

**FULTON COUNTY MEDICAL CENTER
POSITION DESCRIPTION**

POSITION TITLE: SPEECH THERAPIST
REPORTS TO: PHYSICAL THERAPY DIRECTOR
REVISION DATE: DECEMBER 2004

I POSITION SUMMARY

Provides diagnostic and therapeutic services, patient/family counseling, and appropriate referrals as necessary to all patients exhibiting a speech, language, hearing, or swallowing disorder.

II EDUCATION REQUIREMENTS/LICENSURE/RECERTIFICATION/REGISTRATION

1. Meets the education and experience requirements for a Certificate of Clinical Competence (in speech pathology or audiology) granted by the state Board of Speech Pathology and Audiology. or
2. Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

III. CUSTOMER FOCUSED EXPECTATIONS (MISSION, VISION, VALUES)

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 provided.

IV. TYPICAL PHYSICAL DEMANDS (Subject to modification or accommodation as required)

1. Requires sitting, standing, bending, and reaching.
2. Occasional lifting and/or moving up to 25 pounds.
3. Manual dexterity and eye/hand coordination. Normal range of hearing and vision.
4. Knowledge and/or ability to operate simple to complex machinery.

V. TYPICAL MENTAL DEMANDS: (Subject to modification or accommodation as required)

1. Must be able to analyze many variables and choose the most effective course of action for the facility.
2. Handle diverse work issues on a daily basis. Ability to deal with a variety of emotions and frustrations in decision making.
3. May need to develop a flexible work schedule to meet various demands.
4. Must be able to communicate providing verbal feedback in a professional manner.

VI. WORKING CONDITIONS:

The noise level in the work environment is usually quiet. However, exposure to noise distractions and unpredictable behaviors will be experienced. Conveys a professional and positive image and attitude, and demonstrates commitment to professional growth and development.

VII. EQUIPMENT USED:

1. Beeper
2. Computer
3. Telephone System
4. Printer
5. Facsimile machine
6. Copier
7. Calculator
8. Equipment necessary to successfully perform position requirements

VIII. FACILITY WIDE COMPETENCY REQUIREMENTS (See Attached)

IX. ESSENTIAL FUNCTIONS (See Attached)

X. NON-ESSENTIAL FUNCTIONS (See Attached)

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



Employee Name: <input style="width: 90%;" type="text"/>	Department: <input style="width: 90%;" type="text"/>	Current Title: <input style="width: 90%;" type="text"/>	Supervisor Name/Title: <input style="width: 90%;" 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: 100%;" 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 #ccc; height: 400px; 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
	Performs diagnostic evaluations and provides results in written form for the medical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Provides therapy for all types of speech, language, hearing, and swallowing disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Provides total case management and systematic reporting of progress, recommendations, and referrals in accordance with applicable guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Keeps informed of changes and innovations in the field through professional contacts, literature, and workshops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Actively participates in patient evaluation conferences with emphasis on discharge planning and referrals pertinent to continued rehabilitation and/or stabilization of clinical gains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Provides assistance to other rehab team members about the most feasible communication pathways to achieve maximum value of patient teaching in rehab techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Assesses and manages swallowing disorders in coordination with other departments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Participates in performance improvement programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Supports facility in-service programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Provides for a review of the quality of speech/language and hearing service rendered both within the facility and in conjunction with the state speech/language services peer review.	<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. c. Reads in-house communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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

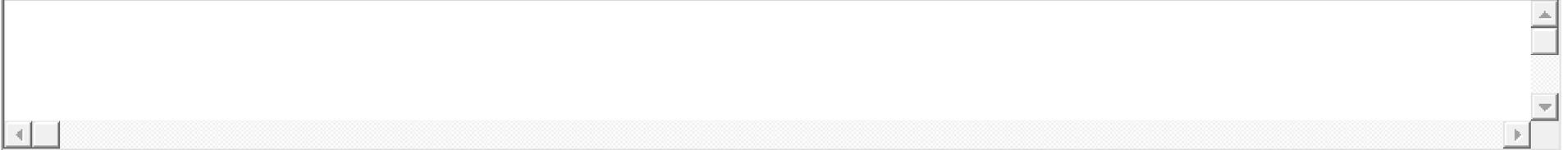
M= Meets Expectations

E= Exceeds Expectations

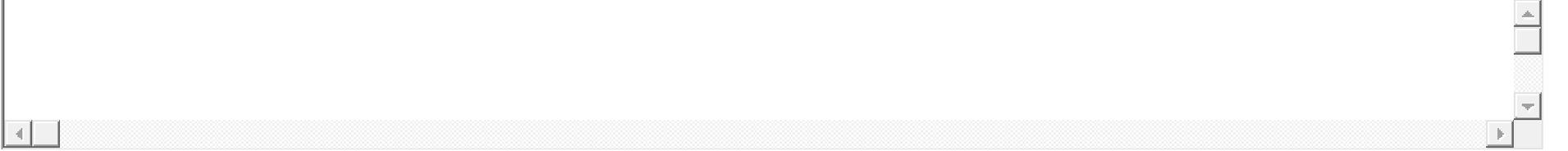
Comments:



Future Plans and Actions:



Employee Comments:



To update our files, please answer the following questions:

Have you received a higher education degree in past 12 months: Yes___ No___

Please forward to Human Resources

Have you received a certification in the past 12 months: Yes___No___

Please forward to Human Resources

I have reviewed this Performance Evaluation

Employee Signature

Date

Evaluator Signature

Date

Department Head or Designee Signature

Date