Provider Group – Joint Job Evaluation Job Fact Sheet
Job #479 - Medical Assistant - Dermatology

PLEASE PRINT

Section 1 – INTRODUCTION

Purpose:	**This section provides general direction for completing the Job Fact Sheet and is further supplemented by the additional instructions set out in the remaining sections of this Job Fact Sheet.**

The collection of accurate, complete, up-to-date and gender neutral job information is essential to, and forms the basis of, the job evaluation process.

This Job Fact Sheet (JFS) provides a format and serves as a questionnaire designed to describe a job, to capture the skill, effort and responsibility normally required in the work, and to record the conditions under which it is usually carried out. The JFS focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF AN INDIVIDUAL'S PERFORMANCE ON THE JOB.**

Please read the JFS carefully, and complete each section. Throughout the JFS examples are requested and are important as you describe the job. Provide additional information on the back blank pages of this document, additional job holder comments can be recorded in Section (16) on page 26, or attach additional pages if necessary.

SUPERVISOR – STEPS TO FOLLOW:

1. a. **New Job:** complete Job Review Request Form (JRRF), complete a proposed JFS and proposed Job Description.
   b. Forward all documents to your Human Resources representative.
2. **DO NOT CHANGE EMPLOYEE'S RESPONSES.**

EMPLOYEE - STEPS TO FOLLOW:

1. Please read the JFS carefully, and complete each section. If you find that some questions do not relate to your job, please write in "not applicable".
2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
3. Group submissions are encouraged for employees doing the same or very similar job duties.
4. **It is suggested that you complete Sections 6 through 15 before completing Sections 4 and 5. The "Sample Key Activities" (see Appendix A) may assist you in completing Section 5.**
5. Once you have completed the JFS and if you have not already submitted a JRRF, please complete and forward both documents to your Human Resources representative. Keep a copy of all documentation for your records. Please complete the Signatures Section (17) on page 26.
6. Your immediate **Out-of-Scope Supervisor** (Supervisor) will review your completed JFS and add comments at the end of each section.

- Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job – not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

Section 2 – ORGANIZATIONAL WORK CHART

Purpose: **This section gathers information regarding the organization in which your job functions.**

Complete the Chart below:

- Be sure to write in the **Provincial JE Job Title of the position** – **not** the name of the person currently in the job.

Title of your immediate Out-of-Scope Supervisor

_____

Title of your immediate Supervisor (if different than above)

_____

Your current Provincial JE Job Title

_____

Your current Provincial JE Job Number: _____

Provincial JE Job Titles that report directly to you (if applicable)

_____

_____

_____

SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART

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):

_____

_____

_____

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_____ **Supervisor's Initials:** _____

Section 3 – JOB IDENTIFICATION

Purpose: **This section gathers basic identifying material so we can keep track of completed Job Fact Sheets.**

Provide 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.

Name of person completing the JFS for a single employee, or contact person for group JFS submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES ARE DOING THE SAME JOB):

Name (**Print**): _____ Employee No.: _____

Work Telephone: _____ E-Mail Address: _____

Saskatchewan Health Authority/Affiliate: _____

Facility/Site: _____ Department: _____

See Section 18 on page 28 for signatures.

Provincial JE Job Title: _____ Date: _____

Provincial JE Number: _____ **Office use only:** **JEMC No.** **M - -**

Section 4 – JOB SUMMARY

Purpose: **This section describes why the job exists.**

Briefly describe the general purpose of this job: ***Provides reception/clerical support to department/program including performing phototherapy treatment to patients with skin disorders.***

Tips:
- Consider "*Why does this job exist?*" and "*What is this job responsible for?*"
- Think about what you would say if someone approached you and asked you about your job.
- You may wish to begin with: "*The (Job Title) exists to …*" or "*The (Job Title) is responsible for…*"

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SUPERVISOR'S COMMENTS – JOB SUMMARY

Are the responses to this question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____ **Supervisor's Initials:** _____

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%; 2 ½ 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: ***Phototherapy Treatments***

Duties/Responsibilities:

- ***Collects medical information from patients.***
- ***Discusses treatment process with patients.***
- ***Obtains patient consent for treatment.***
- ***Planning and coordinating treatment schedules.***
- ***Assesses/monitors/communicates with patient during treatments.***
- ***Performs treatments and assesses patient progress/reactions.***
- ***Answers basic questions from patient/family regarding treatments, diagnosis, and procedures.***
- ***Assists with special procedures/treatments.***

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **Supervisor's Initials:** _____

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: ***Dermatology Clinics***

Duties/Responsibilities:

- ***Scheduling of appointments and follow-up appointments.***
- ***Cleans, sterilizes and stocks clinic and room/equipment for examinations, treatments, biopsies.***
- ***Completes requisitions (e.g., laboratory, x-ray).***
- ***Distributes patient questionnaires.***
- ***Assists with examinations, procedures, and lab tests (e.g. biopsies of lesions).***
- ***Completes outpatient forms (e.g., charting).***

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **Supervisor's Initials:** _____

Key Work Activity C: ***Clerical***

Duties/Responsibilities:

- ***Performs clerical duties (e.g., files, reception, orders office supplies).***
- ***Distributes test results.***
- ***Completes paperwork and medical reports.***

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

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_____

_____

_____ **Supervisor's Initials:** _____

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity D: ***Related Key Work Activities***

Duties/Responsibilities:

- ***May show others how to perform tasks or duties by familiarizing new employees with the work area and processes.***
- ***Monitors supply inventory, ensuring adequate supplies and equipment are available.***

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

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_____

_____

_____ **Supervisor's Initials:** _____

Key Work Activity E:

Duties/Responsibilities:

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **Supervisor's Initials:** _____

Section 6 – DECISION-MAKING

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

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

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

(a) In this job, do you (check all responses that apply)	Almost 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: ***Follows prescribed methods from Dermatologist***				***X***
Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: ***May modify procedure during client/patient treatment***			***X***	
Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example:	***X***			

(b) 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 - ***Dermatologist***				***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)				

Section 6 – DECISION-MAKING (cont'd)

(c) To what extent are the decision-making requirements of this job guided by others (check all responses that apply and provide examples)	Almost never	Sometimes	Often	Most of the time
Immediate supervisor Example: _____			***X***	
Others in own program/department Example: _____	***X***			
Others within the SHA/Affiliate Example: _____	***X***			
Departmental Management Example: _____			***X***	
Specialists / Clinical Experts Example: ***Dermatologist***			***X***	
Senior Management Example: _____	***X***			
Other Example: _____				

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SUPERVISOR'S COMMENTS – DECISION-MAKING

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **Supervisor's Initials:** _____

Section 7 – EDUCATION AND SPECIFIC TRAINING ***Updated October 22, 2025***

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 does not reflect the education that you have, but what is the typical minimum requirement of the job.**

- The total **minimum** level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required prior to graduation or certification.

(i) High School: Grade 10 ☐ Grade 11 ☐ ***Grade 12*** ☒

(ii) Technical/Vocational/Community College: ***1 year*** ☒ 2 years ☐ 3 years ☐

Specify (Do not use abbreviations): ***Medical Office Administration 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 ☒ No

If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):

_____

(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): _____

- ***Intermediate computer skills***
- ***Ability to work independently***
- ***Interpersonal skills***
- ***Organizational skills***
- ***Communication skills***

****

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **Supervisor's Initials:** _____

Section 8 – EXPERIENCE

Purpose:	**This section gathers information on the minimum relevant experience required for a job. Relevant experience may include previous job-related experience and/or on-the-job learning or adjustment.**

Estimate the **minimum** relevant experience gained: **(a)** prior to and/or **(b)** on-the-job, that is required for a new person with the education recorded in Section 7 to acquire the skills needed to carry out the requirements of this job.

- For part (a), ask yourself, "*Is previous related job experience necessary? If so, how much?*"
- For part (b), ask yourself, "*Is time on the job required to learn new tasks and responsibilities or to adjust to the job? If so, how much?*"
- **Do not include laboratory, practicum, clinical or apprenticeship, etc., time recorded in Section 7, Education and Specific Training.**

(a) Required previous related job experience **(do not include practicum or apprenticeship if covered in Section 7 – Education and Specific Training)**

☐ None ☐ 6 months ☒ ***1 year*** ☐ 3 years ☐ 5 years

☐ Up to 3 months ☐ 9 months ☐ 2 years ☐ 4 years ☐ Other (specify) _____

Describe the experience requirements gained on previous jobs here or elsewhere needed to prepare for this job**:**

- ***Twelve (12) months previous experience working in a medical environment.***

(b) Average time required on the job to learn and/or adjust to this job:

☐ 1 month or fewer ☐ 6 months ☒ ***1 year*** ☐ 3 years

☐ 3 months ☐ 9 months ☐ 2 years ☐ Other (specify) _____

Describe the tasks and responsibilities that need to be learned in order to satisfy the requirements of this job:

- ***Twelve (12) months on the job to obtain job specific training to learn skin disorders, phototherapy treatments and become familiar with department policies and procedures.***

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SUPERVISOR'S COMMENTS – EXPERIENCE

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **Supervisor's Initials:** _____

Section 9 – INDEPENDENT JUDGEMENT

Purpose: **This section gathers information on the extent to which the job exercises independent action.**

All jobs require some independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require exercising judgement or taking actions that have no precedents to serve as a guide.

Consider the type and level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional standards, precedents, leadership from others and direct supervision.

(a) To what extent does this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions directing actions required?

Please check the answer that most closely represents expected job requirements.

☐ Most job requirements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.

☒ Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.

☐ There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.

☐ Other (please explain): _____

(b) To what extent does this job exercise judgement to determine how the work is to be done?

Please check the answer that most closely represents expected job requirements.

☐ Work is mostly repetitive and predictable with little need for judgement. Example: _____

_____

☒ Work may present some unusual circumstances that require judgement or choices to be made. Example:

- ***Determining whether or not to continue treatment until patient is seen by Physician/Dermatologist.***

☐ Work presents difficult choices or unique situations that require judgement. Example: _____

_____

****

SUPERVISOR'S COMMENTS – INDEPENDENT JUDGEMENT

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **Supervisor's Initials:** _____

Section 10 – WORKING RELATIONSHIPS

Purpose: **This section gathers information on the typical contacts or working relationships <u>necessary</u> in doing the job.**

(a) What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

Purpose of Contact:

A No exchange
B Exchange of factual or work-related information
C Explanation and interpretation of information or ideas
D Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
E Counseling
F Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
G Negotiation of service and / or supply agreements

	PURPOSE OF CONTACT Check off all that apply (more than one, if applicable)						
	A	**B**	**C**	**D**	**E**	**F**	**G**
Employees in the same department		***X***	***X***	***X***			
Employees in another department/site (specify)		***X***					
Students	***X***						
Supervisor / supervisors of programs / departments or services		***X***					
Clients / patients / residents		***X***	***X***	***X***			
Family of clients / patients / residents		***X***	***X***	***X***			
Physicians		***X***	***X***	***X***			
Business representatives		***X***					
Suppliers / contractors		***X***					
Volunteers	***X***						
General Public	***X***						
Other health care organizations or agencies - ***Cancer Clinic***		***X***	***X***				
Professional organizations / agencies		***X***	***X***	***X***			
Government departments	***X***						
Social Service establishments	***X***						
Community Agencies	***X***						
Police and Ambulance	***X***						
Foundations	***X***						
Others (specify)							

Section 10 – WORKING RELATIONSHIPS (cont'd)

- Questions (b) to (k) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

HOW OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(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) ***Dr. Offices***		***X***		
(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				
▪ 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)

HOW 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 / ***persuade*** 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):				

****

SUPERVISOR'S COMMENTS – WORKING RELATIONSHIPS

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

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

_____

_____

_____ **Supervisor's Initials:** _____

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 — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):
- ***Misjudgment in phototherapy treatment may result in serious short term discomfort to clients/patients.***

Embarrassment in public, client / patient / resident, families, business or employee relations — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):
- ***Misjudgment in phototherapy treatment may result in serious short term discomfort to clients/patients.***

Delays in processing or handling of information or in the delivery of services — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):
- ***Delays in booking follow up appointments may delay succeeding or related services.***

Actions which impact on departmental / site / agency / SHA / Affiliate operations — Is an impact likely? Yes ☐ ***No*** ☒
If yes, please provide an example(s):

Damage to equipment / instruments — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):
- ***Improper handling of specialized equipment/instruments may result in minor damage.***

Loss of or inaccurate information — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):
- ***Inaccuracies in charting may impact the Physician/Dermatologist's ability to provide follow-up treatment.***

Financial losses including withdrawal of commitment or withholding of funds — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):
- ***Improper maintenance of equipment may result in service disruption or costly repairs.***

Other – — Is an impact likely? Yes ☐ No ☐
If yes, please provide an example(s):

****

SUPERVISOR'S COMMENTS – IMPACT OF ACTION

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**
Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):
_____
_____
_____ **Supervisor's Initials:** _____

Section 12 – LEADERSHIP/SUPERVISION

Purpose:	**This section gathers information on the requirements to supervise others, lead others and / or provide functional guidance or technical 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***
☒ Assign and/or check work of others doing work similar to yours	***Staff***
☐ Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s)	_____
☐ Provide functional advice / instruction to others in how to carry out work Tasks	_____
☐ Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities	_____
☐ Provide input to appraisal, hiring and/or replacement of personnel	_____
☐ Coordinate replacement and/or scheduling of employees	_____
☐ Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group	_____
☐ Supervise the work, practices and procedures of a defined program	_____
☐ Supervise the work, practices and procedures of a department	_____
☐ Provide counseling and/or coaching to others	_____
☐ Provide health promotion / outreach (teaching / instruction)	_____
☐ Other (specify)	_____

****

SUPERVISOR'S COMMENTS – LEADERSHIP/SUPERVISION

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" is selected):

_____

_____

_____

_____ **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

Medium weight – over 9 kg / 20 lbs

Heavy weight – over 23kg / 50 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

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

ACTIVITY EXAMPLES	DURATION	FREQUENCY			WEIGHT
	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Pushing/pulling	***30 – 75%***			***X***	***L-H***
Stretching/reaching	***30 – 75%***			***X***	***L-H***
Walking/standing	***30 – 75%***			***X***	***L-H***
Computer operation	***20 – 50%***			***X***	

Section 13 – PHYSICAL DEMANDS (cont'd)

(b) Does your work require **accurate hand/eye or hand/foot coordination**? 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).**

- **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

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Regular	Frequent
Computer operation	***20 – 50%***			***X***
Performing medical clinical procedures	***50 – 75%***		***X***	

****

SUPERVISOR'S COMMENTS – PHYSICAL DEMANDS

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" are selected):

_____

_____

_____

_____

_____ **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

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Regular	Frequent
Observing patients	***30%***			***X***
Computer operation	***20 – 50%***			***X***
Performing treatments (observing equipment, reading results, entering treatment information into UV computers).	***50%***			***X***

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

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Regular	Frequent
Communication	***30 – 50%***			***X***
Equipment sounds	***25%***			***X***

Section 14 – SENSORY DEMANDS (cont'd)

(c) Must attention be shifted frequently from one job detail to another?

- Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment

Yes ☒ No ☐

If yes, please give **examples**:

- ***Instructing treatment procedures, answering telephone, observing patients.***

****

SUPERVISOR'S COMMENTS – SENSORY DEMANDS

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

COMMENTS (must be completed if "Incomplete" or "No" are selected):

_____

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_____ **Supervisor's Initials:** _____

Section 15 – WORKING CONDITIONS

Purpose: **This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried out.**

(a) Are you exposed to some degree of **unpleasantness** in the day-to-day activities of your job? **Check all conditions that apply to you, and indicate only one of "occasional", "regular", or "frequent".**

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

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Blood / body fluids		***X***	
Chemical substances (specify) - ***Cleaning supplies***			***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		***X***	
Mold			
Multiple deadlines		***X***	
Noise	***X***		
Odor			***X***
Oil			
Radiation exposure (specify)			
Second-hand smoke			
Soiled linens			***X***
Steam			
Transporting or handling human remains			
Travel			
Vibration			
Other (specify) – ***U.V. Light***			***X***

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 products***			***X***
Traveling in inclement weather			
Excessive / unpredictable weights	***X***		
Exposure to infectious disease (specify)	***X***		
Extreme noise			
Faulty / inadequate equipment			
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects			
Small aircraft			
Steam			
Verbal and/or physical abuse	***X***		
Violence			
Working from heights			
Other (specify) – ***U.V. Light***			***X***

Section 15 – WORKING CONDITIONS (cont'd)

(c) Do you have to take certain training, precautions or wear protective clothing to avoid a work injury? (Check one and provide an explanation or example of the type of precaution(s) normally taken.)

Yes ☒ No ☐

Please explain your answer:

- ***Personal protective equipment (PPE)***
- ***Transfer, Lifting, Repositioning (TLR)***
- ***Workplace Hazardous Materials Information System (WHMIS)***

****

SUPERVISOR'S COMMENTS – WORKING CONDITIONS

Are the responses to the question: ☐ **Complete** ☐ **Incomplete**

Do you agree with the responses: ☐ **Yes** ☐ **No**

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

____

____

____

____

______________________________ **Supervisor's Initials:** __________

Section 16 – OTHER COMMENTS

Please add any additional information or comments and reference the specific JFS section and question as appropriate.

Section 17 – SIGNATURES

(a) Single job submission: **NAME: (Please Print Legibly)**: _____

SIGNATURE: _____ **DATE:** _____

(b) Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign:

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

DATE:_____

PLEASE SUBMIT TO REGIONAL HUMAN RESOURCES DEPARTMENT OR AFFILIATE ADMINISTRATOR/EXECUTIVE DIRECTOR

Section 18 – OUT-OF-SCOPE SUPERVISOR'S COMMENTS

Please add any additional information or comments and reference the specific JFS section and question as appropriate.

Immediate Out-of-Scope Supervisor

Name: **(Please print legibly)** _____

Signature: _____

Job Title: _____

Department: _____

Work Phone Number: _____

E-Mail Address: _____

Date: _____

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

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

I

- Installations
- Investigations

L

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

M

- Mail and filing
- Maintains directory and files
- Maintains inventory control
- Maintenance and administration
- Maintenance and cleanliness
- Maintenance and committee work
- Maintenance and trouble shooting
- Maintenance of equipment
- Maintenance of records
- Maintenance of telephone and records
- Management of department
- Management of Health Records Department
- Management of laboratory
- Management of systems contractors and suppliers
- Management of the library
- Management of volunteers
- Materials management programs
- Media relations
- Medical management
- Menu board maintenance
- Mobilization and transporting of patients
- Monitors entry and exit of visitors/patients in and out of hospital

N

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

O

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

P

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

- 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