

# Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #347 – Community Mental Health Worker</u>

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:

- 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.

| Purpose: This section gathers information regarding the organization                     | on in which your job functions.   |
|--|---|
| Complete the Chart below:  |   |
| Be sure to write in the <b>Provincial JE Job Title of the position – not</b> the name of | of the person currently in the job.                                       |
| Title of your immediate Out-of-Scope Supervisor  | SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART                         |
|  | Are the responses to this question:   Complete  Incomplete                |
|  | Do you agree with the responses:  |
|  | 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:   |   |
| Tour current Frontiera 312 300 Framber.  |   |
|  |   |
|  |   |
| Provincial JE Job Titles that report directly to you (if applicable)                     |   |
|  |   |
|  |   |
|  |   |
|  |   |

| Section | on 3 – JOB IDEN                  | NTIFICATION         |                                  |  |               |                          |                                 |                   |
|---------|----------------------------------|---------------------|----------------------------------|--|---------------|--------------------------|---------------------------------|-------------------|
|         | Purpose:                         | This section g      | athers basic identifying         | g material so we can keep tra  | ack of comp   | leted Job Fact Sh        | eets.                           |                   |
| Provi   | de your name and                 | work telephone n    | umber(s) for contact pur         | poses. For group JFS submis  | sions, please | note the name and        | l telephone number(s) of the co | ntact person.     |
|         | of person comple<br>DOING THE SA |                     | single employee, or con          | ntact person for group JFS sub   | mission (ON   | LY COMPLETE              | A GROUP SUBMISSION IF A         | LL EMPLOYEES      |
| Name    | e ( <b>Print</b> ):              |                     |                                  |  |               |                          | Employee No.:                   |                   |
| Work    | Telephone:                       |                     |                                  | E-Mail Address:  |               |                          |                                 |                   |
| Regio   | onal Health Autho                | rity/Affiliate:     |                                  |  |               |                          |                                 |                   |
| Facili  | ty/Site:                         |                     |                                  |  | Departm       | ent:                     |                                 |                   |
| See S   | ection 18 on page                | 28 for signatures.  |                                  |  |               |                          |                                 |                   |
| Provi   | ncial JE Job Title:              | ·                   |                                  |  |               |                          | Date:                           |                   |
| Provi   | ncial JE Number:                 |                     |                                  | Office use on  | ly:           | JEMC No.                 | <u>M</u>                        |                   |
| Section | on 4 – JOB SUM                   | MARY                |                                  |  |               |                          |                                 |                   |
|         | Purpose:                         | This section d      | escribes why the job ex          | xists.   |               |                          |                                 |                   |
| Briefl  | y describe the ger               | neral purpose of th | is job: <i>Delivers social a</i> | and recreational activities for  | mental heal   | th clients in a gro      | up setting.                     |                   |
| ▶Thi    | nk about what you                | u would say if son  |                                  | onsible for?"<br>nd asked you about your job.<br>The ( <u>Job Title</u> ) is responsible | for"          |                          |                                 |                   |
|         |                                  |                     | ******                           | *******  | *****         | ******                   | *****                           |                   |
|         |                                  | MMENTS – JOB        |                                  | _  | COMM          | ENTS ( <u>must</u> be co | ompleted if "Incomplete" or "   | No" is selected): |
|         | he responses to t                | •                   | ☐ Complete                       | ☐ Incomplete   |               |                          |                                 |                   |
| D0 y0   | ou agree with the                | responses:          | ☐ Yes                            | ∐ No   |               |                          | Supervisor's Initials:          |                   |
|         |                                  |                     |                                  |  |               |                          |                                 |                   |

#### 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%; 2½ 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: Social / Recreation Activities

#### **Duties/Responsibilities:**

- ♦ Plans and implements social and recreation programs (e.g., bingo, card games, dances).
- ♦ Monitors and directs activities.
- Provides calendars of events to clients, group homes and community nurses.
- ♦ Liaises with community organizations regarding programming.
- ♦ Arranges transportation or delivers clients to and from outside program activities (e.g., books Central Vehicle Agency vehicles).
- ♦ Monitors/records/reports client participation in events.

|                                  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                       |
|----------------------------------|---|-----------------------|
| Are the responses to this questi | on: 🗌 Complete                          | e                     |
| Do you agree with the response   | s: Yes                                  | □ No                  |
| COMMENTS (must be complete       | d if "Incomplete"                       | or "No" is selected): |
|                                  |   |                       |
|                                  |   |                       |
|                                  |   |                       |
|                                  |   |                       |
|                                  | Supervisor's                            | Initials:             |
|                                  |   |                       |
|                                  |   |                       |

SUPERVISOR'S COMMENTS - KEY WORK ACTIVITIES

| Key Work Activity B: <u>Related Key Work Activities</u>   | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES  |
|---|--|
| Outies/Responsibilities:  Answers phones and takes messages.  Operates and maintains a canteen for clients.  Maintains records and accounts for program costs, petty cash and canteen sales.  Liaises with community nurses and group home staff regarding client needs/behaviours.  Provides access to facility (e.g., lock/unlock doors).  Cleans facility (e.g., refrigerators, stove, tables, counters, spills).  May show others how to perform tasks or duties by familiarizing new employees with the work area and 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):  |
|   | Supervisor's Initials:   |
| Tey Work Activity C: Puties/Responsibilities:   | 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 D:     | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES                      |
|--------------------------|--|
| Duties/Responsibilities: | Are the responses to this question:   Complete Incomplete        |
|                          | Do you agree with the responses:                                 |
|                          | COMMENTS (must be completed if "Incomplete" or "No" is selected) |
|                          |  |
|                          |  |
|                          | Supervisor's Initials:   |
|                          |  |
| Key Work Activity E:     | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES                      |
| outies/Responsibilities: | Are the responses to this question:   Complete Incomplete        |
|                          | Do you agree with the responses:                                 |
|                          | COMMENTS (must be completed if "Incomplete" or "No" is selected) |
|                          |  |
|                          |  |
|                          | Supervisor's Initials:   |
|                          | 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<br>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: <i>Follows clearly prescribed practices when delivering activities</i> . |                 |           |       | X                |
|    | Modify or change established department methods and procedures, but stay within program or legislative boundaries.  Example: Solutions to programming issues resolved from pre-existing alternative.               |                 | X         |       |                  |
|    | Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines.  Example:   |                 |           |       |                  |

| (b) | When there is a situation you have not come across before, do you (check all responses that apply) | Almost<br>never | Sometimes | Often | Most of the time |
|-----|--|-----------------|-----------|-------|------------------|
|     | 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. supplier, consultants)         |                 | X         |       |                  |
|     | Other (specify)  |                 |           |       |                  |
|     |  |                 |           |       |                  |

| (c)    | To what extent are the decision-making requirements of this job guided by others (check a and provide examples) |  | Almost<br>never | Sometimes     | Often     | Most of<br>the time |
|--------|---|--|-----------------|---------------|-----------|---------------------|
|        | Immediate supervisor  |  |                 |               | X         |                     |
|        | Example:  |  |                 |               | Λ         |                     |
|        | Others in own program/department  |  |                 |               |           | X                   |
|        | Example:  |  |                 |               |           | Λ                   |
|        | Others within the RHA   |  | <b>T</b> Z      |               |           |                     |
|        | Example:  |  | X               |               |           |                     |
|        | Departmental Management   |  |                 | <b>T</b> 7    |           |                     |
|        | Example: Budget adherence   |  |                 | X             |           |                     |
|        | Specialists / Clinical Experts  |  | <b>T</b> Z      |               |           |                     |
|        | Example:  |  | X               |               |           |                     |
|        | Senior Management   |  | X               |               |           |                     |
|        | Example:  |  | Λ               |               |           |                     |
|        | Other   |  |                 |               |           |                     |
|        | Example:  |  |                 |               |           |                     |
|        | **************************************  | ************************************** | plete" o        | or "No" is so | elected): | :                   |
| you ag | ree with the responses:   |  |                 |               |           |                     |
|        |   |  | Super           | rvisor's Init | ials:     |                     |

|           | Purp   | ose: This section gathers information on the minimum level of completed formal education required for the job.  |
|-----------|--|---|
|           |  | at 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 you have, but what is the typical minimum requirement of the job.   |
|           |  | total <b>minimum</b> level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required to graduation or certification.  |
|           | (i)  | High School: Grade 10 Grade 11 Grade 12 Grade 12  |
|           | (ii)   | Technical/Vocational/Community College: 1 year ☐ 2 years ☐ 3 years ☐  |
|           |  | Specify (Do not use abbreviations): Disability Support Worker certificate.  |
|           | (iii)  | Licensed Trades: 1 year  2 years  3 years  5 years  5 years  5  |
|           | (iv)   | University: 3 years   |
|           |  | Specify (Do not use abbreviations):   |
|           | Ic an  | ny Provincial, National or professional certification mandatory?  |
|           |  |   |
|           |  |   |
|           |  | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  |
|           | If yes   | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  |
|           | If yes   | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:   |
|           | If yes What  | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  |
|           | What Specific A  | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills  Ability to work independently   |
|           | What Species A A   | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills  Ability to work independently  Interpersonal skills   |
|           | What Specific A A A A A  | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  eify (Do not use abbreviations):  Basic computer skills  Ability to work independently  Interpersonal skills  Organizational skills  |
|           | What Specific Art  | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills  Ability to work independently  Interpersonal skills   |
|           | What Specific Art  | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills  Ability to work independently  Interpersonal skills  Organizational skills  Communications skills   |
|           | What Special And   | es, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):  at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills  Ability to work independently  Interpersonal skills  Organizational skills  Communications skills  Valid driver's license, where required by the job  *********************************** |
| ERV       | What Specific A A A A A A A A A A A A A A A A A A A  | at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills Ability to work independently Interpersonal skills Organizational skills Communications skills Valid driver's license, where required by the job  ***********************************  |
| ERV       | What Species  If yes  If yes | tat additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills Ability to work independently Interpersonal skills Organizational skills Communications skills Valid driver's license, where required by the job  ***********************************   |
| ERV<br>he | What Species  If yes  If yes | at additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:  cify (Do not use abbreviations):  Basic computer skills Ability to work independently Interpersonal skills Organizational skills Communications skills Valid driver's license, where required by the job  ***********************************  |

|  |   |  |   | ed for a job. Relevant experience may include previous job-  |  |  |  |  |  |
|--|---|--|---|--|--|--|--|--|--|
|  |   | or to and/or (b) on-the-jo   | ob, that is required for a ne   | ew person with the education recorded in Section 7 to acquire the skill  |  |  |  |  |  |
| For part (b), ask you  | rself, "Is time on the job requ   | ired to learn new tasks o  | and responsibilities or to a  |  |  |  |  |  |  |
| Required previous r  | elated job experience (do not   | include practicum or a   | pprenticeship 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 experie   | ence requirements gained on p   | revious jobs here or else  | where needed to prepare f   | for this job:  |  |  |  |  |  |
| ♦ No previous ex   | perience.   |  |   |  |  |  |  |  |  |
| Average time required on the job to learn and/or adjust to this job: |   |  |   |  |  |  |  |  |  |
| 1 month or fewe  | r 6 months  | 1 year   | 3 years   |  |  |  |  |  |  |
| 3 months   | 29 months   | 2 years  | Other (specify)   |  |  |  |  |  |  |
| Describe the tasks a   | nd responsibilities that need to  | be learned in order to s   | atisfy the requirements of  | this job:  |  |  |  |  |  |
|  |   |  |   | Course) consolidate knowledge and skills, become familiar with   |  |  |  |  |  |
| VISOR'S COMME  |   | ******   |   |  |  |  |  |  |  |
| responses to the au  | estion: Complete  | ☐ Incomplete   | COMMENTS (m   | ust be completed if "Incomplete" or "No" is selected):   |  |  |  |  |  |
| -  | -   | ☐ No   |   |  |  |  |  |  |  |
|  |   |  |   |  |  |  |  |  |  |
|  | the minimum releve to carry out the required for part (a), ask your for part (b), ask your Do not include laber Required previous relevance I will be to 3 months.  Describe the experied Average time required 1 month or fewer I | related experience and/or on-tent to carry out the requirements of this job.  For part (a), ask yourself, "Is previous related job For part (b), ask yourself, "Is time on the job requivation of the polymer of part (b), ask yourself, "Is time on the job requivation of the polymer of part (b), ask yourself, "Is time on the job requivation of the polymer of part (b), ask yourself, "Is time on the job requivation of the polymer of part (b), ask yourself, "Is time on the job requivation of the polymer of the prediction of the polymer of the poly | related experience and/or on-the-job learning or adjust to the minimum relevant experience gained: (a) prior to and/or (b) on-the-job to carry out the requirements of this job.  For part (a), ask yourself, "Is previous related job experience necessary? For part (b), ask yourself, "Is time on the job required to learn new tasks of Do not include laboratory, practicum, clinical or apprenticeship, etc., Required previous related job experience (do not include practicum or a | related experience and/or on-the-job learning or adjustment.  et the minimum relevant experience gained: (a) prior to and/or (b) on-the-job, that is required for a new 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 a Do not include laboratory, practicum, clinical or apprenticeship, etc., time recorded in Section Required previous related job experience (do not include practicum or apprenticeship if covered |  |  |  |  |  |

| on 9 – INDEPENI                        | DENT JUDGEM  | ENT  |                           |   |  |  |  |  |  |
|--|--|--|---------------------------|---|--|--|--|--|--|
| Purpose:                               | This section ga  | athers information                           | on the extent to which    | ch the job exercises independent action.  |  |  |  |  |  |
| obs require some ing actions that have |  |  | rees. Some jobs are his   | ghly structured and have many formal procedures, while others require exercising judgement      |  |  |  |  |  |
|  |  | rovided to this job.<br>ners and direct supe |                           | rom rules, instructions, established procedures, defined methods, manuals, policies, profession |  |  |  |  |  |
| To what extent directing action        |  | trol its own work as                         | s opposed to being guid   | ded by influences such as rules, procedures, policies, supervisory presence or instructions     |  |  |  |  |  |
| Please check t                         | he answer that m   | nost closely repres                          | ents expected job requ    | uirements.  |  |  |  |  |  |
| ☐ Most job re                          | quirements (to the   | e extent possible) a                         | re set out within structu | are and rules and/or readily understood schedules to guide job tasks/duties required.           |  |  |  |  |  |
| Some restri                            | ctions apply, but t  | the control over set                         | ing work priorities and   | I pace of work is contained within the job.   |  |  |  |  |  |
| ☐ There are n                          | ninimal restriction  | s, leaving significa                         | nt control over the wor   | k being carried out within the scope of the job.  |  |  |  |  |  |
| Other (plea                            | Other (please explain):  |  |                           |   |  |  |  |  |  |
| To what extent                         | To what extent does this job exercise judgement to determine how the work is to be done? |  |                           |   |  |  |  |  |  |
| Please check t                         | he answer that m   | nost closely repres                          | ents expected job requ    | uirements.  |  |  |  |  |  |
| ☐ Work is m                            | ostly repetitive an  | d predictable with                           | ittle need for judgemen   | nt. Example:  |  |  |  |  |  |
| ─────────────────────────────────────  | present some unu   | sual circumstances                           | that require judgemen     | t or choices to be made. Example:   |  |  |  |  |  |
| ♦ Minor prob                           | lems associated w  | vith clientele are re                        | solved with limited an    | alysis.   |  |  |  |  |  |
| ☐ Work pres                            | Work presents difficult choices or unique situations that require judgement. Example:    |  |                           |   |  |  |  |  |  |
|  |  |  |                           | *******************   |  |  |  |  |  |
| ERVISOR'S CON                          | IMENTS – INDI  | EPENDENT JUD                                 | GEMENT                    | COMMENTS (must be completed if "Incomplete" or "No" is selected):                               |  |  |  |  |  |
| he responses to th                     | e question:  | ☐ Complete                                   | ☐ Incomplete              |   |  |  |  |  |  |
| ou agree with the                      | responses:   | ☐ 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
- C Explanation and interpretation of information or ideas
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- E Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **G** Negotiation of service and / or supply agreements

|  |   | PURPOSE OF CONTACT<br>Check off all that apply<br>(more than one, if applicable |   |   |   |   |   |  |
|--|---|---|---|---|---|---|---|--|
|  | A | В   | C | D | E | F | G |  |
| Employees in the same department                               |   | X   | X | X |   |   |   |  |
| Employees in another department/site (specify)                 |   | X   | X | X |   |   |   |  |
| Students   |   | 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 |   |   |   |   |   |   |  |
| Business representatives                                       |   | X   | X | 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.

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

# Section 10 – WORKING RELATIONSHIPS (cont'd)

| HOV         | V OFTEN DOES YOUR JOB REQUIRE YOU TO:  | Almost<br>never | Sometimes     | Often     | Most o<br>the tim |
|-------------|--|-----------------|---------------|-----------|-------------------|
| (h)         | Talk with general public to:   |                 |               |           |                   |
|             | <ul> <li>Provide information</li> </ul>  |                 |               | X         |                   |
|             | Respond to questions   |                 | X             |           |                   |
|             | Make presentations   | X               |               |           |                   |
| (i)         | Talk with other employees to:  |                 |               |           |                   |
|             | <ul> <li>Get information from them</li> </ul>  |                 |               |           | X                 |
|             | ■ Inform them  |                 |               |           | X                 |
|             | Counsel / persuade them  | X               |               |           |                   |
|             | Give them advice on work procedures  |                 |               | X         |                   |
|             | Get advice from them on work procedures  |                 |               | X         |                   |
|             | <ul> <li>Get cooperation from other parts of the organization on projects and programs</li> </ul>  |                 |               | X         |                   |
|             | Other (specify):   |                 |               |           |                   |
| <b>(j</b> ) | 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               |               |           | <b></b>           |
|             | Check on their progress  | X               |               |           |                   |
|             | Other (specify)  |                 |               |           |                   |
| (k)         | Other (specify):   | <u> </u>        |               | <u> </u>  | ·                 |
| (11)        | outer (specify).   |                 |               |           |                   |
|             |  |                 |               |           |                   |
|             |  |                 |               |           |                   |
|             |  |                 |               |           |                   |
|             | ************************   | :               |               |           |                   |
| ERVI        | SOR'S COMMENTS – WORKING RELATIONSHIPS   |                 |               |           |                   |
| L           | COMMENTS (must be completed if "In   | complete"       | or "No" is s  | elected): |                   |
|             | sponses to the question:   |                 |               |           |                   |
| u agı       | ree with the responses:  |                 |               |           |                   |
|             |  | Suna            | rvisor's Init | iale.     |                   |

| Purpose:                          | This section gathers information on the likelihood of impacted responsibility for actions, resources and services, and the experience of the section of the likelihood of impacted responsibility for actions, resources and services, and the experience of the section of the likelihood of impacted responsibility for actions. | ct of action occurring when carrying out the duties of the job. Consider the extent of the losses.   |       |
|-----------------------------------|--|--|-------|
|                                   | out your job duties and responsibilities, what is the likelihood of ered as carelessness, willful neglect or extreme circumstances.  | your actions having an impact or an outcome on the following? Such effects are                       | e typ |
| If yes, please p                  | mfort of others rovide an example(s): uries may result from inappropriate observation of activities.   | Is an impact likely? Yes 🖂   | N     |
| If yes, please p                  | t in public, client / patient / resident, families, business or employ rovide an example(s):   | · · · —  | N     |
| Delays in proc                    | ients to inappropriate activities may cause embarrassment to cli<br>essing or handling of information or in the delivery of services<br>rovide an example(s):  | ient/family relations.  Is an impact likely? Yes   | N     |
| If yes, please p                  | impact on departmental / site / agency / region operations rovide an example(s):  e calendars may have a minor impact on other departments operations.   | Is an impact likely? Yes   erations.   | N     |
| Damage to equ<br>If yes, please p | ipment / instruments rovide an example(s): maintenance of equipment may lead to food wastage.  | Is an impact likely? Yes 🖂   | N     |
| If yes, please p                  | curate information rovide an example(s): e statistics may affect future program delivery.  | Is an impact likely? Yes $\boxtimes$   | N     |
| If yes, please p                  | s including withdrawal of commitment or withholding of funds rovide an example(s):  te tracking of canteen sales may impact overall budget.  | Is an impact likely? Yes $\boxtimes$   | N     |
| Other –                           | rovide an example(s):  | Is an impact likely? Yes   | N     |
| e responses to th                 | MMENTS – IMPACT OF ACTION  ne question:   Complete   Incomplete  | *********************************  COMMENTS (must be completed if "Incomplete" or "No" is selected): |       |
| agree with the                    | responses:   | Supervisor's Initials:   |       |

#### Section 12 – LEADERSHIP/SUPERVISION

| Leadership refers to the requirements of the job to supervise others, lead other carry out their job. <b>Do not include clients / patients / residents.</b> | s, 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 cate  | egories. Check all that apply and provide examples.  |
| ☐ Familiarize new employees with the work area and processes  | Examples Staff   |
| Assign and/or check work of others doing work similar to yours  |  |
| Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s)  |  |
| Provide functional advice / instruction to others in how to carry out work tasks  |  |
| Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities                                     |  |
| Provide input to appraisal, hiring and/or replacement of personnel  |  |
| Coordinate replacement and/or scheduling of employees   |  |
| Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group   |  |
| ☐ Supervise the work, practices and procedures of a defined program   |  |
| ☐ Supervise the work, practices and procedures of a department  |  |
| Provide counseling and/or coaching to others  |  |
| Provide health promotion / outreach (teaching / instruction)  |  |
| Other (specify)   |  |
| *****************   | ******************************   |
| UPERVISOR'S COMMENTS – LEADERSHIP/SUPERVISION   |  |
| re the responses to the question:   | COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" is selected):                  |
| o you agree with the responses:   |  |
|   | 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.

|  | DURATION                  |            | FREQUENC | Y        | WEIGHT                            |
|--|---------------------------|------------|----------|----------|-----------------------------------|
| ACTIVITY EXAMPLES                                      | Approximate % of time/day | Occasional | Regular  | Frequent | Light, Medium,<br>Heavy (specify) |
| Walking, standing, transporting equipment and supplies | 10 - 20%                  |            |          | X        | L-M                               |
| Computer operation                                     | 10 – 20%                  |            | X        |          |                                   |
| Driving  | 25%                       |            | X        |          |                                   |
|  |                           |            |          |          |                                   |
|  |                           |            |          |          |                                   |
|  |                           |            |          |          |                                   |
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|  |                           |            |          |          |                                   |
|  |                           |            |          |          |                                   |
|  |                           |            |          |          |                                   |
|  |                           |            |          |          |                                   |

| ction 13 – PHYSICAL DEMANDS  Does your work require accura   | ,  | d/faat coordination? I  | Please provide es | amnles that are annlic                 | vable 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% hour = 12%; 1/2 hour = 6%). <b>Percentages may not add up to 100% (due to simultaneous activities).</b> |  |   |                   |  |                   |                 |               |  |  |  |
| <b>Examples</b> : keyboard skills, relawn mowers; sorting mail; elecarpentry.  |  |   |                   |  |                   |                 |               |  |  |  |
| Place a checkmark in the chart   | Place a checkmark in the chart below indicating the frequency of occurrence over a year. |   |                   |  |                   |                 |               |  |  |  |
| <b>Regular</b> – means the a   | activity occurs often  | n a while – less than 50<br>– between 50% - 75% od<br>day – over 75% of the t | f the time        |  |                   |                 |               |  |  |  |
| ACTIVITY EXAMPLES  DURATION Approximate %  |  |   |                   |  |                   | FREQUENCY       |               |  |  |  |
| ACTIVITY EXAMPLES  Approximate % of time/day   |  |   |                   |  |                   | Regular         | Frequent      |  |  |  |
| Driving  | Driving  |   |                   |  |                   | X               |               |  |  |  |
| Computer operation   |  |   |                   | 10 – 20%                               |                   | X               |               |  |  |  |
|  |  |   |                   |  |                   |                 |               |  |  |  |
|  |  |   |                   |  |                   |                 |               |  |  |  |
| PERVISOR'S COMMENTS – PH   | YSICAL DEMAND  |   |                   | ************************************** |                   | te" or "No" ai  | re selected): |  |  |  |
| re the responses to the question:  | ☐ Complete   | ☐ Incomplete  |                   |  |                   |                 |               |  |  |  |
| you agree with the responses:  | ☐ Yes  | □ No  |                   |  |                   |                 |               |  |  |  |
|  |  |   |                   |  |                   |                 |               |  |  |  |
|  |  |   |                   |  | S                 | Supervisor's Ir | nitials:      |  |  |  |

#### 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

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

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

|                    | DURATION                  |            | FREQUENCY | Y        |
|--------------------|---------------------------|------------|-----------|----------|
| ACTIVITY EXAMPLES  | Approximate % of time/day | Occasional | Regular   | Frequent |
| Observing clients  | 50 - 75%                  |            |           | X        |
| Computer operation | 10 – 20%                  |            | X         |          |
| Driving            | 25%                       |            | X         |          |
|                    |                           |            |           |          |
|                    |                           |            |           |          |
|                    |                           |            |           |          |
|                    |                           |            |           |          |
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|                    |                           |            |           |          |
|                    |                           |            |           |          |
|                    |                           |            |           |          |

#### 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 | Z .      |
|----------------------|---------------------------|------------|-----------|----------|
| ACTIVITY EXAMPLES    | Approximate % of time/day | Occasional | Regular   | Frequent |
| Listening to clients | 50 - 75%                  |            |           | X        |
| Telephone            | 10%                       | X          |           |          |
|                      |                           |            |           |          |
|                      |                           |            |           |          |
|                      |                           |            |           |          |
|                      |                           |            |           |          |
|                      |                           |            |           |          |
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|                      |                           |            |           |          |
|                      |                           |            |           |          |

| Section | n 14 – SENSORY DEMANDS   | S (cont'd)             |                   |  |  |  |  |  |
|---------|--|------------------------|-------------------|--|--|--|--|--|
| (c)     | Must attention be shifted free   | quently from one job d | etail to another? |  |  |  |  |  |
| •       | Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment |                        |                   |  |  |  |  |  |
|         | Yes 🖂 N  | о                      |                   |  |  |  |  |  |
|         | If yes, please give <b>examples</b> :  |                        |                   |  |  |  |  |  |
|         | ♦ Phone calls, visitors, mi  | ıltiple programs runn  | ing concurrently. |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
| SUPEI   | RVISOR'S COMMENTS – S  |                        |                   | ****************   |  |  |  |  |
| Are th  | e responses to the question:   | ☐ Complete             | ☐ Incomplete      | COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" are selected): |  |  |  |  |
|         | agree with the responses:  | ☐ Yes                  | □ No              |  |  |  |  |  |
|         |  |                        |                   |  |  |  |  |  |
|         |  |                        |                   | 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>Bleach, cleaning supplies</i> |            | X       |          |
| Cold  |            |         |          |
| Congested workplace   |            |         |          |
| Dust  |            |         |          |
| Extreme temperature   |            |         |          |
| Foul language   |            | X       |          |
| Grease  |            |         |          |
| Head lice   | X          |         |          |
| Heat  | X          |         |          |
| Inadequate lighting   |            |         |          |
| Inadequate ventilation  |            |         |          |
| Insects, rodents, etc.  | X          |         |          |
| Interruptions   |            |         | X        |
| Isolation   |            |         |          |
| Latex   |            |         |          |
| Moisture  |            |         |          |
| Mold  |            |         |          |
| Multiple deadlines  |            | X       |          |
| Noise   |            | X       |          |
| Odor  | X          |         |          |
| Oil   |            |         |          |
| Radiation exposure (specify)                                    |            |         |          |
| Second-hand smoke   |            |         |          |
| Soiled linens   |            |         |          |
| Steam   |            |         |          |
| Transporting or handling human remains                          |            |         |          |
| Travel  |            | X       |          |
| Vibration   |            |         |          |

#### 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): Bleach, cleaning supplies |            | X       |          |
| Traveling in inclement weather                           | X          |         |          |
| Excessive / unpredictable weights                        |            |         |          |
| Exposure to infectious disease (specify):                | X          |         |          |
| Extreme noise  |            |         |          |
| Faulty / inadequate equipment                            |            |         |          |
| Personal injury  | X          |         |          |
| 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):   |            |         |          |
|  |            |         |          |
|  |            |         |          |
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|  |            |         |          |

| Section | 15 – WORKING COND                                   | OITIONS (cont'd)                  |                          |   |
|---------|---|-----------------------------------|--------------------------|---|
| (c)     | Do you have to take certa precaution(s) normally to |                                   | wear protective clothing | g to avoid a work injury? (Check one and provide an explanation or example of the type of |
|         | Yes 🖂   | No 🗌                              |                          |   |
|         | Please explain your answ                            | ver:                              |                          |   |
|         | ◆ PART, WHMIS                                       |                                   |                          |   |
|         |   |                                   |                          |   |
|         |   |                                   |                          |   |
|         |   |                                   |                          |   |
|         |   |                                   |                          |   |
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|         |   |                                   |                          |   |
|         |   |                                   |                          |   |
|         |   |                                   |                          |   |
| SUPER   | VISOR'S COMMENTS                                    | **********<br>G – WORKING CONDITI |                          | ********************************  |
| Are the | responses to the questio                            | n: Complete                       | ☐ Incomplete             | COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" are selected):                |
|         | agree with the responses                            |                                   | ☐ No                     |   |
|         |   |                                   |                          |   |
|         |   |                                   |                          | Supervisor's Initials:  |
|         |   |                                   |                          |   |

| se | add any additional information or con                                 | mments and reference the specific JFS section ar | d question as appropriate.  |  |
|----|---|--|---|--|
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|    | 17 – SIGNATURES   |  |   |  |
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|    | Group submission (NAMES OF ENNAME:  NAME:  NAME:  NAME:               | MPLOYEES DOING THE SAME JOB). Please             | print your name, then sign:  SIGNATURE:  SIGNATURE:  SIGNATURE:                         |  |
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| Section 18 – OUT-OF-SCOPE SUPERVISOR'S COMMENTS   |  |             |  |  |  |  |  |  |
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| Please add any additional information or comments and reference the specific JFS section and question as appropriate. |  |             |  |  |  |  |  |  |
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| Immediate Out-of-Scope Supervisor   |  |             |  |  |  |  |  |  |
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# **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

#### В

- 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

# $\mathbf{E}$

Education

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- 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

#### ]

- 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

# $\mathbf{O}$

- 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

JE: Revised Dec 19/06

- 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

### $\mathbf{T}$

- 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

# $\mathbf{W}$

• Word processing and typing function

JE: Revised Dec 19/06