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| Name |       | Date |       |
| Ward / Department |  | Shift |  |
| Total staff on duty(including job title, if you have this information to hand) |  |  |  |

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| Factor | Details of duties undertaken(please provide as much information as possible) |
| **Knowledge, Training & Experience*** Make a note of any duties you undertake which requirea base level of theoretical knowledge
* This includes taking clinical observations and followingcare and related procedures
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| Analytical & Judgmental Skills* Make a note of any assessments you make of apatient’s condition
* Make a note of any tests you undertake and whatequipment you use
* Make a note of any emergency procedures you instigate
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| Physical Skills* Make a note of any procedures you undertake using test equipment or tools
* Make a note of the test equipment/tools you use
* e.g. taking bloods, venepuncture
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| Responsibility for Patient/Client Care* Make a note of any clinical duties you undertake
* Make a note of any specimens you collect or patient observations you record
* Make a note of any times you escort patients to wards/departments unaccompanied and are required to provide a comprehensive verbal handover
* Make a note of any times you are required to update a patient’s records or care plan
* Clinical duties could include: ECGs, complexdressings, cannulation, monitor blood glucose levels,wound care, catheters
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| Responsibility for Human Resources* Make a note of any occasions you are required to demonstrate duties to new starters/agency staff
* Make a note of any times you provide general and clinical supervision of less experienced staff
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| Freedom to Act* Make a note of any times you are required to act on your own initiative to deliver patient care
* For instance, this could be when you are required torespond to a situation and provide clinical care
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| Mental Effort * Make a note of any times you are required to exercise concentration (e.g. during clinical procedures)
* Make a note of any unpredictable work you wererequired to undertake
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| Working Conditions* Make a note of the number of times you are exposedto unpleasant conditions
* e.g. smell, noise, dust, body fluids, faeces, vomit,emptying bed pans and urinals, catheter bagsetc
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