

DUTY STATEMENT
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS
Veterans Home of R/F

PART A	
Position No: 578-164-8279-001	Date:
Class: Speech Pathologist I (.9 Time Base)	Name:
Under direction of the Chief Restorative Care, the Speech Pathologist I provides speech therapy services to residents of the Veterans Home. Provider must be linked to Medicare, MediCal, and all other applicable insurance vendors.	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
35%	Administer diagnostic tests to determine the nature and extent of speech disorders: a) administer appropriate formal and informal diagnostic procedures; b) when required, engage in short-term diagnostic therapy to accurately assess communicative and/or swallowing potential. Evaluate test results and determine the nature and extent of speech, language (communication) and swallowing disorders. Provide individual and group therapy to help improve impaired speech capability.
30%	Maintain an active caseload and administer an active treatment program (individual or group). Prepare reports and summaries regarding diagnosis, prognosis and recommendations for the treatment of communicative and swallowing handicaps. Consult with other disciplines as appropriate. Requisition equipment and supplies as needed. Complete appropriate charge slips for all resident visits in order for the Veterans Home to be reimbursed for services provided.
15%	Attend and participate in committee and inter-disciplinary meetings, staff meetings, in-service programs for communication and the integration of speech pathology services.
10%	Attend state and national speech pathology conferences, workshops and seminars to maintain knowledge of current trends and research in order to maintain the necessary level of professional competence with which to adequately service the patients' needs.
5%	Develop and implement quality assurance monitors. Participate in budget planning and various other administrative duties.
NON-ESSENTIAL FUNCTIONS	
5%	Other related duties as assigned.
OTHER	
Attendance Must maintain regular and acceptable attendance at such level as is determined at the Department's sole discretion. Must be regularly available and willing to work the hours the Department determines are necessary or desirable to meet its business needs.	

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PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS					
Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: Observe residents and staff; view computer screen; prepare various forms, memos, reports, letters, and proofread documents.					X
HEARING: Answer telephone; listen to residents, staff, family members and visitors; communicate with Administration, department managers, department staff; provide verbal information.					X
SPEAKING: Communicate with staff, residents, and the public in person and via telephone; interact in meetings.					X
WALKING: Within the home to various residents' rooms.			X		
SITTING: Work station, meetings, and training.			X		
STANDING: Copy documents; review records.		X			
BALANCING:		X			
CONCENTRATING: Review documentation for accuracy; complete forms; administer tests; maintain alertness during meetings and trainings.					X
COMPREHENSION: Interpret test results; develop therapies; prepare reports; laws, rules, regulations, policies and procedures; content of meetings, trainings and work discussions; facilitate the dynamic of a team.					X
WORKING INDEPENDENTLY: Must be able to apply laws, rules, and processes with minimal guidance.					X
LIFTING UP TO 10 LBS:					X
LIFTING 10 - 25 LBS:		X			
LIFTING 25 - 50 LBS:		X			
FINGERING: Push telephone buttons and computer keyboard; handle medical instruments; sort through paperwork.					X
REACHING: Answer telephone; use a mouse; print documents on desk printer.		X			
CARRYING: Transport documents and mail.					X
CLIMBING:		X			
BENDING AT WAIST: Use copier; access low file drawers.		X			
KNEELING: Access low file drawers.		X			
PUSHING OR PULLING: Open and close file drawers.		X			
HANDLING: Sort through paperwork; distribute mail; handle medical testing devices.				X	
DRIVING: Special events.		X			
OPERATING EQUIPMENT: Computer, telephone, copier, printer, fax machine, and medical equipment.				X	
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS: Special events.		X			
WORKING IN CONFINED SPACE: File, supply, storage rooms, etc.			X		

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office.)

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Human Resources signature _____ Date _____