POSITION DESCRIPTION

SECTION A: Position Identification
POSITION TITLE: Physiotherapist

CLASSIFICATION

DEPARTMENT

DIVISION

POSITION # MANAGEMENT EXCLUDED BARGAINING UNIT

SECTION B: Reporting Structure

Your Supervisor’s Title:

His/Her Supervisor’s Title:

Other positions that report to your immediate supervisor:

SECTION C: Program/Functional Area
(Provide a brief description of the Program Area or Organizational Unit in which the position is located. This Section should include whether services are multi-site, multi-disciplinary, site, district, provincially or regionally focused; nature of population served, etc.)
SECTION D: Position Summary

The Physiotherapist (PT) participates in a collaborative care model providing holistic, comprehensive care to meet the needs of patient(s).

- As a member of the team, the PT participates in the overall plan of care for the patient(s) by providing physiotherapy services when indicated.
- The PT provides care in collaboration with the patient and family, other health team members throughout all stages of health and complexities of illness. The PT participates in the provision of safe, evidence based, competent, patient-centred, ethical care, ensuring the goals and needs of the patient are prioritized and individualized.
- Using professional knowledge, critical thinking and clinical judgment, the PT engages in independent, interdependent and dependent functions to provide health care. The PT focuses on comprehensive assessment and treatment, integrated plans of care, patient/family education, coordination of care, facility/student education and research.

SECTION E: MAJOR RESPONSIBILITIES: (indicate approx % of time spent on each)

Professional Accountability:
1. Carries out assessment, care plan implementation, discharge planning and education in accordance with DHA policies and procedures and the Physiotherapy Code of Ethics, as per the Nova Scotia College of Physiotherapists and the Physiotherapist Act.
2. Conducts self within legal/ethical/professional obligations and requirements.
3. Respects the individuality, autonomy and confidentiality of the patient(s), ensures the patient(s) is treated respectfully and uses a patient-centered approach involving shared decision making and responsibility with the patient(s).
4. Identifies the patient(s) based on each unique situation, identifies the patient(s) support system (e.g. family, significant others, caregivers, community, etc.) and works as a champion of patient-centered care.
5. Ensures provision of physiotherapy services at a systems level and with a focus on population health.
6. Demonstrates professional integrity and a commitment to the well-being of all patient(s).
7. Delivers professional services incorporating education, research and effective management of practice.
8. Engages in professional development and lifelong learning activities.
9. Performs beyond entry level competencies, medical directives and delegated medical functions as approved for the practice setting as per the Nova Scotia College of Physiotherapists and the Physiotherapist Act.
10. Completes workload measurement statistics.
11. Orientates new employees and mentors/precepts new and existing employees as appropriate.

Communication and Collaboration:
1. Establishes and maintains effective communication with patient(s), relevant others and professional colleagues.
2. Maintains an accurate account of care given through clear, concise, written and verbal communication and evaluates, communicates and documents patient(s) response to care in a timely manner.
3. Develops and maintains information systems to ensure appropriate access to accurate, objective, relevant information about the patient(s) and general physiotherapy services.
4. Collaborates, partners and communicates with the individual, family, community, health care team and service providers when there is a difference between the care plan and the wants, needs and abilities of the patient(s).
5. Facilitates collaboration across the continuum of care, including improved communication between community, tertiary hospitals, regional hospitals, etc.
6. Facilitates discharge planning and transitions across the health care continuum, ensuring the patient’s needs are met in appropriate setting.
7. Demonstrates effective collaboration and inter-professional teamwork by consulting and sharing information with other health professionals, family and community organizations in a timely manner, provided patient’s consent is obtained where required, to ensure comprehensive service delivery.
8. Participates in staff meetings or working group meetings.
9. Participates in and/or leadership of, program planning, research, continuous quality improvement initiatives, committees, staff education, safety initiatives and accreditation as requested.
10. Demonstrates effective verbal or non-verbal communication abilities to prevent adverse events.
11. Communicates effectively in special high-risk situations to ensure the safety of patient(s).

**Interprofessional Competencies:**
1. Describes one’s roles and responsibilities and scope of practice clearly to other professional’s patient(s).
2. Describes overlapping aspects of own professional knowledge and skills with other health professionals and paraprofessionals.
3. Recognizes and respects the role, responsibilities and competence of other professions/paraprofessionals in relation to one’s own.
4. Demonstrates respect and trust to ensure that collaborative relationships are fostered.
5. Practices within own scope of practice, code of ethics, standards and/or clinical guidelines while working within a collaborative patient-centered relationship.
6. Works with others to assess, plan, provide and review care to maximize health outcomes for individual patient(s).
8. Demonstrates effective sharing of information and exchanging of ideas.
9. Integrates information from each health professional/paraprofessional/patient/family to develop common patient-centered goals.
10. Participates effectively and appropriately in an inter-professional health care team to optimize patient(s) safety.

**Assessment:**
1. Participates in screening and prioritizing referrals to Physiotherapy to determine the individual’s need for physiotherapy services as required. Identifies the patient(s), based on each unique situation and
identifies the patient’s support system (e.g. family, significant others, caregivers, community, etc.).
2. Collects and reviews background information relevant to the patient’s health and health management profile and determines, with the patient, the need for physiotherapy intervention and the patient’s expectations for interventions or physiotherapy support.
3. Consults with the patient on options for service; explains and obtains patient’s consent.
4. Collaborates with patient to identify priorities for assessment and possible expected outcomes.
5. Collaborates with members of the healthcare team and patient/family to collect, validate and expand assessment data.
6. Recognizes patterns of health care needs within the population served, including health promotion and prevention (such as fall prevention and chronic disease management) and assesses the effectiveness of interventions over time.
7. Collects the quantitative and qualitative data relevant to the patient’s needs related to function and to physiotherapy practice, by performing safely a physiotherapy examination using valid approaches and measures, taking into account known indications, guidelines, limitations and risk-benefit considerations.
8. Documents all pertinent information in a timely and concise manner.
9. Informs patient regarding all uses of collected patient’s personal and health data and obtains patient’s consent as required by relevant privacy legislation (i.e. Personal Information Protection and Electronic Documents Act (PIPEDA) or relevant provincial legislation).
10. Initiates discharge planning with the patient, the patient’s support system and the health care team.

Planning:
1. Engages the patient(s) in the goal setting process to identify the patient’s priorities.
2. Analyzes assessment findings to determine patient’s abilities, functional needs and potential outcomes, respecting patient and/or substitute decision-makers’ choices.
3. Requests diagnostic tests, refers to physician specialists or other healthcare professionals where appropriate.
4. Establishes a physiotherapy diagnosis/clinical impression.
5. Identifies the need for and potential value of intervention by a physiotherapist and discusses analysis of assessment findings with the patient and the health team members and when the patient permits, with relevant others.
6. Facilitates informed decision-making by patient by encouraging the patient to ask questions and by providing appropriate information to assist the patient in making informed decisions about physiotherapy services.
7. Establishes and prioritizes with the patient expected outcomes, physiotherapy intervention strategy, service schedule and discharge planning.
8. Integrates inter-disciplinary and multi-agency factors into the care plan.
9. Recognizes changes in physical performance, functional abilities and health care needs and adjusts the care plan accordingly.

Implementation:
1. Implements physiotherapy interventions to assist the patient(s) in achieving and maintaining health, functional independence and physical performance and in managing physical impairments, disabilities and limits to participation.
2. Adjusts intervention considering the patient’s response.
3. Educates patient(s) and families related to:
   - Their disease process
   - The role of physiotherapy in setting their collaborative goals
   - Primary and secondary disease prevention and progression
   - Self-management of their disease
   - Knowledge of resources in the community
   - Navigating complex health care delivery systems
   - How to be strong self-advocates.

4. Develops and implements appropriate home and community based programming to maintain and optimize the performance of the patient(s) in their own environments and to facilitate community reintegration.

5. Evaluates on an ongoing basis the effectiveness of physiotherapy interventions in relation to identified goals and outcomes and makes appropriate adjustments.

6. Plans for timely completion of physiotherapy intervention, discharge planning and follow-up, as required, to meet patient’s needs.

7. Assigns appropriate tasks/activities to Physiotherapy Assistants, Rehabilitation Assistants, Physiotherapy Aides or other members of the health care team.

8. Supervises Physiotherapy Assistants, Rehabilitation Assistants and Physiotherapy Aides.

Evaluation:
1. Evaluates, communicates and documents expected and unexpected responses to care to the patient(s), his/her support system, and the health care team. Evaluates and monitors broad outcomes including healthy living and length of hospital stay.
2. Discusses observations with and makes recommendations to inter-professional team and leaders to influence program development/evaluation.
3. Continuously engages in critical thinking and evaluates plan of care and makes revisions to plan as necessary, in consultation and collaboration with other members of the health care team, patient and his/her support system.
4. Terminates Physiotherapy Services in agreement with clinical best practices and/or when maximal therapeutic outcomes/functional gains are achieved. Operational processes may also determine when services are terminated.

Care Coordination for a Patient(s) or Group of Patients/ Clients:
The PT may serve as the coordinator of care within the care delivery team, depending on the needs of the patient’s population. In this role the PT will:
   - Provide leadership for ensuring that an integrated inter-professional plan of care is created as early as possible in the patient’s care experience for scheduled and unscheduled patient(s).
   - Focus on ensuring that the patient’s care experience is coordinated and integrated within an inter-professional model of care, both within acute care and across the continuum of care.
   - Serve as a key resource to the family and patient(s).
   - Organize patient and family conferences as required, to ensure active involvement in the development of the plan of care as well as the ongoing management and monitoring of progress.
   - Facilitate decision making through renewed processes of communication including scheduled rounds as well as ad hoc meetings, to ensure timely flow and progression of the ongoing stay and discharge.
   - Identify barriers to smooth flow and timely progression and review with the team to rectify issues at the
earliest possible moment.

- Facilitate and coordinate referrals based on needs.
- Ensure patient/family education by an appropriate person.
- Participate in direct patient(s) care delivery as per their defined scope of practice. Ensure and/or provide follow-up as needed including home visits, outpatient follow-up, etc.

Other related duties:
Other related duties as assigned.

POSITION SPECIFICATIONS

SECTION F: MINIMUM FORMAL EDUCATION:

Education preparation accepted by the Nova Scotia College of Physiotherapists for Registration with the Nova Scotia College of Physiotherapists.

SECTION G: CERTIFICATION/REGISTRATION/DESIGNATION

1. Registration with the Nova Scotia College of Physiotherapists (NSCP).
2. Eligible for registration with the Canadian Physiotherapy Association.

SECTION H: SPECIAL KNOWLEDGE & SKILLS:

1. Thorough knowledge of Physiotherapy practice with an interest in program development and evaluation skills.
2. Demonstrated accountability and responsibility.
3. Strong patient focus and ability to build solid patient/practitioner relationships.
4. Demonstrated collaboration and teamwork skills with the patient at the centre.
5. Commitment to continuous improvement and innovation.
6. Demonstrated leadership abilities.
7. Demonstrated planning, organization and time management skills.
8. Commitment to promoting a culture that supports safety, ethical practices and organizational health.
9. Demonstrated good attendance in current and past employment.
10. Exemplary work history as demonstrated in current and past employment.
11. Computer skills (e.g. statistics input, word processing, email, etc.).
13. Physical capabilities to perform the duties of the position.
14. Travel may be required.
15. Physiotherapy is a diverse profession and additional courses/education/training in many specialized areas of practice may be required (e.g. cardio-respiratory techniques, acupuncture, stroke rehabilitation, manual therapy, balance training, etc.).
SECTION I: NATURE AND AMOUNT OF EXPERIENCE:
(Indicate the nature and minimum amount of experience required to be able to competently meet the objectives of the position. This may include technical, professional, clinical or administrative experience, as well as supervision, management or direction of activities. It may also include experience from specific employment areas or types of organizations which would provide relevant experience.)

SECTION J: JUDGEMENT & INITIATIVE:
1. Articulates rationale for decisions that are based on clinical best practice, current theory and research.
2. Ability to recognize and consider that theory and practice need to be tailored and delivered in the context of the individual patient, his or her physical realities and support systems.
3. Uses a comprehensive problem solving process to gather, analyse, critically appraise and interpret information to develop a plan of care to address patient goals.
4. Ability to seek solutions through collaboration and consultation with other health care providers, the patient and the family as appropriate to the specific situation.
5. Ability to recognize changes in physical performance, functional abilities and health care needs and adjust care accordingly or refer to others as appropriate.
6. Intervenes when standards of practice are violated or not upheld.
7. Refers to appropriate professionals for issues beyond the profession’s scope of practice and the individual’s personal competence.
8. Seeks direction or assistance from other health care professionals as required.

SECTION K: TYPE AND LEVEL OF SUPERVISION EXERCISED:
1. Assigns appropriate tasks/activities to Physiotherapy Assistants, Rehabilitation Assistants, Physiotherapy Aides or other members of the health care team.
2. Supervision of Physiotherapy Assistants, Rehabilitation Assistants, Physiotherapy Aides.
3. Acts as a mentor/preceptor for students.

SECTION L: KEY RELATIONSHIPS:
1. Engaging patient(s) to build rapport and gain credibility and confidence to allow for effective care planning and delivery of services to meet the assessed needs of the patient(s) and expected outcomes.
2. Collaborates and communicates effectively with patient(s), his/her support system, team members, internal/external and community resources to implement and maintain the plan of care and required services.
3. Engages with professional associations.
4. Collaborates and works consultatively with team members, all levels of management and other departments and agencies, both internal and external to the organization.

SECTION M: DEGREE OF RESPONSIBILITY FOR DECISIONS ON FINANCIAL, HUMAN AND
**MATERIAL RESOURCES:**

Uses available physical, material and financial resources as required for safe, effective and efficient physiotherapy practice.

**SECTION N: PHYSICAL DEMAND:**

Physical capabilities to perform the duties of the position.

This could include working in awkward positions, sitting, stretching/reaching, on feet for long periods standing/walking, pulling/pushing, lifting more than 40 lbs., transferring patients, crouching; and manual dexterity

**SECTION O: MENTAL & VISUAL DEMAND:**

These include but are not limited to:
- Active listening, counselling and interviewing
- Clinical reasoning and critical thinking
- Observation
- Providing training/instruction to patients/students, families and caregivers
- Report writing and health record documentation
- Data entry/computer use
- Health Record review
- Making presentations
- Driving

**SECTION P: WORKING ENVIRONMENT and UNAVOIDABLE HAZARDS:**

When care/service is provided in the homes, schools, day cares of patients, the work situation is unique in that:

1. The work is generally done in the patient’s home in isolation from colleagues.
2. Employees are in the homes, schools, day cares of patient(s) where:
   a. They may be unfamiliar with the physical layout of the space.
   b. They are sometimes working in the presence of other family members, staff or visitors.
   c. There is non-availability of immediate assistance when emergencies occur.
   d. Contact with pets and wildlife may pose risk or injury.
   e. The possibility exists of encountering individuals who are under the influence of alcohol or drugs.
   f. There is the possibility of encountering individuals who are confused, disoriented or incompetent.
   g. Employees may find themselves in unsafe working conditions, including space which is unsanitary or not structurally sound.
3. The employee must travel to and from patient’s homes, day cares and schools in all types of weather
conditions.

SECTION Q: SAFETY (patient(s), worker & workplace)

The successful applicant will:
- Contribute to a culture of patient safety.
- Work in teams for patient safety.
- Communicate effectively for patient safety.
- Manage safety risks.
- Optimize human and environmental factors.
- Recognize, respond to and disclose adverse events.


Prepared by: ___________________________ Date: ___________________________

Signature

Name (Please Print)

Approved by: ___________________________ Date: ___________________________

Signature

Name (Please Print)

Approved By: ___________________________ Date: ___________________________

Signature

Name (Please Print)