

# Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #330 – Information Technology Educator</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 responsi bilities, 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 the person currently in the job.	
Title of your immediate Out-of-Scope Supervisor	SUPERVISOR'S COMMENTS – ORGANIZATION CHART	AL WORK
	Are the responses to this question:   Complete	☐ Incomplet
	Do you agree with the responses: $\square$ Yes	□ No
7	COMMENTS (must be completed if "Incomplete" or "I	No" is selected):
Title of your immediate Supervisor (if different than above)		<del> </del>
		<del> </del>
		<del> </del>
Your current Provincial JE Job Title		
	Supervisor's	Initials:
Your current Provincial JE Job Number:		
Provincial JE Job Titles that report directly to you (if applicable)		
1 Tovincial 312 300 Titles that report threetry to you (if applicable)		

Sectio	on 3 – JOB IDEN	TIFICATION						
	Purpose:	This section g	gathers basic identifyin	g material so we can keep t	rack of comp	leted Job Fact Sh	neets.	
Provid	le yourname and	work telephone r	number(s) for contact pu	rposes. For group JFS subm	is sions, pleas	e note the name an	d telephone number(s) of the contact person.	
			single employee, or co	ntact person for group JFS s	ıbmis sion (ON	NLY COMPLETE	A GROUP SUBMISSION IF ALL EMPLOYER	S
Name	( <b>Print</b> ):						Employee No.:	_
Work	Telephone:			E-Mail Address:				_
Saskat	tchewan Health A	uthority/Affiliate	::					
Facility	y/Site:				Departn	nent:		
See Se	ction 18 on page	28 for signatures	S.					
Provin	cial JE Job Title:						Date:	_
Provin	icial JE Number:			Office use o	nly:	JEMC No.	<u>M</u>	
Sectio	on 4 – JOB SUM	MARY						
	Purpose:	This section of	lescribes why the job e	xists.				
Briefly	describe the ger	neral purpose of tl	nis job: <i>Plans, cod</i>	ordinates and delivers comp	uter education	n and instruction i	throughout the SHA.	
Thin you You	nk about what yo about your job. may wish to beg	u would say if sor in with:" <i>The</i> ( <u>Joi</u>	meone approached you a	and as ked				
CIDE	DIJIGODIC CON			*******	**** ****	*****	****	
	ovide your name and work telephone number(s) for contact purposes. For group JFS submissions, please note the name and telephone number(s) of the contact person.  ame of person completing the JFS for a single employee, or contact person for group JFS submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES RE DOING THE SAME JOB):  ame (Print):  Employee No.:  F-Mail Address:  Department:  Department:  Description 18 on page 28 for signatures.  To vincial JE Job Title:  Date:  Dovincial JE Number:  Office use only:  Description 19 JEMC No.  M  Description 19 JEMC No.  M  Purpose:  This section describes why the job exists.  The section 18 on page 28 for signatures and delivers computer education and instruction throughout the SHA.							
	-	-	•	•				
DO YOU	i agree will the	responses:	□ ies	□ 140			Supervisor's Initials:	

#### Section 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: Computer and Related Training

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

- Develops and maintains curriculum, manuals and training plans for computer based education and training.
- ♦ Conducts training.
- ♦ Develops surveys and analyses evaluations and adjusts training plans and delivery to improve effectiveness.
- ♦ Liaises with other departments to provide information technology training.
- ♦ Jointly develops goals and training objectives with other information technology staff.
- $\blacklozenge \quad \textit{Maintains an up-to-date understanding of current software}. \\$
- ♦ Ensures that training includes appropriate security and confidentiality protocols (e.g., Health Information Protection Act).

COMMENTS (must be completed if "Incom	plete" or "No" is selected):
Do you agree with the responses: $\square$ Yes	□ No
Are the responses to this question: $\Box$	mplete

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Section 5 – KEY WORK ACTIVITIES (cont'd)	
Key Work Activity B: <u>Education Coordination</u>	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
<ul> <li>Duties/Responsibilities:</li> <li>Creates reports on class attendance, utilization and hours of training provided.</li> <li>Plans and coordinates resources required to conduct training.</li> <li>Maintains resource information (e.g., handouts, educational information).</li> <li>Communicates and promotes education programs and handles registrations.</li> <li>Participates in quality improvement (e.g., training to ensure information is coded properly).</li> <li>Analyzes jobs to establish training requirements.</li> </ul>	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):
Key Work Activity C: Related Key Work Activities	Supervisor's Initials:  SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Duties/Responsibilities:	Are the responses to this question:   Complete Incomplete
<ul> <li>Provides technical advice to information technology staff and end users.</li> <li>Works with project teams to develop and implement training programs for new and upgraded computer applications.</li> <li>Provides assistance to other internal trainers.</li> </ul>	Do you agree with the responses:   Yes  No
<ul> <li>Provides ussistance to other than trainers.</li> <li>Provides work process analysis with end users to ensure maximum user effectiveness.</li> <li>Maintains online resources and troubleshoots technical issues.</li> </ul>	COMMENTS (must be completed if "Incomplete" or "No" is selected):
♦ Go-Live support for new project implementation.	
	Supervisor's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)							
Key Work Activity D:	( %)	SUPERVISOR'S COMMENTS - KEY WORK ACTIVITIES					
Duties/Responsibilities:		Are the responses to this question: $\Box$ Complete $\Box$ Incomplete					
		Do you agree with the responses: $\square$ Yes $\square$ No					
		COMMENTS (must be completed if "Incomplete" or "No" is selected):					
		Supervisor's Initials:					
Key Work Activity E:	( %)	SUPERVISOR'S COMMENTS - KEY WORK ACTIVITIES					
Duties/Responsibilities:		Are the responses to this question: $\Box$ Complete $\Box$ Incomplete					
		Do you agree with the responses: $\square$ Yes $\square$ No					
		COMMENTS (must be completed if "Incomplete" or "No" is selected):					
		Supervisor's Initials:					
	'						

#### Section 6 – DECISION-MAKING

Purpose: This section provides a series of situations that may be encountered on the job requiring decision making before taking action.

For each situation, please indicate theres ponse that most appropriately describes your job. Provide examples where requested. Add any additional examples under "Other".

Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under "Most of the time" and give examples. If the job requires you to modify established methods often, check "Often".

(a)	In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results.  Example: Adult Education Principles, Basic Principles of Communication			X	
	Modify or change established department methods and procedures, but stay within program or legislative boundaries.  Example: Modify lesson plans to changes in hardware/software			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: <i>Creation of internal lesson plans</i>			X	

<b>(b)</b>	When there is a situation you have not come across before, do you (check all responses that appl y)	Almost never	Sometimes	Often	Most of the time
	Immediately ask the supervisor/leader what to do		X		
	Ask co-workers for help in deciding whatto 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 dec and provide examples)	Almost never	Sometimes	Often	Most of the time			
	Immediate supervisor						X	
	Example:						21	
	Others in own program/dep	partment				X		
	Example:					A		
	Others within the SHA					X		
	Example:					A		
	Departmental Management				X			
					A			
	Specialists / Clinical Experts	S			X			
	Example:	Λ						
	Senior Management				X			
					Λ			
	Other							
	Example:							
PERVIS	SOR'S COMMENTS – DEC		*** *** ****	**************				
e the re	sponses to the question:	☐ Complete	☐ Incomplete	COMMENTS ( <u>must</u> be completed if "Inc	omplete"( —————	or "No" is s 	elected)	•
you agi	ree with the responses:	☐ Yes	□ No					
					Supe	rvisor's Ini	tials:	<del></del>

	Purp	ose: This section	gathers information	on the minimum le	evel of completed formal education required for the job.
		at minimum level of compl you have, but what is the			be necessary for a <b>new person</b> being hired into this job? <b>This does not reflect the education ob.</b>
١		total <b>minimum</b> level of co to graduation or certificat		r formal training sho	uld include all class room, laboratory, practicum, clinical, or apprentices hip, etc., time required
	(i)	High School:	Grade 10 □	Grade 11 □	Grade 12 🗵
	(ii)	Technical/Vocational/Co Specify (Do not use abb		•	2 years   3 years   ogy diploma
	(iii)	Licensed Trades: 1 ye Specify (Do not use abl	_	•	4 years □ 5 years □
	(iv)		ars 4 year reviations):		
	Is an	y Provincial, National or p	rofessional certifica	tion mandatory? [	☐ Yes
		-		•	n/registrationbody (do not use abbreviations):
	Spec	at additional special skills, the additional special skills, the advanced computer skills and communication, organized Ability to work independed Ability to teach adults analytic and problem solve a Valid driver's license, who	ons): utional and interpers ntly ving skills ere required by the j	sonal skills ob	nthe job? Indicate the length of the course/program:
PER	VISO	OR'S COMMENTS - EDU	CATION AND SI	PECIFIC TRAINING	G COMMENTS (must be completed if "Incomplete" or "No" is selected):
	_	onses to the question:	☐ Complete	☐ Incomplete	
you	agree	e with the responses:	☐ Yes	□ No	

Purpose:			n on the minimum relo e-job learning or adjus		edfor a job. Relevant experience may include previous job-
mate the <b>minimum</b> i ded to carry out the i			rto and/or ( <b>b</b> ) on-the-jo	b, that is required for a no	ew person with the education recorded in Section 7 to acquire the s
For part (b), as	kyourself, "Is tin	ie on the job requi		nd responsibilities or to d	adjustto the job? If so, how much?" n 7, Education and Specific Training.
Required previ	ous related job ex	perience (do not i	nclude practicum or ap	prentices hip if covered	in Section 7 – Education and Specific Training)
☐ None	□ 6	months	☐ 1 year	$\boxtimes$ 3 years	☐ 5 years
☐ Up to 3 mor	nths	months	☐ 2 years	4 years	Other(specify)
Describe the ex	perience require	ments gained on pr	evious jobs here or else	where needed to prepare	forthis job:
·	· · · · ·	-		etwork environment. Ad	ult education experie nce is required.
•		b to learn and/or ad			
1 month or	fewer	months	☐ 1 year	$\square$ 3 years	
☐ 3 months	□ 9:	months	☐ 2 years	☐ Other (specify)	)
Describe the ta	sks and res ponsib	oilities that need to	be learned in order to sa	atis fy the requirements of	Ethis job:
				systems, applications, op ment policies and proced	perations, service program development, delivery and evaluation lures.
		*******	******	**** ****	*** * *** * *** * *** * ***
PERVISOR'S COM	IMENTS - EXP	ERIENCE			
the responses to th	e question:	☐ Complete	☐ Incomplete	COMMENTS (m	ust be completed if "Incomplete" or "No" is selected):
you agree with the I	responses:	☐ Yes	□ No		
					Supervisor's Initials:

ecti	on 9 – INDEPEND	DENT JUDGEN	TENT		
	Purpose:	This section	gathers information	n on the extent to whic	ch the job exercises independent action.
	bs require some in gactions that have			grees. Some jobs are hig	ghly structured and have many formal procedures, while others require exercising judgement or
			provided to this job thers and direct sup		romrules, instructions, established proced ures, defined methods, manuals, policies, professional
ı)	To what extent directing action		ontrolits own work a	s opposed to being guid	ded by influences such as rules, procedures, policies, supervisory presence or instructions
	Please check t	he ans wer that	most closely repres	sents expected job requ	nirements.
	☐ Most job re	equirements (to t	he extent possible) a	re set out within structu	ure and rules and/or readily understood schedules to guide job tasks/duties required.
		ctions apply, bu	t the control over set	tting work priorities and	dpace of work is contained within the job.
	☐ There are m	ninimal restriction	ons, leaving significa	ant control over the worl	k being carried out within the scope of the job.
	☐ Other (pleas	se explain):			
b)	To what extent	does this job ex	ercise judgementto	determine how the work	rk is to be done?
	Please check t	he ans wer that	most closely repres	sents expected job requ	nirements.
	☐ Work is mo	ostly repetitive a	and predictable with	little need for judgemer	nt. Example:
			nusual circumstances eal life scenarios du		torchoices to be made. Example: Errors in software, hardware malfunction, user
	☐ Workpres	ents difficult cho	pices or unique situa	tions that require judger	ment. Example:
			****	** *** *** *	************************
UPE	RVISOR'S COM	MENTS - IND	DEPENDENT JUDO	GEMENT	COMMENTS (most be completed if the complete 2 on the 2 is galacted).
re tl	ne responses to th	ne question:	☐ Complete	☐ Incomplete	COMMENTS (must be completed if "Incomplete" or "No" is selected):
o yo	u 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.

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 Check off all that apply (more than one, if applicable)						
	A	В	C	D	E	F	G	
Employees in the same department		X	X	X		X		
Employees in another department/site(specify):		X	X	X		X		
Students		X	X					
Supervisor/ supervisors of programs / departments or services		X	X	X		X		
Clients / patients / residents		X	X				i	
Family of clients / patients / residents	X							
Physicians		X	X					
Business representatives		X	X					
Suppliers / contractors		X						
Volunteers	X							
General Public		X						
Other health care organizations or agencies				X				
Professional organizations / agencies		X	X			X		
Government departments		X						
Social Service establishments	X							
Community Agencies	X							
Police and Ambulance		X	X					
Foundations		X	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?				
	■ Other employees		X		
	■ Client / patients / residents / families	X			
	■ The general public	X			
	■ Other(specify)				
(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			
	■ Otheremployees		X		
	<ul> <li>Management</li> </ul>	X			
	<ul><li>Physicians</li></ul>	X			
	<ul><li>Other(specify)</li></ul>				
(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			
	■ Counselthem				
	Devise mutual goals / objectives with them	X			
	■ Check on their progress	X			
<b>(f)</b>	Talk with families to:				
	<ul> <li>Get information from them</li> </ul>	X			
	■ Inform them	X			
	<ul> <li>Counselthem</li> </ul>				
	■ 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		

HOV	V OFTEN DOES YOUR JOB REQUIRE	YOU TO:		Almost never	Sometimes	Often	Most of
(h)	Talk with general public to:						
	<ul> <li>Provide information</li> </ul>			X			
	<ul> <li>Respond to questions</li> </ul>			X			
	<ul> <li>Make presentations</li> </ul>			X			
(i)	Talk with other employees to:						
	<ul> <li>Get information from them</li> </ul>					X	
	■ Inform them						X
	<ul> <li>Counsel/persuade them</li> </ul>				X		
	<ul> <li>Give them advice on work proced</li> </ul>	ures				X	
	<ul> <li>Get advice from the mon work pro</li> </ul>	ocedures			X		
	Get cooperation from other parts	of the organization on projec	ts and programs		X		
	<ul><li>Other(specify)</li></ul>						
(j) T	Talk to vendors, contractors, consultants, government agencies and other external groups or organizations to:						
	■ Get information from them					X	
	<ul> <li>Confer with peer professionals</li> </ul>					X	ļ
	■ Inform them				X		
	<ul> <li>Arrange for services</li> </ul>				X		
	<ul> <li>Devise mutual goals / objectives</li> </ul>	with them			X		
	<ul> <li>Lead meetings</li> </ul>			X			
	<ul><li>Check on their progress</li></ul>				X		
	<ul><li>Other(specify)</li></ul>						
(k)	Other (specify):						
			***********	<b>k</b>			
RVI	SOR'S COMMENTS – WORKING RELA	ATIONSHIPS	COMMUNICATION AND A 11000		46 NT. 99 °	-14·A	
ie re	sponses to the question:	ete 🗌 Incomplete	COMMENTS ( <u>must</u> be completed if "Ind	complete" (	or "No" is s	eiectea)	•
u ag	ree with the responses:	□ NO					

_	_		mpact of action occurring when the extent of the losses.	n carrying out the duties of the job. Consider the	e
When carrying out your job du and not considered as carelessi				eact or an outcome on the following? Such effects a	ıre typi
Injury or discomfort of others If yes, please provide an examp	ala(c):			Is an impact likely? Yes □	No
Embarrass ment in public, clien If yes, please provide an examp	t/patient/resident,	families, business or er	mployee relations	Is an impact likely? Yes □	No
Delays in processing or handling If yes, please provide an examp  * Training delays may affection.	ole(s):	•	ces	Is an impact likely? Yes ⊠	No
Actions which impact on departifyes, please provide an examp  • Inadequate end user train	rtmental/site/ageno	cy/SHA/Affiliate ope	erations	Is an impact likely? Yes	No
Damage to equipment / instrum If yes, please provide an examp  Improper security may ca	nents ple(s):			Is an impact likely? Yes ⊠	No
Loss of or inaccurate informati If yes, please provide an examp	on			Is an impact likely? Yes ⊠	No
◆ Improper security may ca Financial losses including with If yes, please provide an examp	use a loss of data. drawal of commitme	nt or withholding of fu	nds	Is an impact likely? Yes □	No
Other – If yes, please provide an examp	ole(s):			Is an impact likely? Yes $\square$	No
			*********	** **** ***	
RVISOR'S COMMENTS – IMI	_		COMMENTS (must be co	completed if "Incomplete" or "No" is selected):	
e responses to the question: agree with the responses:	<ul><li>☐ Complete</li><li>☐ Yes</li></ul>	<ul><li>☐ Incomplete</li><li>☐ No</li></ul>			
agree mai aic responses.	1cs	<b>—</b> 110		Supervisor's Initials:	

# Section 12 – LEADERSHIP/SUPERVISION This section gathers information on the requirements to supervise others, lead others and / or provide functional guidance or technical Purpose: direction to enable them to carry out their job. Leadership refers to the requirements of the job to supervise others, lead others, provide functional guidance or provide technical direction to enable other employees to carry out their job. Do not include clients / patients / residents. Specify any jobs or work group as appropriate, under one or more of these categories. Check all that apply and provide examples. **Examples** ☐ Familiarize new employees with the work area and processes Staff, students ☐ Assign and/or check work of others doing work similar to yours Lead a project team, prioritize tasks, as sign work, monitor progress to achieve planned outcome(s) ☑ Provide functional advice / instruction to others in how to carry out work Staff, students tasks ☑ Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities Staff, students ☑ Provide input to appraisal, hiring and/or replacement of personnel Staff, students ☐ 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 Staff, students ☐ Provide health promotion / outreach (teaching / instruction) ☐ Other(specify) SUPERVISOR'S COMMENTS - LEADERSHIP/SUPERVISION **COMMENTS** (must be completed if "Incomplete" or "No" is selected): ☐ Complete ☐ Incomplete Are the responses to the question: Do you agree with the responses: ☐ Yes $\square$ No 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, Heavy (specify)
Standing / Providing Instruction	45%			X	
Computer Operation	50 – 75%			X	
Lifting computers/equipment	10%		X		М
Lifting files and materials	10%		X		L
Driving	5 - 10%	X			
Others (11-1-1-1-1)					
Others (please specify)					

							PLEASE FI
ection 13 – PHYSICAL DEMANDS	(cont'd)						
Does your work require accura	ate hand/eye or hand	d/foot coordination? P	Please provide <b>e</b> x	<b>xamples</b> that are appli	cable to your job.		
Indicate the duration of time the hour = 12%; 1/2 hour = 6%).	at the activity is pres Percentages may no	sent during the normal w	workday or shift e <b>to simultaneo</b> u	(e.g., for an 8 hour shi s activities).	ft – 6 hours = 75%	5; 4 hours = $50$ 9	%; 2 hours = 25%
<b>Examples</b> : keyboard skills, replawn mowers; sorting mail; elector carpentry.	pairing fine instrume etrical; driving; draft	ents/equipment; floor po ting; using long-handled	olishers; folding l d tools such as m	aundry; mechanical; pops and shovels; stock	olumbing; giving i king shelves; posi	njections; dispetioning patients	ensing oral medica and equipment;
Place a checkmark in the chart	below indicating the	e frequency of occurrence	ce over a year.				
Place a checkmark in the chart below  Occasional — means the activity  Regular — means the activity  Frequent — means the activity  ACT  Computer Operation  Equipment configuration	activity occurs often	in a while – less than 50 1 – between 50% - 75% o 1/ day – over 75% of the t	of the time				
				DURATION		FREQUENCY	
	ACTIVITY EXAM	IPLES		Approximate % of time/day	Occasional	Regular	Frequent
Computer Operation				50-75%			X
Equipment configuration				5%			X
Driving	Frequent — means the activity occurs every day—over 75% of the time  ACTIVITY EXAMPLES  Computer Operation  Equipment configuration		5 - 10%	X			
UPERVISOR'S COMMENTS - PH		**************************************	****	*** **** **** ****	****		
re the responses to the question:	☐ Complete	☐ Incomplete	COMMEN	TTS ( <u>must</u> be comple	ted if "Incomple	te" or "No" ar	e selected):
o you agree with the responses:	☐ Yes	□ No					
					·		
							 nitials:
					×	ruper visor s II	

#### 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 **howoften** 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

— means the activity occurs every day — over 75% of the time

	DURATION		FREQUENCY	7
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Computer operation	50 - 75%			X
Reading	50%			X
Writing reports/lesson plans	5%		X	
Driving	5 - 10%	X		
Other (please specify)				

#### 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; alarms ystems; 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

— means the activity occurs every day — over 75% of the time

	DURATION		FREQUENCY	Y
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Questions/queries	45%		X	
Computer audio files	10%		X	

		(cont'd)		
(c)	Must attention be shifted fre	quently from one job o	letail to another?	
•	Examples: keyboarding and	answering the telepho	one; dictatyping; repairin	ng and listening to equipment
	Yes ⊠ N	o 🗆		
	If yes, please give <b>examples</b>	:		
	• Providing education se	essions, answering qu	estions, responding to u	ergent enquiries.
SUPER	VISOR'S COMMENTS – S			*********
	VISOR'S COMMENTS – S responses to the question:			*************************************  COMMENTS (must be completed if "Incomplete" or "No" are selected):
Are the		ENSORY DEMANDS	S	
Are the	responses to the question:	ENSORY DEMANDS	S ☐ Incomplete	

#### 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			
Chemical substances (specify) Cleaning Solutions	X		
Cold Congested workplace			
Congested workplace			
Dust			
Extreme temperature			
Foullanguage	X		
Grease			
Head lice			
Heat			
Heat Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions		X	
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines		X	
Noise			
Odor			
l Oil			
Radiation exposure (specify)			
Second-hand smoke			
Soiled linens			
Staam			
Transporting or handling human remains			
Travel	X		
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			
Blood / body fluids			
Chemical substances (specify) Cleaning Solutions	X		
Traveling in inclement weather			
Traveling in inclement weather Excessive / unpredictable weights			
Exposure to infectious disease (specify)			
Extreme noise			
Faulty / inadequate equipment			
Personalinjury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects			
Small aircraft			
Steam			
Verbal and/or physical abuse			
Violence			
Working fromheights			
Other(specify)			

Sectio	n 15 – WORKING	CONDITIONS	(cont'd)		
(c)	Do you have to to precaution(s) no	ake certain traini rmally taken.)	ng, precautions o	wear protective clothin	g to avoid a work injury? (Check one and provide an explanation or example of the type of
	Yes $\boxtimes$	No 🗆			
	Please explain yo	our ans wer:			
	♦ WHMIS, T	LR, PPE.			
			*******	******	************************
SUPE	RVISOR'S COM	MENTS - WOR	KING CONDITI	ONS	
Are th	e responses to the	question:	☐ Complete	☐ Incomplete	COMMENTS (must be completed if "Incomplete" or "No" are selected):
Do you	agree with the re	es pons es:	☐ Yes	□ No	
					Supervisor's Initials:

<b>t1</b> 0	n 17 – SIGNATURES  Single job submission: NAME: (Please P	int Legibly):	
	SIGNATURE:	DATE:	
	SIGNATURE:  Group submission (NAMES OF EMPLOYEES DOING		
		THE SAMEJOB). Please print your name, then sign:	
	Group submission (NAMES OF EMPLOYEES DOING	THE SAMEJOB). Please print your name, then sign:  SIGNATURE:	
	Group submission (NAMES OF EMPLOYEES DOING NAME:	THE SAMEJOB). Please print your name, then sign:  SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYEES DOING NAME:	THE SAMEJOB). Please print your name, then sign:  SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYEES DOING NAME:  NAME:  NAME:	THE SAMEJOB). Please print your name, then sign:  SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYEES DOING NAME:  NAME:  NAME:  NAME:	THE SAMEJOB). Please print your name, then sign:  SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYEES DOING NAME:  NAME:  NAME:  NAME:  NAME:	THE SAMEJOB). Please print your name, then sign:  SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	

Section 18 – OUT-OF-SCOPE	SUPERVISOR'S COMMENTS	8		
Please add any additional inform	nation or comments and reference	ethe specific JFS section and	question as appropriate.	
Immediate Out-of-Scope Super	vice v			
minediate Out-of-scope super	VISOI			
Name: (Please print le	egibly)	· · · · · · · · · · · · · · · · · · ·		
g: ,				
Signature:				
Job Title:				
Department:				
Work Phone Number:				
WORKTHOILE NUMBER.		<del> </del>	<del></del>	
E-Mail Address:		· · · · · · · · · · · · · · · · · · ·		
Date:		<del> </del>	<del></del>	

# 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

# 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

JE: Revised Dec 19/06

- 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

#### N

- 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

# 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

#### 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

# W

• Word processing and typing function

JE: Revised Dec 19/06