

Provider Group – Joint Job Evaluation Job Fact Sheet Job #105 – Diagnostic Medical Sonographer

Section 1 – INTRODUCTION

PLEASE PRINT

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:

- 1. 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.
- 2. DO NOT CHANGE EMPLOYEE'S RESPONSES.

EMPLOYEE - STEPS TO FOLLOW:

- 1. 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".
- 2. 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).
- 3. Group submissions are encouraged for employees doing the same or very similar job duties.
- 4. 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.
- 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.
- 6. 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. SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK Title of your immediate Out-of-Scope Supervisor CHART Are the responses to this question: Complete **Incomplete** Do you agree with the responses: Yes **No COMMENTS** (<u>must</u> be completed if "Incomplete" or "No" is selected): Title of your immediate Supervisor (if different than above) Your current Provincial JE Job Title Supervisor's Initials: _____ Your current Provincial JE Job Number: _____ **Provincial JE Job Titles that report directly to you (if applicable)**

Section 3 – JOB IDENTIFICATION					
Purpose: This section g	athers basic identifying	g material so we can keep track of co	ompleted Job Fact St	heets.	
Provide your name and work telephone r	number(s) for contact pur	poses. For group JFS submissions, pl	ease note the name and	d telephone number(s) of the conta	act person.
Name of person completing the JFS for a ARE DOING THE SAME JOB):	a single employee, or con	tact person for group JFS submission	(ONLY COMPLETE	A GROUP SUBMISSION IF ALI	L EMPLOYEES
Name (Print):				Employee No.:	
Work Telephone:		E-Mail Address:			
Saskatchewan Health Authority/Affiliate	:				
Facility/Site:		Dep	artment:		
See Section 18 on page 28 for signatures					
Provincial JE Job Title:				Date:	
Provincial JE Number:		Office use only:	JEMC No.	<u>M</u>	
Section 4 – JOB SUMMARY					
Purpose: This section of	lescribes why the job ex	xists.			
Briefly describe the general purpose of the and diseases.	nis job: <i>Performs a vari</i>	ety of ultrasound techniques in order	to provide images to a	assist with the detection and diag	iosis of conditions
Tips: Consider " <i>Why does this job exist?</i> " an Think about what you would say if som You may wish to begin with: " <i>The (Job</i>)	neone approached you ar	nd asked you about your job.			
		*****	:******	*****	
SUPERVISOR'S COMMENTS – JOE			MMENTS (<u>must</u> be c	completed if "Incomplete" or "N	o" is selected):
Are the responses to this question: Do you agree with the responses:	Complete	Incomplete			
by you agree with the responses.					

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: $\frac{1}{2}$ day every day per year = 50%; 3 months per year = 25%; 2 $\frac{1}{2}$ 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: <u>Patient Imaging</u>	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
 Duties/Responsibilities: Prepares and assesses patient (e.g., identification, consent, medical history, medications, instructions for procedure). Assists/transports and positions patient. Assists with and maintains sterile environment. Sets machine parameters with constant adjustments during exams. Expands test areas to capture full extent of conditions/abnormalities. Recognizes significance of all structures visualized on the monitor at all times to differentiate artifacts from normal and pathological processes. 	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):
 Monitors patient's condition during the procedure. Records and stores images on digital/hard copy. Utilizing a handheld transducer, ensures an optimal series of diagnostic views are obtained for the physician/radiologist to view and interpret. Prepares an initial interpretation prior to consulting with the physician/radiologist. Prepares, organizes, processes and reports test results. Assists with specimen collection, labeling and transporting (e.g., amniotic fluid, breast core biopsy). Assist physician during interventional procedures, as required. May perform portable examinations within the hospital. Reviews discharge instructions with patients. 	Supervisor's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: Quality Assurance / Quality Control

Duties/Responsibilities:

- Participates in Quality Assurance/Quality Control programs as required by local protocols and government regulations.
- Performs and records quality control checks on all equipment.
- Assists in the development of quality control procedures.

Var	Work	Activity	C.	Dolated Ven	Work A stinition
ney	WOLK	Activity	C:	кешей кеу	Work Activities

Duties/Responsibilities:

- Participates in research projects as per designated protocol and criteria.
- Retrieves, files, reports and distributes results.
- Provides occasional guidance to the primary function of others, including training.
- Performs computer work (e.g., data entry, back-up).
- Provides reception/clerical duties (e.g., telephone, faxing, photocopying, booking appointments).
- Maintains inventory and orders supplies.
- Cleans, maintains, and troubleshoots equipment according to established standards.
- Disposes of records and biohazardous waste, as per department procedures and policies.

Are the responses to	this question:	Complete	Incomplete
Do you agree with tl	ne responses:	Yes	🗌 No
COMMENTS (<u>must</u>	be completed if "Inc	omplete" or	"No" is selected):
	Supe	ervisor's In	itials:
SUPEDVISOD'S CO	OMMENTS – KEY	WORK A	CTIVITIES
SUI ERVISOR S CO			
Are the responses to	this question:	Complete	Incomplete
	_	-	Incomplete No
Are the responses to	ne responses:	Yes	□ No
Are the responses to Do you agree with tl	ne responses:	Yes	□ No

Section 5 – KEY WORK ACTIVITIES (cont'd)	
Key Work Activity D:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Duties/Responsibilities:	Are the responses to this question: Complete
	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:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Duties/Responsibilities:	Are the responses to this question: Complete
	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".

a)	In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example:				X
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Modifies technique/images depending on patient need/condition</i> .			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example:	X			

never	Sometimes	Often	the time
	X		
	X		
	X		
	X		
	X		
		X	
	X		
· · · · ·		X X X X X X X X X X X X X X X X X	X X X X X X X

Section 6	- DECISION-MAKING (con	t'd)						
(c)	To what extent are the dec and provide examples)	ision-making requi	rements of this job gu	ided by others (check all responses that apply	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor					X		
	Example:					•		
	Others in own program/depa	rtment				X		
	Others within the SHA / Aff Example:				X			
	Departmental Management Example:					X		
	Specialists / Clinical Experts	5				X		
	Senior Management Example:				X			
	Other Example:							
SUPERV	ISOR'S COMMENTS – DEC		****	COMMENTS (<u>must</u> be completed if "Inco	mnlete"	nr "No" is s	elected)	
Are the re	esponses to the question:	Complete	Incomplete					
Do you ag	gree with the responses:	Yes	No No					
					Supe	rvisor's Init	tials:	
					· •		0.0	

Section	7 – EDU	CATION AND S	SPECIFIC TRAINING					
	Purpose	: This sec	tion gathers informatio	n on the minimur	n level of c	ompleted for	rmal	l education required for the job.
(a)			completed schooling or for is the typical minimum			sary for a ne v	w pei	erson being hired into this job? This does not reflect the education
•		l minimum level graduation or cert		or formal training s	should inclu	ide all classro	oom,	laboratory, practicum, clinical, or apprenticeship, etc., time required
	(i) H	ligh School:	Grade 10	Grade 11	Grade 1	2 🖂		
	(ii) T	echnical/Vocatior	nal/Community College:	1 year 🗌	2 years [3 ye	ears [\boxtimes
	S	pecify (Do not use	e abbreviations): Diagno	stic Medical Sonog	graphy dipl	oma		
	(iii) L	icensed Trades:	1 year 2 year	rs 🗌 3 year	s 🗌	4 years 🗌		5 years
	S	Specify (Do not us	e abbreviations):					
	(iv) U	Iniversity:	3 years 4 year	rs 🗌 Master	rs 🗌			
	S	pecify (Do not use	e abbreviations):					
(b)	Is any P	rovincial, Nationa	l or professional certifica	tion mandatory?	Yes		No	
	If yes, p	lease specify and	provide the name of the	icensing / certifica	tion / regist	ration body (do no	ot use abbreviations):
			phy Canada as a Canad College of Medical Radia					
(c)	What ad	ditional special sk	tills, training, or licenses	are needed to perfe	orm the job	? Indicate th	e len	ngth of the course/program:
	 Bas Inte Org Con Ano 	(Do not use abbre ic computer skills erpersonal skills eanizational skills nmunications ski lytical skills lity to work indep	us endently	****	****	***	****	*****
SUPER	VISOR'	S COMMENTS -	- EDUCATION AND S	PECIFIC TRAIN	ING			
Are the	response	es to the question	: Complete	Incomplete	!	COMMEN	ГS (<u>n</u>	must be completed if "Incomplete" or "No" is selected):
Do you	agree wi	th the responses:	Yes	🗌 No				
								Supervisor's Initials:

Section	n 8 – EXPERIEN	CE								
	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.									
		elevant experience equirements of this		to and/or (b) on-the-job, th	nat is required for a new	person with the education recorded in Section 7 to acquire the skills				
*	For part (b), ask	yourself, "Is time	on the job require		esponsibilities or to adju	ust to the job? If so, how much?" 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) \boxtimes None \square 6 months \square 1 year \square 3 years \square 5 years \square Up to 3 months \square 9 months \square 2 years \square 4 years \square Other (specify)										
	🛛 None	☐ 6 m	onths	1 year	3 years	5 years				
	Up to 3 mon	ths 9 m	onths	2 years	4 years	Other (specify)				
	Describe the exp	perience requireme	ents gained on pre	vious jobs here or elsewher	re needed to prepare for	this job:				
	♦ No previou	s experience.								
(b)	Average time re	equired on the job	to learn and/or adj	ust to this job:						
	1 month or f	Tewer 6 m	onths	1 year	3 years					
	3 months	□ 9 m	onths	\boxtimes 2 years	Other (specify)					
	Describe the tas	ks and responsibil	ities that need to b	be learned in order to satisf	y the requirements of the	is job:				
	 Twenty-fou procedures. 		the-job experienc	e to consolidate specialty s	skills and become famil	iar with individual client needs and department policies and				
SUPE	RVISOR'S COM	MENTS – EXPE		*****		**************************************				
Are the	e responses to the	e question:	Complete	Incomplete		be completed in incomplete of 100 is selected).				
Do you	agree with the r	esponses:	Yes	No No						
						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 aking actions that have no precedents to serve as a guide.									
		el of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional lership from others and direct supervision.								
(a)	To what extent d directing actions	bes this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions required?								
	Please check the	answer that most closely represents expected job requirements.								
	🗌 Most job requ	irements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.								
	Some restrict	ons apply, but the control over setting work priorities and pace of work is contained within the job.								
	There are mir	imal restrictions, leaving significant control over the work being carried out within the scope of the job.								
	Other (please	explain):								
(b)	To what extent d	bes 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 mos	ly repetitive and predictable with little need for judgement. Example:								
	Work may p	Work may present some unusual circumstances that require judgement or choices to be made. Example:								
	Work presen	ts difficult choices or unique situations that require judgement. Example:								
	◆ Each patien	t is unique with different requirements based on pathology and must tailor scan to reflect extent of disease.								

SUPE	RVISOR'S COMN	IENTS – INDEPENDENT JUDGEMENT COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):								
Are th	e responses to the									
Do you	u agree with the re	sponses: Yes No								
		Supervisor's Initials:								

Section 10 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships <u>necessary</u> 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
- **B** Exchange of factual or work-related information
- E Cour E Secu
- **C** Explanation and interpretation of information or ideas
- E Counseling E Secure cooperation of
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- G Negotiation of service and / or supply agreements

		PURPOSE OF CONTACT Check off all that apply (more than one, if applicable)						
	Α	B	С	D	Ε	F	G	
Employees in the same department		X	X	X				
Employees in another department/site (specify)		X	X	X				
Students		X	X	X				
Supervisor / supervisors of programs / departments or services		X	X	X				
Clients / patients / residents		X	X	X				
Family of clients / patients / residents		X	X	X				
Physicians		X	X	X				
Business representatives		X						
Suppliers / contractors		X						
Volunteers	X							
General Public	X							
Other health care organizations or agencies		X						
Professional organizations / agencies		X						
Government departments	X							
Social Service establishments	X							
Community Agencies		X						
Police and Ambulance		X						
Foundations	X							
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.

ноу	V 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?				
	Specify:		X		
(e)	Talk with clients / patients / residents to:				
	Get information from them				X
	Inform them				X
	Counsel them				
	 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				
	 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)

HOV	V OFTEN DOES YOUR JO	B REQUIRE YOU	то:		Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to):						
	 Provide information 	n				X		
	 Respond to questio 	ns				X		
	 Make presentations 	3				X		
(i)	Talk with other employees	to:						
	 Get information from 	om them					X	
	 Inform them 						X	
	Counsel / persuade	them			X			
	 Give them advice of 	on work procedures					X	
	 Get advice from the 	em on work procedu	res			X		
	 Get cooperation from 	om other parts of the	organization on projec	ts and programs		X		
	 Other (specify) 							
(j)	Talk to vendors, contracto	rs, consultants, gov	ernment agencies and	l other external groups or organizations to:				
-	 Get information from 		C			X		
	 Confer with peer pr 	rofessionals				X		
	 Inform them 					X		-
	 Arrange for service 	s				X		
	 Devise mutual goal 	ls / objectives with th	nem			X		
	 Lead meetings 				X			
	 Check on their prog 	gress			X			
	 Other (specify) 							
(k)	Other (specify):							
	SOR'S COMMENTS – WO			*****	k			
	sponses to the question:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if "Ind	complete"	or "No" is s	elected):	:
)II 901	ree with the responses:	Yes	□ No					
u ug	tee with the responses.				G	• • • • •		
					Supe	rvisor's Init	tials:	

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 If yes, please provide an examp				Is an impact likely? Yes 🖂	No 🗌
		esting may result in serio	us long term physical injury to	patients (dislodging blood clots).	
Embarrassment in public, client If yes, please provide an examp • Delays in testing may result	le(s):			Is an impact likely? Yes	No 🗌
 Delays in processing or handlin. If yes, please provide an examp Delays in testing may result 	le(s):			Is an impact likely? Yes	No 🗌
Actions which impact on depart If yes, please provide an examp • Delays in testing may cause	le(s):			Is an impact likely? Yes	No 🗌
Damage to equipment / instrumution If yes, please provide an examp Inadequate preventative m	le(s):	ause damage to expensiv	e equipment.	Is an impact likely? Yes 🖂	No 🗌
Loss of or inaccurate informatic If yes, please provide an examp • Inadequate record keeping	le(s):	oper diagnosis or delays	in treatment/services.	Is an impact likely? Yes	No 🗌
 Financial losses including without If yes, please provide an examp Improperly maintained/has 	le(s):	-		Is an impact likely? Yes	No 🗌
Other – If yes, please provide an examp	le(s):			Is an impact likely? Yes	No 🗌
	*******	*****	******	******	
PERVISOR'S COMMENTS – IMF e the responses to the question:	ACT OF ACTIO		COMMENTS (<u>must</u> be co	ompleted if "Incomplete" or "No" is selected):	
you agree with the responses:					
, g				Supervisor's Initials:	

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Section 12 – LEADERSHIP/SUPERVISION

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	thers information on the requirements to stable them to carry out their job.	upervise others, lead others and / or provide functional guidance or technical
	ements of the job to supervise others, lead othe lude clients / patients / residents.	ers, provide functional guidance or provide technical direction to enable other employees to
Specify any jobs or work group	as appropriate, under one or more of these ca	ategories. Check all that apply and provide examples.
		Examples
	with the work area and processes	Staff, students
Assign and/or check work of	of others doing work similar to yours	Staff, students
Lead a project team, prioriti achieve planned outcome(s)	ize tasks, assign work, monitor progress to)	
Provide functional advice / tasks	instruction to others in how to carry out work	Staff, students
Provide technical direction carry out their primary job	as an expert in a field in order for others to responsibilities	Staff, students
🛛 Provide input to appraisal, ł	niring and/or replacement of personnel	Staff, students
Coordinate replacement and	l/or scheduling of employees	
Supervise a work group; ass take responsibility for all th	sign work to be done, methods to be used, and the group	l
Supervise the work, practice	es and procedures of a defined program	
Supervise the work, practice	es and procedures of a department	
Provide counseling and/or c	coaching to others	
Provide health promotion /	outreach (teaching / instruction)	
Other (specify)		
SUPERVISOR'S COMMENTS – LEA Are the responses to the question: Do you agree with the responses:		**************************************
		Supervisor's Initials:
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Section 13 – PHYSICAL DEMANDS

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

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

Medium weight – over 9 kg / 20 lbs

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

Heavy weight – over 23kg / 50 lbs

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

	DURATION		FREQUENC	Y	WEIGHT
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Scanning patients - working in awkward positions for extended periods with repetitive motion	80%			X	L - M
Computer operation	80%			X	
Pushing, pulling machines, moving furniture	25%			X	M - H
Obtaining charts and filing	25%			X	L - M
Assisting/transferring patients	20%			X	L - H
Stocking supplies, cleaning equipment	10%		X		L

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

DURATION		Y	
Approximate % of time/day	Occasional	Regular	Frequent
80%			X
80%			X
10 - 20%		X	
	Approximate % of time/day 80% 80%	Approximate % of time/dayOccasional80%80%	Approximate % of time/day Occasional Regular 80% 80%

SUPERVISOR'S COMMENTS - PHYSICAL DEMANDS

Are the responses to the question:	
------------------------------------	--

Do you agree with the responses:

Yes No

Incomplete

Complete

COMMENTS (<u>must</u> 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

	DURATION	FREQUENCY		
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Scanning/image critique	80%			X
Computer operation	80%			X
Observing patients	80%			X
Reading/writing	25%			X
	I	J	I	L

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

	DURATION	FREQUENCY				
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent		
Patients	50 - 75%			X		
Equipment sounds	50 - 75%			X		
General direction and instruction from physicians	20%			X		

Sectio	n 14 – SENSORY DEMANDS (cont'd)		
(c)	Must attention be shifted freque	ently from one job d	letail to another?	
•	Examples: keyboarding and ar	swering the telepho	ne; dictatyping; repairin	g and listening to equipment
	Yes 🖂 No			
	If yes, please give examples:			
	• Scanning, computer operation	ution, telephone.		

	RVISOR'S COMMENTS – SEI			COMMENTS (must be completed if "Incomplete" or "No" are selected):
	ne responses to the question: u agree with the responses:	Complete	Incomplete No	
				Supervisor's Initials:
Job #	105 – Diagnostic Medical So	nographer (April	9, 2025)	Page 21 of 26

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			
Congested workplace			
Dust			
Extreme temperature			
Foul language	X		
Grease			
Head lice	X		
Heat			
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions	X		
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines			X
Noise	X		
Odor		X	
Oil			
Radiation exposure (specify)			
Second-hand smoke			
Soiled linens			X
Steam			
Transporting or handling human remains			
Travel			
Vibration			
Other (specify)			

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) cleaning solutions		X	
Traveling in inclement weather			
Excessive / unpredictable weights		X	
Exposure to infectious disease (specify)		X	
Extreme noise			
Faulty / inadequate equipment	X		
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects		X	
Small aircraft			
Steam			
Verbal and/or physical abuse	X		
Violence			
Working from heights			
Other (specify)			

Section 15 – WORK	ING CONDITIONS	(cont'd)		
	to take certain trainin normally taken.)	g, precautions or	wear protective clothing	to avoid a work injury? (Check one and provide an explanation or example of the type of
Yes 🖂	No 🗌			
Please explai	n your answer:			
♦ Transfer♦ Workpla	l Protective Equipmen c, Lifting, Repositioni ce Hazardous Materr onal Assault Respons	ng (TLR) ial Information S		
SUPERVISOR'S CC	MMENTS – WORF			****************
				COMMENTS (must be completed if "Incomplete" or "No" are selected):
Are the responses to	_	Complete	Incomplete	
Do you agree with th	e responses:	Yes	□ No	
				Supervisor's Initials:
Job #105 – Diagno	stic Medical Sonog	grapher (April	9, 2025)	Page 24 of 26

Sectio	n 16 – OTHER COMMENTS							
Please	add any additional information or comments and reference th	e specific JFS section and question as appropriate.						
	n 17 – SIGNATURES							
(a)		Legibly):						
	SIGNATURE:	DATE:						
(b)	Group submission (NAMES OF EMPLOYEES DOING TH	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:							
	<u>PLEASE SUBMIT TO REGIONAL HUMAN</u> <u>DIRECTOR</u>	RESOURCES DEPARTMENT OR AFFILIATE ADMINISTRATOR/EXECUTIV						

ction 18 - OUT-OF-SCOPE SUPERVISOR'S COM	MENTS
ase add any additional information or comments and re-	ference the specific JFS section and question as appropriate.
mediate Out-of-Scope Supervisor	
Name: (Please print legibly)	
Signature:	
Job Title:	
Department:	
Work Phone Number:	
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

С

- 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

Ι

- Installations
- Investigations

L

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

\mathbf{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

Ν

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

0

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

Р

- 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

Т

- 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