

**FULTON COUNTY MEDICAL CENTER
POSITION DESCRIPTION**

POSITION TITLE: CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA/L)
REPORTS TO: OCCUPATIONAL THERAPIST REGISTERED (OTR/L)
REVISION DATE: OCTOBER 2004

- I. POSITION SUMMARY:**
Provides quality occupational therapy services to assigned individuals under the supervision of an OTR.
- II. EDUCATION REQUIREMENTS/LICENSURE/CERTIFICATION/REGISTRATION:**
Graduate of an accredited occupational therapy assistant program. Certification by the AOTCB as a COTA with successful completion of a national board delivered by the National Board of Certification of Occupational Therapy (NBCOT).
- III. CUSTOMER FOCUSED EXPECTATIONS:**
While performing the essential functions of this position, the staff member must strive to keep the mission, vision, and values of the Fulton County Medical Center, and be committed to the improvement and best interests of the facility and the services the Occupational Therapy Department provides.
- IV. TYPICAL PHYSICAL DEMANDS: (Subject to modification or accommodation as required).**
The ability to lift, move, and transport patients. Therapists must bend, stand, kneel, and be able to stoop.
- V. TYPICAL MENTAL DEMANDS (Subject to modification or accommodation as required):**
The ability to respond quickly and appropriately, adapt to diverse situations, compensate when necessary, and react with sensitivity to the needs of the patient. The capability to receive, comprehend, and carry out instructions, think abstractly, and process thoughts and information in a timely manner. There is continuous collaboration and communication with other disciplines.
- VI. WORKING CONDITIONS:**
There is exposure to infectious and physical hazards.
- VII. EQUIPMENT TO BE USED:**
An understanding of evaluation tools, exercise equipment, modalities, calibrated instruments, medical supplies and equipment, office equipment, and measuring tools is required.
- VIII. FACILITY WIDE COMPETENCY REQUIREMENTS (See Attached):**
- IX. ESSENTIAL FUNCTIONS (See Attached):**
- X. NON-ESSENTIAL FUNCTIONS (See Attached):**

Signature

Date

- Mid Probation** 45 days after hire
- End Probation** 90 days after hire
- Annual**



Employee Name: <input style="width: 95%;" type="text"/>	Department: <input style="width: 95%;" type="text"/>	Current Title: <input style="width: 95%;" type="text"/>	Supervisor Name/Title: <input style="width: 95%;" type="text"/>
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Methods of Measurement Include the Following:		<i>AGES SERVED</i>	
<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Documentation	<input type="checkbox"/> Neonates (< 30 days)	<input type="checkbox"/> Adults (> = 18 years and < 65 years)
<input type="checkbox"/> Feedback from staff or patients	<input type="checkbox"/> PI Reports	<input type="checkbox"/> Infants (> 30 days and < 1 year)	<input type="checkbox"/> Geriatrics (> = 65 years)
Period Covered by this Evaluation: <input style="width: 95%;" type="text"/>		<input type="checkbox"/> Pediatrics (> = 1 year and < 13 years)	<input type="checkbox"/> Not Applicable
		<input type="checkbox"/> Adolescents (> = 13 years and < 18 years)	

	Rating			
	D	M	E	
FACILITY WIDE COMPETENCY				<div style="border: 1px solid gray; height: 300px; width: 100%;"></div>
INSTITUTIONAL AND/OR PROFESSIONAL STANDARDS <ul style="list-style-type: none"> Comply with regulatory agencies, and institutional and operating systems. Adhere to all Hospital Policies and Procedures as they apply to the area. Knowledge and adherence to Infection Control and Environment of Care Guidelines and Procedures as they are described in the annual education module. Protect patient/customer confidentiality. Comply with HIPAA regulations as they apply to the job. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERFORMANCE IMPROVEMENT <ul style="list-style-type: none"> Adhere to current organizational Performance Improvement priorities Participate in quality studies through data collection Make recommendations and take actions to improve structure, system or outcomes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CUSTOMER SERVICE <ul style="list-style-type: none"> Demonstrate the values of the organization: respect, honesty, integrity, compassion, fairness, innovation and stewardship of our resources. Demonstrate commitment to serving the customer. Demonstrate excellence in communication with the customer. Create a welcoming environment for the patients, family and other interdisciplinary team members 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ESSENTIAL FUNCTIONS	D	M	E	Comments
Review patient's medical record prior to treatment intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perform ADL portion of evaluation upon request of the OTR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Design and administer treatment programs in collaboration with the OTR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recommend adaptive equipment under the supervision of the OTR and provide instructions in use/care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recommend splinting interventions in collaboration with the OTR and provide instructions on wearing schedule and to the patient/family/staff after developed by the OTR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continuously reassess appropriateness and effectiveness of the splint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor patient activity level and adapt treatment intervention to meet the patient's need and ability under the supervision of the OTR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administer standardized tests under the supervision of the OTR after competency has been established.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Create a therapeutic treatment environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coordinate discharge and follow up plans under the supervision of the OTR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervise OT students and volunteers under the direction of the OTR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Complete appropriate documentation according to facility policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participate in continuing education to pursue professional growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide education/inservicng to the facility staff and the community as indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attend and participate in committee meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participate in hospital wide quality improvement process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Function according to AOTA <u>Code of Ethics</u> (AOTA, 1988) and <u>Standards of Practice</u> (AOTA, 1992).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Non Essential Functions:	D	M	E	Comments
1. Participates in professional development activities: a. In-service classes or on-line courses. b. Shares knowledge with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

c. Reads in-house communications				
2. Work Habits: a. Complies with attendance policies. b. Dresses according to the departmental dress code c. Organizes times, sets priorities d. Spends free time in a constructive manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Initiative and judgment: a. Makes necessary work related judgments based upon factual information b. Completes assignments with minimal directions and in a timely manner c. Adapts to a changing work load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D= Does Not Meet Expectations	M= Meets Expectations	E= Exceeds Expectations
Comments:		
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> ⏪ ⏩ </div> <div style="flex-grow: 1; border: 1px solid gray;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> ⏪ ⏩ </div> </div>		
Future Plans and Actions:		
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> ⏪ ⏩ </div> <div style="flex-grow: 1; border: 1px solid gray;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> ⏪ ⏩ </div> </div>		
Employee Comments:		
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> ⏪ ⏩ </div> <div style="flex-grow: 1; border: 1px solid gray;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> ⏪ ⏩ </div> </div>		
<p style="color: #A52A2A;">To update our files, please answer the following questions:</p> <p style="color: #A52A2A;">Have you received a higher education degree in past 12 months: Yes ___ No ___</p> <p style="color: #A52A2A;">Please forward to Human Resources</p> <p style="color: #A52A2A;">Have you received a certification in the past 12 months: Yes ___ No ___</p> <p style="color: #A52A2A;">Please forward to Human Resources</p>		

have reviewed this Performance Evaluation

Employee Signature

Date

Evaluator Signature

Date

Department Head or Designee Signature

Date