

Job Class Profile: Clinical Occupational Therapist III**Pay Level: CG-46 Point Band: 1190-1253**

Factor	Knowledge	Interpersonal Skills	Physical Effort	Concentration	Complexity	Accountability & Decision Making	Impact	Development and Leadership	Environmental Working Conditions	Total Points
Rating	8	7	4	5	8	7	6	5	5	
Points	373	117	25	24	240	152	124	107	54	1216

JOB SUMMARY

The Clinical Occupational Therapist III provides advanced professional, administrative and clinical leadership work for occupational therapy. Responsible for ensuring continuation, co-ordination and implementation of professional practice standards; development and compliance with policies and procedures; strategic, human and budgetary resource planning; continuing education and staff competency; compiling, evaluating and reporting qualitative and quantitative data; evaluating performance; and conducting research and implementing evidence based practice. Also is responsible to provide advanced and specialized clinical services to clients. Performs in the capacity of clinical leader across separate sites and locations throughout a region or in an area of specialization where there is responsibility for other professional occupational therapy staff as well as support staff.

Key and Periodic Activities

- Provides clinical leadership, supervision, and mentoring for occupational therapy staff, and acts as a clinical expert for practice area. Develops orientation programs and orients new staff, organizes and chairs staff meetings and co-ordinates and guides the education activities of occupational therapy (OT) staff and students. Organizes and assigns caseloads, co-ordinates relief staff, monitors and approves leave requests, delegates and teaches clinical skills, provides feedback on performance, assists with performance planning, and may participate in the recruitment and selection process.
- Reviews and screens all referrals for OT services, assesses the appropriateness and priority of new referrals, contacts clients and referral source for information, if necessary, transfers referral requests to another service when necessary, and assigns referrals to occupational therapists.
- Plans, develops, and evaluates OT services either within specialty area or across a number of divisions/sites. Leads the development of OT best practices, participates in the development and implementation of goals for the division, and grant submissions. Liaises with interdisciplinary team, manager, and other occupational therapists to identify or develop program goals and objectives. Develops, implements, and monitors clinical standards of practice, OT clinical protocols, guidelines, and policies and procedures and reviews this against national standards. Consults and communicates OT practice issues to OT staff and management and interprets organizational policies and procedures and provides guidance to staff in application of same.

Key and Periodic Activities

- Represents the service or participates on various committees, working groups, and initiatives. Acts as a consultant, clinical expert, and advisor to other OT staff, other disciplines, external agencies, and educational institutions, promotes the practice environment, and educates clients, community, and health professionals regarding OT services, practices, and clients care and needs. May give OT in-services or lectures.
- Develops and monitors OT service budgets, conducts regular reviews, monitors financial expenditures, evaluates the program or service needs with respect to equipment and resources, and ensures budgets are adequate to meet the needs of the service. Identifies resource needs, maintains physical resources, orders supplies, and anticipates capital expenditure requirements. Manages an extensive inventory and maintenance program of OT equipment and devices, advocates for new equipment and resources, and addresses space and equipment issues.
- Participates in patient rounds and case conferences, manages a clinical caseload and provides assessment (i.e. intervention, risk), administers standardized and non-standardized assessment tools (i.e. structured interview), interprets findings, develops and implements treatment programs, evaluates outcomes, liaises with external agencies regarding funding for clients for equipment/services, educates and communicates to client and interdisciplinary team, and documents assessment plan, progress in therapy, and discharge status.
- May also perform work in a broad program area and have responsibilities to co-ordinate work activities such as ergonomic hazard assessments, recovery management, return to work planning and co-ordination, functioning assessments, and job site analysis.
- Analyzes workload measurement statistics, calculates indicators, records statistics, and prepares and presents a variety of reports related to work activities including service areas statistics.
- Researches, designs, and implements quality initiatives within the practice area, which includes development of the process for data collection, and yearly review of results. Participates in strategic planning for the OT professional group and program area, assigns and completes chart audits, participates in accreditation activities and the peer review process.
- May participate in interdisciplinary research projects such as case study publications.
- Acts as the clinical education co-ordinator for OT students by liaising with provincial fieldwork co-ordinator to assign and arrange clinical placements, ensures therapists supervising students are appropriately orientated to the process, provides frontline interventions for any conflicts, and acts as a resource for therapists and students. Provides feedback, teaches specific clinical skills, and evaluates students.
- Attends continuing education events such as teleconferences, workshops, and conferences, and keeps up to date on profession by reading current research in professional journals.

SKILL

Knowledge

General and Specific Knowledge:

- Knowledge of:
 - Professional standards, codes, policies and trends and developments in field.
 - Design, development, delivery, and assessment of Clinical Occupational Therapy Services.

- Human anatomy, medical/surgical diagnoses, and human behavior.
- Treatment techniques, tools, and best practices.
- Program planning, policy development and program evaluation.
- Strategic direction and service delivery, as it relates to field.
- Workload measurement tools and adaptive aides.
- Various Acts and Legislation.
- Organizational policies and procedures.
- Community resources.
- Collective agreements.
- General knowledge of disciplines relating to Occupational Therapy.

Formal Education and/or Certification(s):

Minimum

- Graduate degree specializing in Occupational Therapy.
- Certification with the Canadian Association of Occupational Therapy (CAOT) with a professional designation of Occupational Therapist, OT (R).
- Licensure with the Newfoundland and Labrador Occupational Therapy Board (NLOTB).
- Depending on the program area, may require additional training such as suicide intervention (ASIST), non-violent crisis intervention (CPI), first aid, and basic life support (BLS), etc, and/or driver's license, etc.

Years of Experience:

- Minimum: 4 to 5 years of experience.
- May require experience in a specialized program area.

Competencies:

- Ability to design, develop, implement and evaluate applicable therapy programs.
- Policy design and development.
- Assessment and diagnostic skills.
- Oral, written, and cognitive communication skills.
- Computer and research skills.
- Operate technical devices and related equipment/machines.

Interpersonal Skills

- A wide range of interpersonal skills are used to listen and collaborate with team members regarding services, conduct formal interviews with clients for assessment purposes, ask questions, provide routine and complex information, persuade others to participate in treatment plan or services, to gain the co-operation of others, coach and mentor staff, provide expert advice/counselling. Skills are also used to advocate and promote the services and ideas, provide care/comfort/nurturing to clients, resolve disputes, deal with upset or angry people, facilitate meetings, make formal presentations to others, and to instruct, teach, or train clients, staff, and students.
- Communication skills are used to correspond with various stakeholders regarding supports and equipment, and to document information. Skills are most frequently used to listen and provide complex and sometimes-sensitive information to clients and their families and to discuss

programming or service issues with the manager.

- Communications occur with staff, clients and their families, manager, healthcare and community professionals, government services, and suppliers and sales representatives for equipment and therapeutic supports. Interactions occur with other government employees and may also include professional associations and advisors.

EFFORT

Physical Effort

- The demands of the job occasionally result in considerable fatigue requiring the need for strength and endurance.
- Regularly lifts or moves objects or equipment between 10 lbs. and 25 lbs. (i.e. mats, chairs, wheelchairs, etc.), assisting, supporting, or pushing and pulling clients up to and over 50 lbs., sometimes in wheelchairs.
- Regularly stands and walks when performing clinic activities and drives to and from sites/homes within the region. Regularly, sits to perform clinical documentation or administrative functions on the computer and observe or counsel clients. When in clinic or therapy sessions may work in awkward or cramped positions.
- Hand tools are used to make adjustments or repairs on equipment. Occasionally uses equipment that requires rapid physical movement, reflexes, and controlled movement. Gross motor skills are required when working with clients in performing therapeutic activities, or to move equipment.
- Fine/finger precision work is used when performing work on the computer.

Concentration

- **Visual** concentration is constantly required for observation and monitoring of clients in therapy for assessment purposes, their health and safety, and to take measurements for custom fits on wheelchairs, equipment, etc. Visual concentration is also required for writing reports/documents, performing work on the computer such as entering data in records and research, and for driving.
- **Auditory** concentration is regularly required to listen to clients and their families, co-workers and to perform specific tests.
- **Touch** is regularly required to perform assessments or testing on clients, and to handle clients during assessment. The sense of **smell** is used for life skills teaching such as cooking classes, and to detect a client's personal hygiene, or the use of alcohol or other substances.
- **Repetitive** tasks that require **alertness** include administering and interpreting standardized tests, observing and evaluating clients, using equipment, tools, and machines to fabricate projects, monitoring clients for signs of distress or for their safety, and entering a client's data into the computer.
- Higher than normal levels of **attentiveness** or alertness are required when working alone or conducting home visits with clients who have potential risks, when assessing clients for life skills, using equipment or tools, moving or transferring clients, and to monitor clients for signs of ill-health or safety.
- **Does not have control over the pace of the work** as often times there are unpredictable and urgent number of clients that need to be seen, crisis that occur, or situations with clients that are

time-sensitive (i.e. discharge).

- There are **time pressures and deadlines** to see referred or urgent clients, to document client's information as per standards of practice, to attend various meetings, to respond to requests for feedback on program decisions, to submit workload measurements statistics, and to orientate and evaluate students. There may be multiple deadlines and time pressures to complete administrative functions (i.e. statistics, chart audits, peer reviews, budget submissions, operational plans, and performance reviews). **Interruptions** tend to be a daily occurrence (i.e. phone calls from clients wanting assistance, staff requiring assistance, opinions, information, etc.).
- **Eye/hand co-ordination** is required for measuring, repairing, and adjusting of equipment and devices for clients, to teach life or employment skills, to use hand tools for measuring and accuracy, to administer physical tests such as goniometer used to measure client's range of motion, motor planning, manual dexterity assessments, and to perform work on the computer.
- **Exact results and precision** are required when performing assessments, fabricating and fitting splints for clients' use, handling clients, identifying treatments or a plan of care, documenting client information such as test scores, completing staff scheduling to ensure adequate coverage of staff, and completing workload measurement statistics.

Complexity

- Tasks and activities are different/unrelated and require the use of a broad range of skills and a diversity of knowledge (clinic work and clinical supervision).
- Some tasks are unique involving co-ordination and implementation of professional practice standards, conducting research and implementing evidence based practices. Certain tasks are highly technical (specialized areas) for which there is limited or no guidelines and therefore require creative problem definition and analysis where solutions may be provided in a team setting.
- Typical complexities include providing support and advice to staff in difficult or complicated situations, handling caseload and staff shortages, balancing clinical caseload with administrative responsibilities, assessing clients and developing customized programs to suit the needs of clients, working with clients in crisis, and developing strategies to assist clients with requirements/challenges.
- Complexities can typically be solved by defining practical solutions, following best practice guidelines and protocols from the Occupational Therapy Act, Occupational Therapy Professional Practice Council, Newfoundland and Labrador Occupational Therapy Board (NLOTB), the Canadian Association Occupational Therapy (CAOT), legislation, and Acts. As well, following guidelines, protocols, policies and procedures from the organization, legislation, internet, trends and developments in research, code of ethics, and advice from colleagues, manager, Professional Practice Consultant, and clinical team.

RESPONSIBILITY

Accountability and Decision-Making

- Work is generally not prescribed or controlled.
- Decisions related to supervision of staff such as assignment of work tasks, scheduling, mentoring, evaluation of staff and students, screening of clients and determining priority,

managing client waitlist and the purchasing of departmental supplies are made independently. In addition, decisions related to clinical activities such as patient assessment, treatment, evaluation, and care are autonomous. Provides input into program development, and monitors policies and procedures, service delivery, reports workload statistics, and identifies priority of services independently.

- Requires approval for large equipment or resource purchases, hiring of relief staff, changes to policies and procedures, and service delivery, external committee representation, addressing grievances, posting of new positions, and travel claim reimbursement.
- Has some discretion to interpret directions and apply guidelines related to the day-to-day operational issues for the service, clinical issues, and staffing issues such as scheduling and leave requests.
- Within predetermined limits, has some discretion regarding clinical practice, treatment options, departmental purchases, and expenditures. A high degree of independent discretion and judgment is given regarding clinical issues, management of caseload, and administratively, monitoring service budget expenditures, approving purchases, when completing and discussing performance reviews, making decisions related to hiring, determining appropriate staffing allocation, developing wait lists, and in the interpretation of policies.
- Provides information, advice, and recommendations to staff, members of the interdisciplinary team, clients, and their families, physicians, and students related to occupational therapy conditions, treatments, procedures, tests, and results. Participates in the development and implementation of goals for the division. Acts as a consultant, clinical expert and advisor. In addition, provides guidance, advice, and supervision to OT staff, as well as students and makes recommendations to the manager regarding the programming area.

Impact

- Tasks and activities have an impact on the immediate work area, within the department, outside the organization, and on clients.
- There are positive and negative impacts resulting from the decisions made regarding staffing levels, and clients diagnosis, treatments, and tests. Positive impacts can help improve wait list times for service and client's functional ability; whereas, if staffing levels are not adequate and assessments and treatments are not accurate, this could result in significant impacts (i.e. increase in wait list times, injury or loss of function) to the client.
- Impact is also felt on the following resources: equipment used in the treatment of clients, processes and systems, information, facilities, finances (i.e. equipment and material purchases), material and human resources, health and safety, and corporate image. The most significant impact is on the client and their health and safety.
- Errors that can occur when performing clinic activities include improper screening of referrals, improper assessments, treatment plans, and mistakes made when ordering, evaluating, or in measuring equipment when assessing a client, home, office or work station for modifications. Administratively, the co-ordination and implementation of professional practice standards, strategic, human and budgetary resource planning can affect the whole program. Mistakes in payroll, budget information, and expenditures could impact the budget and staffing levels, and incorrect statistical information could result in reduced funding for the service. Additionally, mistakes involving scheduling of staff could affect client care.
- Clinic activities are somewhat mitigated as licensure is required to practice and professional

activities are monitored through a professional association. Guidelines and practices within their scope of practice are followed. Clinic errors are identified and resolved within hours of identification. Administrative errors are not as easily identified.

Development and Leadership of Others

- Responsible for the supervision of a medium size work group (5 to 10 employees).
- Provides on-the-job advice, guidance, and orientation to new employees, and on-the-job and formal classroom type training. Performs team and project leader activities (i.e. acts as the subject matter expert in their field, leads the development of best practices, and the activities related to accreditation teams, etc). In addition, leads projects related to a speciality or clinical service area such as collaboration with provincial or regional agencies or organizations for the collection of data and dissemination of information, pandemic planning, and health and safety issues.

WORKING CONDITIONS

Environmental Working Conditions

- Required to wear masks, gowns, ear goggles, appropriate footwear, and gloves when assessing infectious clients or working in areas such as the carpentry shop, and are required to practice universal safety precautions such as hand washing, body mechanics when lifting or positioning clients, follow working alone policy, and carry necessary equipment such as cell phones, flashlights, and safety kits when traveling to communities.
- There is limited likelihood of receiving minor injuries, illnesses, and/or a partial or total disability.
- Regularly exposed to dirt/dust, bodily fluids, odours, infectious diseases, and wet or slippery surfaces. Occasionally exposed to usual/distracting noises physical dangers or threats, sharp objects, work around heavy equipment (i.e. machine shops), electrical shocks, hazardous chemicals, toxic or poisonous substances, and awkward/confining spaces when assessing clients, and equipment. May travel to other sites (i.e. clinics, clients home, schools, community buildings, etc.), sometimes in adverse weather conditions.