW:

- a. **New Job:** complete Job Review Request Form (JRRF), complete a proposed JFS and proposed Job Description.
- b. Forward all documents to your Human Resources representative.
- DO NOT CHANGE EMPLOYEE'S RESPONSES.**

EMPLOYEE - STEPS TO FOLLOW:

- Please read the JFS carefully, and complete each section. If you find that some questions do not relate to your job, please write in “not applicable”.
 - The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
 - Group submissions are encouraged for employees doing the same or very similar job duties.
 - It is suggested that you complete Sections 6 through 15 before completing Sections 4 and 5. The “Sample Key Activities” (see Appendix A) may assist you in completing Section 5.**
 - Once you have completed the JFS and if you have not already submitted a JRRF, please complete and forward both documents to your Human Resources representative. Keep a copy of all documentation for your records. Please complete the Signatures Section (17) on page 26.
 - Your immediate **Out-of-Scope Supervisor** (Supervisor) will review your completed JFS and add comments at the end of each section.
- ▶ Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job – not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

Section 2 – ORGANIZATIONAL WORK CHART

Purpose: This section gathers information regarding the organization in which your job functions.

Complete the Chart below:

▶ Be sure to write in the **Provincial JE Job Title of the position** – not the name of the person currently in the job.

Title of your immediate Out-of-Scope Supervisor

Title of your immediate Supervisor (if different than above)

Your current Provincial JE Job Title

Your current Provincial JE Job Number: _____

Provincial JE Job Titles that report directly to you (if applicable)

SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Section 3 – JOB IDENTIFICATION

Purpose: This section gathers basic identifying material so we can keep track of completed Job Fact Sheets.

Provide your name and work telephone number(s) for contact purposes. For group JFS submissions, please note the name and telephone number(s) of the contact person.

Name of person completing the JFS for a single employee, or contact person for group JFS submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES ARE DOING THE SAME JOB):

Name (Print): _____ Employee No.: _____

Work Telephone: _____ E-Mail Address: _____

Regional Health Authority/Affiliate: _____

Facility/Site: _____ Department: _____

See Section 18 on page 28 for signatures.

Provincial JE Job Title: _____ Date: _____

Provincial JE Number: _____ Office use only: JEMC No. M - -

Section 4 – JOB SUMMARY

Purpose: This section describes why the job exists.

Briefly describe the general purpose of this job: *Assists with treatment programs and application of therapeutic modalities under the direction of a Registered Therapist to restore, maintain and/or enhance the level of functional independence and quality of life of clients/patients/residents.*

Tips:

- ▶ Consider “Why does this job exist?” and “What is this job responsible for?”
- ▶ Think about what you would say if someone approached you and asked you about your job.
- ▶ You may wish to begin with: “The (Job Title) exists to ...” or “The (Job Title) is responsible for...”

SUPERVISOR’S COMMENTS – JOB SUMMARY

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

 _____ Supervisor’s Initials: _____

Section 5 – KEY WORK ACTIVITIES

Purpose: This section describes the key activities, duties and responsibilities of the job.

Consider the full range of job duties or responsibilities undertaken over the year. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g., counseling and patient education, preventative maintenance, community involvement). Estimate (to the nearest 5%) the percentage of time per year spent on each key work activity summarized in the section(s) below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: ½ day every day per year = 50%; 3 months per year = 25%; 2 ½ weeks per year = 5%

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities. If using abbreviations, acronyms or technical terminology, please initially explain their meaning.

- ▶ Don't get lost in detail in describing the duties and responsibilities. Use clear verbs about things that are done in connection with each one. Avoid using a gender biased wording (i.e. he or she) in describing the work.
- ▶ It is important that the **whole job** be described, not just a particular dimension or a special project.

The "Sample Key Activities" (see Appendix A) may assist you in completing this section.

Key Work Activity A: Therapeutic Intervention

Duties/Responsibilities:

- ◆ *Performs and/or assists with therapeutic/functional programs and motivates clients/patients/residents to achieve goals (e.g., self-care training, chest therapy, therapeutic exercise, range of motion, hydrotherapy, hot wax).*
- ◆ *Assists clients/patients/residents with mobility (e.g., dangling, walking, transferring, care/use of mobility aids).*
- ◆ *Assists clients/patients/residents with recreation programs (e.g., horticulture programs, cooking, computer use).*
- ◆ *Assists with the application of modalities (e.g., thermal, electrical, Jobst, intermittent compression pump).*
- ◆ *Applies therapeutic treatment under the direction of a physical Therapist (e.g., ultrasound, laser, Interferential muscle stimulation, TENS [Transcutaneous Muscle Stimulation], SPO2 [Pulse Oximeter] Monitor, blood pressure monitor).*
- ◆ *Assists with application and removal of braces and prostheses.*
- ◆ *Provides home visits for postoperative surgery programs (e.g., deliver/check equipment, review exercise programs, practice balance training, chest therapy).*
- ◆ *Observes, facilitates, monitors and communicates/charts client progress or equipment adaptations.*
- ◆ *Provides input into client/patient/resident care plans.*
- ◆ *Scores standardized tests (e.g., BERG, TUG, BRADEN Scale, MOCA).*
- ◆ *Provides Activities of Daily Living training (e.g., correct, cue, prompt, dressing, feeding).*
- ◆ *Educates clients, family members, nursing and other staff (e.g., back education, self-care training, use of equipment, transfers and positioning).*
- ◆ *May assist with cardio respiratory treatments (e.g., percussions, vibration and positioning)*
- ◆ *May assist with pool therapy program.*

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: Equipment

Duties/Responsibilities:

- ◆ *Assists with the modification, fabrication, construction of adaptive equipment and treatment devices (e.g., molding, sewing, splints, specialty surfaces, beds and mattresses).*
- ◆ *Liaises with equipment suppliers (e.g., Saskatchewan Abilities Council), where required.*
- ◆ *Maintains, cleans, monitors and arranges repair of equipment (e.g., wheelchairs, TENS, ultrasound and interferential current.)*

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Key Work Activity C: Administrative Duties

Duties/Responsibilities:

- ◆ *Scheduling patients and prioritizing appointments.*
- ◆ *Prioritizing requisitions.*
- ◆ *Team conferences for discharge planning.*
- ◆ *Performs clerical duties (e.g., word processing, filing, answering telephone, charting and billing).*

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity D: Education

Duties/Responsibilities:

- ◆ *Educates clients/patients/residents and families on equipment use under the direction of the Therapist.*
- ◆ *Provides in-service for other staff on how to use adaptive equipment.*
- ◆ *Assists Therapist with providing educational opportunities to other facilities.*
- ◆ *Promotes staff health and wellness.*

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Key Work Activity E: Related Key Work Activities

Duties/Responsibilities:

- ◆ *Provides occasional guidance to the primary function of others, including training.*
- ◆ *Maintains departmental statistics.*
- ◆ *Escorts/drives clients on outings, where required by the job.*
- ◆ *Monitors and maintains inventory.*

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Section 6 – DECISION-MAKING

Purpose: This section provides a series of situations that may be encountered on the job requiring decision making before taking action.

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under “Other”.

- ▶ Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under “Most of the time” and give examples. If the job requires you to modify established methods often, check “Often”.

	Almost never	Sometimes	Often	Most of the time
<p>(a) In this job, do you (check all responses that apply)</p> <p>Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: <i>For routine pre and post-operative procedures such as hip and knee surgery, precautions and protocols are established but patient care is dynamic.</i></p>				X
<p>Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Client education – back education, kitchen, bathroom and bath activities are continually modified and updated as necessary (e.g., Safety issues). Do problem solving in a variety of situations, adaptive equipment/resources (e.g., Bariatric client-transfers, safe chair, safe transport).</i></p>		X		
<p>Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: _____</p>				
<p>(b) When there is a situation you have not come across before, do you (check all responses that apply)</p>				
Immediately ask the supervisor/leader what to do			X	
Ask co-workers for help in deciding what to do			X	
Read manuals and figure out what to do		X		
Decide with your supervisor what to do			X	
Check guidelines and past practices			X	
Decide what to do based on your related experience			X	
Get advice with problems from management and/or other sources (e.g., <i>Medichair, Independent Living</i>).		X		
Other (specify) <i>Interpret clients response to applied modalities.</i>			X	

Section 6 – DECISION-MAKING (cont'd)

(c) To what extent are the decision-making requirements of this job guided by others (check all responses that apply and provide examples)	Almost never	Sometimes	Often	Most of the time
Immediate supervisor Example: <i>Registered Therapist, Unit Manager, Patient Care Coordinator.</i>				X
Others in own program/department Example: _____	X			
Others within the RHA Example: <i>Nurses, Pharmacy, Infection Control.</i>		X		
Departmental Management Example: _____	X			
Specialists / Clinical Experts Example: <i>Physicians, Psychiatrists, Speech Therapists.</i>		X		
Senior Management Example: _____	X			
Other Example: _____				

SUPERVISOR'S COMMENTS – DECISION-MAKING

Are the responses to the question: Complete Incomplete
 Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Section 7 – EDUCATION AND SPECIFIC TRAINING

Purpose: This section gathers information on the minimum level of completed formal education required for the job.

(a) What **minimum** level of completed schooling or formal training would be necessary for a **new person** being hired into this job? **This does not reflect the education that you have, but what is the typical minimum requirement of the job.**

▶ The total **minimum** level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required prior to graduation or certification.

(i) High School: Grade 10 Grade 11 **Grade 12**

(ii) Technical/Vocational/Community College: 1 year **2 years** 3 years

Specify (Do not use abbreviations): *Occupational /Physical Therapist Assistant diploma (Medicine Hat College)*

(iii) Licensed Trades: 1 year 2 years 3 years 4 years 5 years

Specify (Do not use abbreviations): _____

(iv) University: 3 years 4 years Masters

Specify (Do not use abbreviations): _____

(b) Is any Provincial, National or professional certification mandatory? Yes *No*

If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):

(c) What additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:

Specify (Do not use abbreviations):

- ◆ *Basic computer skills*
- ◆ *Communication skills*
- ◆ *Interpersonal skills*
- ◆ *Ability to work independently*
- ◆ *Valid driver's license, where required by the job*
- ◆ *Laser Certification, where required by the job*

SUPERVISOR'S COMMENTS – EDUCATION AND SPECIFIC TRAINING

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Section 8 – EXPERIENCE

Purpose: This section gathers information on the minimum relevant experience required for a job. Relevant experience may include previous job-related experience and/or on-the-job learning or adjustment.

Estimate the **minimum** relevant experience gained: (a) prior to and/or (b) on-the-job, that is required for a new person with the education recorded in Section 7 to acquire the skills needed to carry out the requirements of this job.

- ▶ For part (a), ask yourself, “*Is previous related job experience necessary? If so, how much?*”
- ▶ For part (b), ask yourself, “*Is time on the job required to learn new tasks and responsibilities or to adjust to the job? If so, how much?*”
- ▶ **Do not include laboratory, practicum, clinical or apprenticeship, etc., time recorded in Section 7, Education and Specific Training.**

(a) Required previous related job experience (**do not include practicum or apprenticeship if covered in Section 7 – Education and Specific Training**)

- None*
 6 months
 1 year
 3 years
 5 years
 Up to 3 months
 9 months
 2 years
 4 years
 Other (specify) _____

Describe the experience requirements gained on previous jobs here or elsewhere needed to prepare for this job:

(b) Average time required on the job to learn and/or adjust to this job:

- 1 month or fewer
 6 months
 1 year
 3 years
 3 months
 9 months
 2 years
 Other (specify) _____

Describe the tasks and responsibilities that need to be learned in order to satisfy the requirements of this job:

- ◆ *Applying care plans to a range of clients/patients/residents.*
- ◆ *Become familiar with region/facility/department policies and procedures.*

SUPERVISOR’S COMMENTS – EXPERIENCE

- Are the responses to the question:**
 Complete
 Incomplete
Do you agree with the responses:
 Yes
 No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

Supervisor’s Initials: _____

Section 9 – INDEPENDENT JUDGEMENT

Purpose: This section gathers information on the extent to which the job exercises independent action.

All jobs require some independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require exercising judgement or taking actions that have no precedents to serve as a guide.

Consider the type and level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional standards, precedents, leadership from others and direct supervision.

(a) To what extent does this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions directing actions required?

Please check the answer that most closely represents expected job requirements.

- Most job requirements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.
- Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.
- There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.
- Other (please explain): _____

(b) To what extent does this job exercise judgement to determine how the work is to be done?

Please check the answer that most closely represents expected job requirements.

- Work is mostly repetitive and predictable with little need for judgement. Example: _____
- Work may present some unusual circumstances that require judgement or choices to be made. Example: _____
 - ◆ *Constantly exercise judgment to determine client status on a daily basis, and alter programming as situation necessitates, based on clients response to modalities being applied.*
- Work presents difficult choices or unique situations that require judgement. Example: _____

SUPERVISOR'S COMMENTS – INDEPENDENT JUDGEMENT

Are the responses to the question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Supervisor's Initials: _____

Section 10 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships necessary in doing the job.

(a) What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

Purpose of Contact:

- | | |
|---|---|
| A No exchange | E Counseling |
| B Exchange of factual or work-related information | F Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department |
| C Explanation and interpretation of information or ideas | G Negotiation of service and / or supply agreements |
| D Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities | |

	PURPOSE OF CONTACT						
	Check off all that apply (more than one, if applicable)						
	A	B	C	D	E	F	G
Employees in the same department		X	X	X			
Employees in another department/site (specify): <i>Speech Language Therapy, Nursing, Home Care, Maintenance, Activity.</i>		X	X	X			
Students		X	X				
Supervisor / supervisors of programs / departments or services		X	X	X			
Clients / patients / residents		X	X	X	X		
Family of clients / patients / residents		X	X	X	X		
Physicians		X	X				
Business representatives		X					
Suppliers / contractors		X					
Volunteers		X	X				
General Public		X	X				
Other health care organizations or agencies (e.g., <i>Personal care home</i>)		X	X				
Professional organizations / agencies (e.g., <i>Sask Abilities Council</i>)		X	X				
Government departments (e.g., <i>Veterans Affairs</i>)		X	X				
Social Service establishments							
Community Agencies		X					
Police and Ambulance							
Foundations							
Others (specify)							

Section 10 – WORKING RELATIONSHIPS (cont'd)

► Questions (b) to (k) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

HOW OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(b) Have to tell people things they <u>DO NOT</u> want to hear?				
▪ Other employees		X		
▪ Client / patients / residents / families			X	
▪ The general public	X			
▪ Other (specify)				
(c) Have contact with very upset or very angry:				
▪ Clients / patients / residents / families (not other workers)			X	
▪ Outside groups (not other workers)	X			
▪ General public	X			
▪ Other employees		X		
▪ Management	X			
▪ Physicians	X			
▪ Other (specify)				
(d) Have contact with extreme / special needs clients / patients / residents? <i>Specify: Mentally, physically disabled, stroke survivors, cancer clients, brain injuries, quadriplegics.</i>				X
(e) Talk with clients / patients / residents to:				
▪ Get information from them				X
▪ Inform them				X
▪ Counsel them		X		
▪ Devise mutual goals / objectives with them			X	
▪ Check on their progress				X
(f) Talk with families to:				
▪ Get information from them				X
▪ Inform them			X	
▪ Counsel them		X		
▪ Devise mutual goals / objectives with them			X	
▪ Check on their progress	X			
(g) Talk with physicians to:				
▪ Get information from them		X		
▪ Inform them			X	
▪ Devise mutual goals / objectives with them	X			

Section 10 – WORKING RELATIONSHIPS (cont'd)

HOW OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(h) Talk with general public to:				
▪ Provide information		X		
▪ Respond to questions		X		
▪ Make presentations	X			
(i) Talk with other employees to:				
▪ Get information from them				X
▪ Inform them				X
▪ Counsel / <u>persuade</u> them	X			
▪ Give them advice on work procedures			X	
▪ Get advice from them on work procedures			X	
▪ Get cooperation from other parts of the organization on projects and programs			X	
▪ Other (specify) <i>Make presentations</i>		X		
(j) Talk to vendors, contractors, consultants, government agencies and other external groups or organizations to:				
▪ Get information from them		X		
▪ Confer with peer professionals		X		
▪ Inform them		X		
▪ Arrange for services		X		
▪ Devise mutual goals / objectives with them		X		
▪ Lead meetings	X			
▪ Check on their progress	X			
▪ Other (specify)				
(k) Other (specify):				
<hr/> <hr/>				

SUPERVISOR'S COMMENTS – WORKING RELATIONSHIPS

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

 Supervisor's Initials: _____

Section 11 – IMPACT OF ACTION

Purpose: This section gathers information on the likelihood of impact of action occurring when carrying out the duties of the job. Consider the responsibility for actions, resources and services, and the extent of the losses.

When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcome on the following? Such effects are typical and not considered as carelessness, willful neglect or extreme circumstances.

Injury or discomfort of others Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Transfers and lifts patients.*

Embarrassment in public, client / patient / resident, families, business or employee relations Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Trust has to be maintained for effective delivery of therapy. All interactions will have impact.*
- ◆ *Instruct family on how to help with exercise programs and teach body mechanics.*

Delays in processing or handling of information or in the delivery of services Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Improper prioritization of work can delay follow up care.*

Actions which impact on departmental / site / agency / region operations Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Professionalism and accuracy.*

Damage to equipment / instruments Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Equipment needs to be installed, maintained, adjusted and kept in excellent working condition to provide safety and to get results.*

Loss of or inaccurate information Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Accuracy of recording and organizing client charts.*

Financial losses including withdrawal of commitment or withholding of funds Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Billing of adaptational devices that are fabricated for clients (e.g., WCB, SGI)*

Other – Is an impact likely? Yes No

If yes, please provide an example(s):

- ◆ *Improper prioritization of work can delay patient care.*

SUPERVISOR'S COMMENTS – IMPACT OF ACTION

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” is selected):

_____ Supervisor's Initials: _____

Section 12 – LEADERSHIP/SUPERVISION

Purpose: This section gathers information on the requirements to supervise others, lead others and / or provide functional guidance or technical direction to enable them to carry out their job.

Leadership refers to the requirements of the job to supervise others, lead others, provide functional guidance or provide technical direction to enable other employees to carry out their job. **Do not include clients / patients / residents.**

Specify any jobs or work group as appropriate, under one or more of these categories. **Check all that apply and provide examples.**

- | | |
|---|---|
| <input checked="" type="checkbox"/> Familiarize new employees with the work area and processes
<input checked="" type="checkbox"/> Assign and/or check work of others doing work similar to yours
<input type="checkbox"/> Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s)
<input checked="" type="checkbox"/> Provide functional advice / instruction to others in how to carry out work tasks
<input type="checkbox"/> Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities
<input checked="" type="checkbox"/> Provide input to appraisal, hiring and/or replacement of personnel
<input type="checkbox"/> Coordinate replacement and/or scheduling of employees
<input type="checkbox"/> Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group
<input type="checkbox"/> Supervise the work, practices and procedures of a defined program
<input type="checkbox"/> Supervise the work, practices and procedures of a department
<input type="checkbox"/> Provide counseling and/or coaching to others
<input checked="" type="checkbox"/> Provide health promotion / outreach (teaching / instruction)
<input type="checkbox"/> Other (specify) | <p style="text-align: center;">Examples</p> <p><i>Students, new Therapy Assistants.</i></p> <p><i>Students, new staff.</i></p>
<p><i>Nursing staff.</i></p>
<p><i>Students.</i></p>
<p><i>Staff, Clients/Patients/Residents/Families.</i></p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> |
|---|---|

SUPERVISOR'S COMMENTS – LEADERSHIP/SUPERVISION

Are the responses to the question: Complete Incomplete
 Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" is selected):

 _____ **Supervisor's Initials:** _____

Section 13 – PHYSICAL DEMANDS

Purpose: This section gathers information on the physical effort and for the accurate hand/eye or hand/foot coordination required on a regular basis in your job.

(a) What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job.

- ▶ Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.
- ▶ Frequency means **how often** each activity occurs within the day.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the duration, frequency and weight of the activity. **Only indicate weight where applicable.**

Light weight – up to 9 kg / 20 lbs

Occasional – means the activity occurs once in a while – less than 50% of the time

Medium weight – over 9 kg / 20 lbs

Regular – means the activity occurs often – between 50% - 75% of the time

Heavy weight – over 23kg / 50 lbs

Frequent – means the activity occurs every day – over 75% of the time

- ▶ Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

ACTIVITY EXAMPLES	DURATION	FREQUENCY			WEIGHT
	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
<i>Assist clients/patients/residents with activities of daily living/ mobility and range of motion</i>	75%			X	H
<i>Walking</i>	40 – 60%			X	
<i>Standing</i>	40 – 60%			X	
<i>Sitting</i>	10 – 25%			X	
<i>Lifting</i>	5 – 10%		X		
<i>Driving</i>	0 – 10%	X			
<i>Stretching/Reaching (e.g., Equipment set-up and take down)</i>	15 – 25%		X		
<i>Computer operation</i>	5 – 10%		X		
<i>Twisting</i>	5 – 10%		X		

Section 13 – PHYSICAL DEMANDS (cont’d)

(b) Does your work require **accurate hand/eye or hand/foot coordination**? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

▶ **Examples:** keyboard skills, repairing fine instruments/equipment; floor polishers; folding laundry; mechanical; plumbing; giving injections; dispensing oral medications; lawn mowers; sorting mail; electrical; driving; drafting; using long-handled tools such as mops and shovels; stocking shelves; positioning patients and equipment; carpentry.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Occasional – means the activity occurs once in a while – less than 50% of the time
Regular – means the activity occurs often – between 50% - 75% of the time
Frequent – means the activity occurs every day – over 75% of the time

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Regular	Frequent
<i>Transferring patients</i>	50%			X
<i>Walking with clients</i>	25%			X
<i>Computer operation</i>	5 – 10%		X	
<i>Charting</i>	5 – 10%			X
<i>Driving</i>	0 – 10%	X		
<i>Sewing</i>	0 – 10%	X		
<i>Splinting</i>	5 – 10%	X		
<i>Adjusting and repairing equipment</i>	5 – 10%		X	
<i>Precision treatments(e.g., laser, ultrasound, range of motion measurement)</i>	0 – 15%	X		

SUPERVISOR’S COMMENTS – PHYSICAL DEMANDS

Are the responses to the question: Complete Incomplete
 Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

Supervisor’s Initials: _____

Section 14 – SENSORY DEMANDS

Purpose: This section gathers information on the frequency and duration of sensory demands required by your job.

(a) What **Visual Effort** is required on a **concentrated** basis in your job? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

▶ Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

▶ Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time

Regular – means the activity occurs often – between 50% - 75% of the time

Frequent – means the activity occurs every day – over 75% of the time

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Regular	Frequent
<i>Observing clients/patients/residents during treatment and therapeutic programs</i>	75%			X
<i>Observing equipment</i>	15 – 30%			X
<i>Computer operation</i>	5 – 10%		X	
<i>Charting</i>	5 – 10%			X
<i>Driving</i>	0 – 10%	X		
<i>Clerical duties</i>	5 – 10%		X	
<i>Precision treatments(e.g., laser, ultrasound, range of motion measurements)</i>	0 – 15 %	X		

Section 14 – SENSORY DEMANDS (cont'd)

(b) Does your job require that you **Listen Attentively**? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

- ▶ **Examples:** taking dictation, counseling; negotiating; taking minutes of meetings; taking telephone messages; operating a switchboard; alarm systems; mechanical/equipment sounds; taking directions or instructions; observing clients/patients/residents.
- ▶ Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.
- ▶ Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time
Regular – means the activity occurs often – between 50% - 75% of the time
Frequent – means the activity occurs every day – over 75% of the time

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Regular	Frequent
<i>Listen to clients/patients/residents and families</i>	75%			X
<i>Telephone</i>	5 – 10%			X
<i>Taking direction or instruction</i>	25%			X
<i>Alarms</i>	5 – 10%			X
<i>Equipment sounds (e.g., blood pressure auscultation)</i>	5 – 10%			X

Section 14 – SENSORY DEMANDS (cont'd)

(c) Must attention be shifted frequently from one job detail to another?

▶ Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment

Yes No

If yes, please give examples:

◆ *Unpredictability of clients/patients/residents requires constant shifting of focus.*

SUPERVISOR'S COMMENTS – SENSORY DEMANDS

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

Supervisor's Initials: _____

Section 15 – WORKING CONDITIONS

Purpose: This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried out.

(a) Are you exposed to some degree of **unpleasantness** in the day-to-day activities of your job? **Check all conditions that apply to you, and indicate only one of “occasional”, “regular”, or “frequent”.**

- Occasional** – means the condition occurs once in a while – less than 50% of the time
Regular – means the condition occurs often – between 50% - 75% of the time
Frequent – means the condition occurs every day – over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Blood/body fluids		X	
Chemical substances (specify) <i>Cleaning solutions</i>			X
Cold	X		
Congested workplace		X	
Dust	X		
Extreme temperature	X		
Foul language		X	
Grease		X	
Head lice	X		
Heat		X	
Inadequate lighting		X	
Inadequate ventilation		X	
Insects, rodents, etc. (e.g., <i>bed bugs</i>)	X		
Interruptions			X
Isolation (e.g., <i>Home Care, rural settings</i>)		X	
Latex	X		
Moisture			X
Mold	X		
Multiple deadlines			X
Noise			X
Odour		X	
Oil	X		
Radiation exposure (specify)			
Second hand smoke <i>Home Care</i>		X	
Soiled linens			X
Steam	X		
Transporting or handling human remains <i>Home Care</i>	X		
Travel <i>Home Care</i>			X
Vibration <i>Grinder, drill</i>		X	
Other (specify) <i>Pets (Home Care)</i>	X		

Section 15 – WORKING CONDITIONS (cont'd)

(b) Is there some degree of exposure to **hazards** in the day-to-day activities of your job? **Check all hazards that apply to you, and indicate only one of “occasional”, “regular”, or “frequent”.**

- Occasional** – means the condition occurs once in a while – less than 50% of the time
- Regular** – means the condition occurs often – between 50% - 75% of the time
- Frequent** – means the condition occurs every day – over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Abusive clients		X	
Blood/body fluids		X	
Chemical substances (specify): <i>Cleaning supplies</i>		X	
Travelling in inclement weather	X		
Excessive/unpredictable weights		X	
Exposure to infectious disease (specify): <i>HIV, Staph., Hepatitis, TB, MRSA</i>		X	
Extreme noise	X		
Faulty/inadequate equipment	X		
Personal injury		X	
Personal safety at risk due to isolation <i>Home Care</i>	X		
Radiation exposure (specify)			
Sharp objects	X		
Small aircraft			
Steam <i>Hydrocollator</i>	X		
Verbal and/or physical abuse	X		
Video display terminal	X		
Violence <i>Mental health/dementia clients</i>	X		
Working from heights			
Other (specify): <i>Pets (Home Care)</i>	X		

Section 15 – WORKING CONDITIONS (cont'd)

(c) Do you have to take certain training, precautions or wear protective clothing to avoid a work injury? (Check one and provide an explanation or example of the type of precaution(s) normally taken.)

Yes No

Please explain your answer:

◆ *Personal protective equipment, TLR, PART, WHMIS, gentle persuasion.*

SUPERVISOR'S COMMENTS – WORKING CONDITIONS

Are the responses to the question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

Supervisor's Initials: _____

Section 16 – OTHER COMMENTS

Please add any additional information or comments and reference the specific JFS section and question as appropriate.

Section 17 – SIGNATURES

(a) Single job submission: **NAME: (Please Print Legibly):** _____

SIGNATURE: _____

DATE: _____

(b) Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign:

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

DATE: _____

PLEASE SUBMIT TO REGIONAL HUMAN RESOURCES DEPARTMENT OR AFFILIATE ADMINISTRATOR/EXECUTIVE DIRECTOR

Section 18 – OUT-OF-SCOPE SUPERVISOR’S COMMENTS

Please add any additional information or comments and reference the specific JFS section and question as appropriate.

Immediate Out-of-Scope Supervisor

Name: **(Please print legibly)** _____

Signature: _____

Job Title: _____

Department: _____

Work Phone Number: _____

E-Mail Address: _____

Date: _____

Appendix A

Sample Key Activity Summary Statements

A

- Accounting
- Accounting operation
- Activities and events
- Administration and communication
- Administration duties
- Administrative activities
- Administrative functions
- Administrative procedures
- Administrative support to executive levels
- Admission, discharges and transfers
- Analysis and detection of epidemics
- Assessment and diagnosis
- Assists with training programs

B

- Budget activities
- Budget administration
- Budget and financial management
- Budget and professional development
- Budget and unit administration
- Budget management
- Budget preparation and control
- Budget unit administration

C

- Carpentry functions
- Cleaning designated areas

- Cleaning functions
- Clerical duties
- Clinical and patient pastoral services
- Clinical nursing practice
- Clinical pharmacy
- Clinical practice
- Clinical services
- Coding and abstracting
- Collaboration and Education
- Committee and coordination activities
- Committee and professional development
- Committee involvement
- Committee participation
- Committee representation
- Committees and communication
- Committees and community liaison
- Committees and meetings
- Communication and coordination
- Communications and public relations
- Community involvement
- Community resources and liaison
- Compiling reports and statistics
- Consultation
- Consultation and collaboration
- Consultation and program development
- Consultation with team
- Contact with medical staff
- Contact with vendor representatives
- Continuing education

- Control and allocation of beds
- Control of expenditures and government regulations
- Coordination and communication
- Coordination of health services functions
- Coordination of internal and external health care professionals
- Counseling
- Counseling and patient education
- Counseling, treatment and referrals

D

- Daily accounts receivable functions
- Department and administrative activities
- Department management
- Development of departments
- Development of nursing education programs
- Development of quality assurance programs
- Diagnosis
- Discharge planning
- Dispensing drugs and monitoring patient profiles
- Drug distribution
- Drug selection and information services

E

- Education

- Education (non patient)
- Education and research
- Education consultant
- Education program implementation
- Educational and professional development
- Emergency procedures
- Enforces security, fire and safety regulations
- Equipment testing
- Evaluates radiographs for quality
- Evaluation

F

- Financial and department planning
- Financial management
- Financial systems and controls
- First aid
- Food distribution
- Food preparation
- Food service and nutritional services

G

- General office duties

H

- Health records and quality assurance
- Hospital management
- Housekeeping activities
- Human resource and budget management
- Human resource functions
- Human resources management

I

- Installations
- Investigations

L

- Laboratory Aide functions
- Laboratory technical functions
- Labour relations functions
- Laundry operations
- Lawn and garden maintenance
- Life safety programs and services

M

- Mail and filing
- Maintains directory and files
- Maintains inventory control
- Maintenance and administration
- Maintenance and cleanliness
- Maintenance and committee work
- Maintenance and trouble shooting
- Maintenance of equipment
- Maintenance of records
- Maintenance of telephone and records
- Management of department
- Management of Health Records Department
- Management of laboratory
- Management of systems contractors and suppliers
- Management of the library
- Management of volunteers
- Materials management programs
- Media relations
- Medical management

- Menu board maintenance
- Mobilization and transporting of patients
- Monitors entry and exit of visitors/patients in and out of hospital

N

- Narcotic and controlled drugs
- Narcotic control drug audit
- Nursing care process
- Nutritional and dietary assessment

O

- Occupational therapy program
- Ongoing health program administration
- Operates cash register
- Ordering supplies
- Ordering supplies and inventory
- Orientation
- Orientation of new staff
- Other secretarial functions

P

- Painting functions
- Participation in committees
- Patient care
- Performs electrical circuit installations and completes electrical change requests
- Performs laboratory test procedures
- Performs preventative maintenance
- Performs radiographic examinations
- Pharmacy budget and committees
- Pharmacy functions
- Physiotherapy program
- Planning and organizing

- Planning and organizing carpentry activities
- Planning and organizing of daily painting activities
- Planning and organizing plumbing activities
- Planning and unit administration
- Plant maintenance
- Plant operations
- Play therapy
- Plumbing functions
- Policy and procedure development
- Preparation of annual budgets
- Prepares and writes programs
- Processing of doctors orders
- Production reports and records
- Professional development
- Professional growth
- Professional standards
- Program development
- Protection of hospital building and premises
- Provides assistance to departments on request
- Provides information and Library Services
- Provides physical care to patients
- Psycho-social assessment and counseling
- Public inquires
- Public relations
- Pulmonary function testing
- Purchasing activities

Q

- Quality assurance and audit
- Quality assurance and maintenance of equipment
- Quality assurance/control
- Quality control and preventative maintenance

R

- Receipt and delivered items
- Reception and telephone
- Receptionist functions
- Recording and monitoring results
- Releasing information
- Repairs and maintenance to equipment
- Report production
- Reporting and communication
- Reporting and documentation
- Reporting the test results
- Reports and records information required by nursing staff
- Research
- Research and education
- Research into hospital activities
- Respiratory care
- Responds to incoming/outgoing telephone calls and inquires
- Reviewing test results

S

- Scheduling and coordination activities
- Scheduling and processing

- Scoring and interpretation
- Secretarial functions
- Selects, acquires and organizes library materials
- Social work functions
- Sterile product preparation
- Strategic planning
- Supervises activities
- Supervises technicians
- Supervision
- Surveillance of nursing units
- Systems development process
- Systems planning and maintenance

T

- Teaching and education
- Telephone and reception
- Test administration
- Testing procedure
- Therapeutic counseling and treatment
- Training
- Transcription of medical reports

U

- Unit administration
- Unit management
- Unit nursing specialized activities
- Unit/technical management

W

- Word processing and typing function