

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #224 – Cardiology & Electroneurophysiology</u> Technologist

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 25, 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 25.
- 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.

This section gathers information regarding the organization	n in which your job functions.
Chart below: ite in the Provincial JE Job Title of the position – not the name o	f the person currently in the job.
tle of your immediate Out-of-Scope Supervisor	SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART
	Are the responses to this question:CompleteIncompleDo you agree with the responses:YesNo
your immediate Supervisor (if different than above)	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
Your current Provincial JE Job Title	
rent Provincial JE Job Number:	Supervisor's Initials:
JE Job Titles that report directly to you (if applicable)	
	ite in the Provincial JE Job Title of the position – not the name o tle of your immediate Out-of-Scope Supervisor your immediate Supervisor (if different than above) Your current Provincial JE Job Title rent Provincial JE Job Number:

Section 3 – JOB IDENTIFICATION				
Purpose: This section	gathers basic identifying	g material so we can keep tra	ack of compl	eted Job Fact Sheets.
Provide your name and work telephone	number(s) for contact pur	poses. For group JFS submis	sions, please	note the name and telephone number(s) of the contact person.
Name of person completing the JFS for a ARE DOING THE SAME JOB):	a single employee, or cor	ntact person for group JFS sub	mission (ON	LY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES
Name (Print):				Employee No.:
Work Telephone:		E-Mail Address:		
Regional Health Authority/Affiliate:				
Facility/Site:			Departme	ent:
See Section 18 on page 28 for signatures				
Provincial JE Job Title:				Date:
Provincial JE Number:		Office use on	ly:	JEMC No. <u>M</u>
	nd "What is this job response meone approached you a <u>b Title</u>) exists to …" or " ***********	<i>avasive technical procedures</i> <i>onsible for?</i> " nd asked you about your job.	for" *******	icians in the diagnosis/pathology of electrophysiological and ************************************
Are the responses to this question: Do you agree with the responses:	Complete Yes	Incomplete No		
20 Jou agree when the responses.				
				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: $\frac{1}{2}$ day every day per year = 50%; 3 months per year = 25%; 2 $\frac{1}{2}$ weeks per year = 5%

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

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

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

Key Work Activity A: *Diagnostic Procedures*

Duties/Responsibilities:

- Prepares and assesses patient (e.g., identification, consent, medical history, instruction of procedure).
- Performs a variety of diagnostic procedures (e.g., stress testing, Holter monitoring and electrocardiograms [ECG]).
- Monitors patient during and following procedures (e.g., stress testing).
- Analyzes test results, identifying abnormal/unexpected values and alerts physician as appropriate.
- Performs a variety of diagnostic procedures which may include electroencephalography (EEG), electromyography/nerve conduction studies (EMG), evoked potential testing, intraoperative monitoring, long-term telemetry monitoring, electroretinography (ERG).
- Ensures comprehensive diagnostic tests are obtained for physician to interpret.

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete

Do you agree with the responses: Yes No

COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):

Supervisor's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: <u>Preparation of Test Results</u>

Duties/Responsibilities:

- Prepares, organizes, processes, edits, scores and reports test results.
- Ensures test results are correct and complete.
- Ensures test results have been interpreted in proper time frame.
- Ensures abnormal or unexpected test results are reported to the physician.

Are the responses to this	s question: 🗌 Complete	Incomplete
Do you agree with the ro	esponses: 🗌 Yes	🗌 No
COMMENTS (<u>must</u> be c	ompleted if "Incomplete" o	or "No" is selected):
	Supervisor's I	nitials:
	MENTS – KEY WORK s question: 🗌 Complete	
Do you agree with the re	esponses: 🗌 Yes	🗌 No
COMMENTS (<u>must</u> be c	ompleted if "Incomplete" o	or "No" is selected):

Key Work Activity C: <u>Quality Assurance / Quality Control</u>

Duties/Responsibilities:

- Participates in Quality Assurance/Quality Control programs as required by local protocols and government regulations.
- Maintains quality test results according to national standards.

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity D: Patient Education / Research / Teaching

Duties/Responsibilities:

- Provides occasional guidance to the primary function of others, including training.
- Provides functional advice/instruction to medical/surgical specialists and basic researchers.
- Assists with research protocols, statistics and outcome management.

	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
	Are the responses to this question: Complete
archers.	Do you agree with the responses: Yes No
	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
	Supervisor's Initials:
	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
nembers.	Are the responses to this question: Complete
	Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected):
k	
	Supervisor's Initials:

Key Work Activity E: <u>Related Key Work Activities</u>

Duties/Responsibilities:

- Responds to telephone calls and inquiries from physicians/patients and other staff members.
- Prioritizes and schedules in-patient tests.
- Ensures "crash carts" are stocked appropriately.
- Performs computer work (e.g., data entry, back-up).
- Provides reception/clerical duties (e.g., answer telephone, fax, scan, photocopy, book appointments).
- Prepares, communicates and files test results and reports.
- Prepares statistical reports.
- Maintains inventory and orders supplies.
- Cleans, maintains, calibrates and troubleshoots diagnostic equipment.
- Disposes of biohazardous waste, as per departmental procedures and policies.
- Maintains cleanliness of the examination room.

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".

In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: <i>Policies and procedures</i> .				X
Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Adjusting electrode positions when routine placement is unattainable</i> .		X		
Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example:				

When there is a situation you have not come across before, do you (check all responses that apply)	Almost 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)				

ection 6 – DECISION-MAKING	G (cont'd)						
(c) To what extent are th and provide example		irements of this job gu	ided by others (check all responses that apply	Almost never	Sometimes	Often	Most of the time
Immediate supervisor					v		
Example:					X		
Others in own program	n/department						
Example:					X		
Others within the RHA							
Example:					X		
Departmental Manage	Departmental Management						
Example:	Example: Specialists / Clinical Experts Example:						
Specialists / Clinical E							
Example:							
Senior Management							
Example:	Example:						
Other							
Example:							
Example: Other	*********			X			
/ISOR'S COMMENTS -	- DECISION-MAKING		COMMENTS (<u>must</u> be completed if "Inco	omnlete" (or "No" is s	elected)•	
the responses to the question	_	Incomplete	be completed in find				
you agree with the responses:	Yes	No No					
				Supe	rvisor's Init	tials:	
ob #224 – Cardiology & E	ectroneurophysiolo	gy Technologist (November 16, 2021)		Pa	ge 8 of	26

Section 7 – EDUCATION AND SPECIFIC TRAINING	
Purpose: This section gathers information on the minimum level of completed formal education required for the job.	
(a) What minimum level of completed schooling or formal training would be necessary for a new person being hired into this job? This that you have, but what is the typical minimum requirement of the job.	does not reflect the education
The total minimum level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or ap prior to graduation or certification.	prenticeship, etc., time required
(i) High School: Grade 10 Grade 11 Grade 12	
(ii) Technical/Vocational/Community College: 1 year 2 years 3 years 4 years 4	
Specify (Do not use abbreviations): Cardiology Technology diploma plus Electroneurophysiology diploma	
(iii) Licensed Trades: 1 year 2 years 3 years 4 years 5 years	
Specify (Do not use abbreviations):	
(iv) University: 3 years 4 years Masters	
Specify (Do not use abbreviations):	
(b) Is any Provincial, National or professional certification mandatory? 🛛 Yes	
If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):	
 Certification by the Canadian Society of Cardiology Technologists Certification with the Canadian Board of Electroencephalograph Technologists (CBRET) (electroencephalography [EEG]) Certification with the Board of Registration of Electromyography Technologists of Canada (BRETC) (electromyography/nerve Registration with the Saskatchewan Cardiology Technologists Association 	conduction studies [EMG])
 (c) What additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program: Specify (Do not use abbreviations): Basic computer skills Interpersonal skills Organizational skills Communications skills Analytical skills 	
 Ability to work independently ************************************	
SUPERVISOR'S COMMENTS – EDUCATION AND SPECIFIC TRAINING	
Are the responses to the question: Complete Incomplete COMMENTS (<u>must</u> be completed if "Incomplete"	or "No" is selected):
Do you agree with the responses:	
Sup	ervisor's Initials:
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Purpose:			n on the minimum rele e-job learning or adjus		ed for a job. Relevant experience may include previous jo
	relevant experience requirements of th		r to and/or (b) on-the-jol	o, that is required for a n	ew person with the education recorded in Section 7 to acquire
For part (b), a	sk yourself, "Is tim	e on the job requi	experience necessary? J red to learn new tasks an r apprenticeship, etc., t	nd responsibilities or to	adjust to the job? If so, how much?" n 7, Education and Specific Training.
Required prev	ious related job ex	perience (do not i	nclude practicum or ap	prenticeship if covered	l in Section 7 – Education and Specific Training)
None 🛛	6	nonths	1 year	3 years	5 years
Up to 3 m	onths 9	nonths	2 years	4 years	Other (specify)
Describe the e	xperience requiren	nents gained on pro	evious jobs here or elsev	where needed to prepare	for this job:
♦ No previo	ous experience.				
Average time	required on the job	to learn and/or ad	just to this job:		
1 month o	fewer 6	nonths	1 year	3 years	
3 months	9 1	nonths	2 years	Other (specify) 30 months
Describe the t	asks and responsib	ilities that need to	be learned in order to sa	tisfy the requirements of	f this job:
) EEG and 1000 EMG t tent policies and proced		e certification and to become familiar with equipment, other
			*****	*****	*****
RVISOR'S CO	MMENTS – EXP	ERIENCE		COMMENTS (m	ust be completed if "Incomplete" or "No" is selected):
he responses to t	he question:	Complete	Incomplete		
ou agree with the	responses:	Yes	🗌 No		

Section 9 – INDEPENDENT JUDGEMENT

	Purpose:	This section g	athers information	on the extent to which t	he job exercises independent action.	
		ndependent action no precedents to		rees. Some jobs are highl	y structured and have many formal procedu	ures, while others require exercising judgement o
			provided to this job. hers and direct supe		rules, instructions, established procedures	, defined methods, manuals, policies, professiona
(a)	To what extent directing action		ntrol its own work as	s opposed to being guided	by influences such as rules, procedures, po	olicies, supervisory presence or instructions
	Please check t	he answer that 1	nost closely represe	ents expected job require	ements.	
	🗌 Most job re	equirements (to th	e extent possible) ar	e set out within structure	and rules and/or readily understood schedu	les to guide job tasks/duties required.
	Some restri	ictions apply, but	the control over sett	ing work priorities and pa	ce of work is contained within the job.	
	There are n	ninimal restriction	ns, leaving significat	nt control over the work b	eing carried out within the scope of the job	
	Other (plea	se explain):				
(b)	Please check t	the answer that it ostly repetitive an	nost closely represent		ements. Example:	
	Work pres	ents difficult choi	ices or unique situati	ons that require judgement	nt. Example:	
	♦ Exercises	judgement in mo	odifying procedures	based on patient acuity.		
SUPE	RVISOR'S CON	MMENTS – IND	***** EPENDENT JUD(********	
					COMMENTS (<u>must</u> be completed if	"Incomplete" or "No" is selected):
	e responses to tl 1 agree with the	-	Complete	Incomplete No		
						Supervisor's Initials:
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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
- E Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- **G** Negotiation of service and / or supply agreements

]	PURPOSE OF CONTACT									
			eck of								
	(n	(more than one, if applicable									
	Α	В	С	D	E	F	G				
Employees in the same department		X	X	X							
Employees in another department/site (specify)		X	X	X							
Students		X	X	X							
Supervisor / supervisors of programs / departments or services		X	X	X							
Clients / patients / residents		X	X	X							
Family of clients / patients / residents		X	X	X							
Physicians		X	X	X							
Business representatives		X	X								
Suppliers / contractors		X	X								
Volunteers		X									
General Public		X									
Other health care organizations or agencies		X	X								
Professional organizations / agencies		X	X								
Government departments		X									
Social Service establishments	X										
Community Agencies		X									
Police and Ambulance		X			•		1				
Foundations		X	X								
Others (specify)											

ection 10 – WORKING RELATIONSHIPS (cont'd)
Puestions (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

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

Section 10 – WORKING RELATIONSHIPS (cont'd)

ноу	V OFTEN DOES YOUR JOB REQUIRE YOU TO:		Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to:					
	 Provide information 		X			
	 Respond to questions 		X			
	Make presentations		X			
(i)	Talk with other employees to:					
	 Get information from them 				X	
	 Inform them 			X		
	Counsel / <i>persuade</i> them		X			
	Give them advice on work procedures			X		
	 Get advice from them on work procedures 			X		
	• Get cooperation from other parts of the organization on projects and programs		X			
	• Other (specify)					
(j)	Talk to vendors, contractors, consultants, government agencies and other external	groups or organizations to:				
	 Get information from them 			X		
	 Confer with peer professionals 			X		
	Inform them		X			
	 Arrange for services 		X			
	 Devise mutual goals / objectives with them 		X			
	 Lead meetings 			X		
	 Check on their progress 		X			
	• Other (specify)					
(k)	Other (specify):					
		**************************************	plete" o	or "No" is so	elected):	
he re	sponses to the question:					
ou ag	ree with the responses: Yes No					
			Super	rvisor's Init	ials:	
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Section 11 – IMPACT OF ACTION

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

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

Injury or discomfort of others	1 ()			Is an impact likely? Yes	No 🗌
If yes, please provide an examp • Improper monitoring of p		e mav lead to serious iniu	ry or discomfort to patients.		
Embarrassment in public, client If yes, please provide an examp	/ patient / resident, f			Is an impact likely? Yes	No 🗌
Inadequate explanation of	. ,	ult in emotional burden i	to patients and/or families.		
Delays in processing or handlin If yes, please provide an examp	le(s):	·		Is an impact likely? Yes 🖂	No 🗌
 Delays in service may cau Actions which impact on depart If yes, please provide an examp Delays in service may affer 	tmental / site / agency le(s):	y / region operations		Is an impact likely? Yes 🖂	No 🗌
Damage to equipment / instrum If yes, please provide an examp • Inadequate equipment ma	ents le(s):			Is an impact likely? <i>Yes</i> 🔀	No 🗌
Loss of or inaccurate information If yes, please provide an examp • Inadequate record keeping	on le(s):			Is an impact likely? Yes 🔀	No 🗌
Financial losses including with If yes, please provide an examp	le(s):	-	s nd costly replacement or repair.	Is an impact likely? Yes 🖂	No 🗌
Other – If yes, please provide an examp		, expensive equipment ar	u coshy replacement of replan.	Is an impact likely? Yes	No 🗌
	*****	*****	*****	*****	
SUPERVISOR'S COMMENTS - IMI	PACT OF ACTION		COMMENTS (<u>must</u> be com	pleted if "Incomplete" or "No" is selected):	
Are the responses to the question:	Complete	Incomplete			
Do you agree with the responses:	Yes				
				Supervisor's Initials:	
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Section 12 – LEADERSHIP/SUPERVISION

	thers information of able them to carry of the second second second second second second second second second s		pervise others, lead others and / or provide functional guidance or technical
Leadership refers to the require carry out their job. Do not incl			rs, provide functional guidance or provide technical direction to enable other employees to
Specify any jobs or work group	as appropriate, und	er one or more of these car	tegories. Check all that apply and provide examples.
🕅 Familiariza nove amnlassoos	with the work area	and measured	Examples
☐ Familiarize new employees ☐ Assign and/or check work o		-	Staff, students Staff, students
Lead a project team, prioriti achieve planned outcome(s)	ze tasks, assign wor	•	
Provide functional advice / tasks	instruction to others	in how to carry out work	Staff, students
Provide technical direction a carry out their primary job		d in order for others to	Staff, students
Provide input to appraisal, h	niring and/or replace	ment of personnel	
Coordinate replacement and	l/or scheduling of en	nployees	
Supervise a work group; ass take responsibility for all th		, methods to be used, and	
Supervise the work, practice	es and procedures of	a defined program	
Supervise the work, practice	es and procedures of	a department	
Provide counseling and/or c	oaching to others		
Provide health promotion /	outreach (teaching /	instruction)	
Other (specify)			
PERVISOR'S COMMENTS – LEA	ADERSHIP/SUPE	RVISION	**************************************
) you agree with the responses:	Yes	No No	
			Supervisor's Initials:
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Section 13 – PHYSICAL DEMANDS

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

- What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job. (a)
 - ► Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.
 - Frequency means how often each activity occurs within the day. ►

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

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

Light weight – up to 9 kg / 20 lbs

Medium weight – over 9 kg / 20 lbs

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

Regular – means the activity occurs often – between 50% - 75% of the time **Frequent** – means the activity occurs every day – over 75% of the time

Heavy weight – over 23kg / 50 lbs

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

DURATION	FREQUENCY			WEIGHT
Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
80%			X	L
15%			X	
10%		X		Н
5 – 10%	X			Н
5 – 10%	X			
	Approximate % of time/day 80% 15% 10% 5 - 10%	Approximate % of time/dayOccasional80%15%10%5-10%X	Approximate % of time/dayOccasionalRegular80%15%10%10%X5 - 10%X	Approximate % of time/dayOccasionalRegularFrequent80%X15%X10%X5 - 10%X

Section 13 – PHYSICAL DEMANDS (cont'd)

(b)	Does your work re	equire accurate hand/e	ye or hand/foot	coordination?	Please provide exam	ples that are a	pplicable to v	your j	ob.
	Does your work it	equile acculate mana, e	<i>y</i> c of mana/100 <i>t</i>	cool amation .	i icuse provide chum	pies mat are a	ppneuble to	your	. J

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

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

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

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

	DURATION		Y	
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Testing/observing	80%			X
Computer operation	15%			X

SUPERVISOR'S COMMENTS – PHYSICAL DEMANDS

. .	— -		COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):
1 4		1 4	

Are the responses to the question:	Complete	Incomplete	
Do you agree with the responses:	Yes	🗌 No	
			Supervisor's Initials:

Section 14 – SENSORY DEMANDS

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

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

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

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

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

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

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

	DURATION		FREQUENC	Y
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Performs testing and continuously monitors results	80%			X
Computer operation	15%		X	
	I	l	L	

Section 14 – SENSORY DEMANDS (cont'd)

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

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

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

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

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

	DURATION	FREQUENCY		Y
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Observing/assessing/listening to patient during tests	75%			X
Listening to instructions	25%		X	
Listening to patient, family and staff	20%			X

Section	14 – SENSORY DEMANDS ((cont'd)		
(c)	Must attention be shifted frequ	ently from one job de	etail to another?	
•	Examples: keyboarding and an	nswering the telephor	e; dictatyping; repairing	and listening to equipment
	Yes 🖂 No			
	If yes, please give examples:			
	• Testing and checking pat	ients, physician instr	uctions and phones.	
GUDED				**********
	SUPERVISOR'S COMMENTS – SENSORY DEMANDS			COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):
	e responses to the question: agree with the responses:	Complete	Incomplete No	
				Supervisor's Initials:
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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 timeRegular- means the condition occurs often - between 50% - 75% of the timeFrequent- 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) Cleaning solutions		X	
Cold			
Congested workplace			
Dust			
Extreme temperature			
Foul language	X		
Grease			
Head lice	X		
Heat			
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions			X
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines			X
Noise			
Odor	X		
Oil			
Radiation exposure (specify)	X		
Second-hand smoke			
Soiled linens	X		
Steam			
Transporting or handling human remains			
Travel			
Vibration			
Other (specify)			

Section 15 – WORKING CONDITIONS (cont'd)

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

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

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Abusive clients	X		
Blood / body fluids		X	
Chemical substances (specify) Cleaning solutions		X	
Traveling in inclement weather			
Excessive / unpredictable weights		X	
Exposure to infectious disease (specify)		X	
Extreme noise			
Faulty / inadequate equipment			
Personal injury	X		
Personal safety at risk due to isolation			
Radiation exposure (specify)	X		
Sharp objects	X		
Small aircraft			
Steam			
Verbal and/or physical abuse	X		
Violence			
Working from heights			
Other (specify)			

Section	n 15 – WORKING CONDITION	NS (cont'd)		
(c)	Do you have to take certain trai precaution(s) normally taken.)	ning, precautions of	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 answer:			
	• PPE, TLR, WHMIS.			
SUDEI	RVISOR'S COMMENTS – WO			******************************
				COMMENTS (must be completed if "Incomplete" or "No" are selected):
	e responses to the question: a agree with the responses:	Complete	Incomplete No	
20,00				
				Supervisor's Initials:
				Super 1567 5 minutes
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30	add any additional information or comments and r	ference the specific JFS section and question as appropriate.			
	n 17 – SIGNATURES				
.110		ase Print Legibly):			
	SIGNATURE:	DATE:			
))	Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign:				
	Group submission (NAMES OF EMPLOYEES	OING THE SAME JOB). Please print your name, then sign:			
	Group submission (NAMES OF EMPLOYEES				
	• · · ·	SIGNATURE:			
	NAME:	SIGNATURE: SIGNATURE:			
	NAME:	SIGNATURE:			
	NAME:	SIGNATURE:			
	NAME:	SIGNATURE:			
	NAME:	SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:			
	NAME:	SIGNATURE:			

Section 18 – OUT-OF-SCOPE SUPERVISOR'S	COMMENTS	
Please add any additional information or comments	and reference the specific JFS section and question as appr	opriate.
Immediate Out-of-Scope Supervisor		
Name: (Please print legibly)		_
Signature:		
Job Title:		_
Department:		
Work Phone Number:		_
E-Mail Address:		
Date:		
lah #204 Candialamu 9 Elastronounan	husiala mu Tashrala rist (Neuromhar 40, 2024)	

Appendix A Sample Key Activity Summary Statements

A

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

B

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

С

- Carpentry functions
- Cleaning designated areas

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

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

D

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

E

• Education

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

F

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

G

• General office duties

H

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

Ι

- Installations
- Investigations

L

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

\mathbf{M}

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

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

Ν

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

0

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

Р

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

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

Q

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

R

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

S

- Scheduling and coordination activities
- Scheduling and processing

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

Т

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

U

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

W

• Word processing and typing function