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**Job Description**

 **Switchboard Operator**

First and foremost: We recognize communication as our most vital tool. Every employee should focus on communicating across the system to ensure we are functioning as a team. This will require active communication with patients, team members in your department as well as other departments, managers, and physicians. You are encouraged and expected to look for ways to use communication to solve challenges and enhance the patient experience.

**Summary:**    Operates clinic switchboard, provides routine information and directs calls to appropriate area.

**Essential Functions:** Telephone communication support for the entire clinic to ensure the patients and team members calls are routed appropriately. First line answers all incoming calls and directs to various departments. Back-up support for Greeter - meets each patient as they come into the clinic and directs patients to appropriate areas.

**Other Functions:**

1. Channels all incoming calls and routes calls to appropriate departments.
2. Responds to emergency calls according to established procedures.
3. Communicates general clinic information.
4. Organizes and efficiently handles switchboard material.
5. Uses paging system according to procedure.
6. Responsible for reporting telephone repair service to the IT dept
7. Record greetings for after-hours, holidays and temporary meeting greeting
8. Scanning Fee tickets and urgent paper work for Medical Records
9. Back up support for Greeter to include assisting patients in wheelchairs, providing directions, and stocking Board room.

**Education:** High School Diploma or GED

**Experience:** 6 months experience with switchboard in a medical setting preferred.

**Skills:**  Strong customer service skills. Ability to multi-task. Must work well under pressure Must be able to read, understand and follow oral and written instruction. Ability to speak clearly and concisely with a pleasant telephone voice – “smile” on the phone. This person must be able to establish and maintain effective working relationships with patients, employees and the public.

**Supervision Received:** Care Coordination Supervisor

**Positions Supervised:** None

**Responsibility for Confidentiality:** Employee will sign confidentiality agreement which clearly states all patient information is strictly confidential and is protected by federal and state laws and regulations that prohibit the unauthorized use and/or disclosure of patient information. Employee agrees to comply with POSC confidentiality policies and that this obligation remains in full force during the entire term of employment and continues in effect after such employment terminates.

# PHYSICIAL REQUIREMENTS AND ENVIRONMENTAL CONDITIONS

**JOB TITLE: Switchboard Operator**

N=Not part of job requirement; S=Seldom; O=Occasionally; F=Frequently; C=Constantly

**Physical Requirements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Strength** | **N**  | **S** | **O** | **F** | **C** |
| Able to push/pull objects less than 20 lbs. |  | X |  |  |  |
| Able to push/pull more than 20 lbs. |  | X |  |  |  |
| Able to push/pull more than 50 lbs. |  | X |  |  |  |
| Able to push/pull more than 100 lbs with assistance only |  | X |  |  |  |
| **2. Manual Dexterity** | N | **S** | **O** | **F** | **C** |
| Able to perform simple motor skills such as standing, walking, etc |  |  |  | X |  |
| Able to perform simple manipulative skills such as sweeping, walking, writing collating, etc. |  |  |  |  | X |
| Able to perform moderately difficult manipulative skill such as, typing, etc |  |  |  |  | X |
| Able to perform difficult manipulative skills such as calibration of equipment etc |  |  |  | X |  |
| **3. COORDINATION** | **N** | **S** | **O** | **F** | **C** |
| Able to perform gross body coordination, such as walking, stooping, filing, etc |  |  |  | X |  |
| Able to perform tasks which require hand-eye coordination such as keyboard skill, IM injection, running power tools, etc |  |  |  |  | X |
| Able to perform tasks which require arm-hand steadiness such as taking calibration of tools and equipment, etc |  |  |  | X |  |
| **4. Mobility** | **N** | **S** | **O** | **F** | **C** |
| Able to walk |  |  | X |  |  |
| Able to stand |  |  | X |  |  |
| Able to sit for prolonged periods |  |  |  |  | X |
| Able to stand for prolonged periods |  |  | X |  |  |
| Able to remain in uncomfortable positions for long periods such as bending over tables, etc |  |  | X |  |  |
| **5. Visual Discrimination** | **N** | **S** | **O** | **F** | **C** |
| Able to see objects far away as in driving |  | X |  |  |  |
| Able to see objects closely as in reading equipment or patient assessment |  |  |  |  | X |
| Able to discriminate colors as in microscope slides, colors in electrical wires or warning lights |  |  |  | X |  |
| **6. Hearing** | **N** | **S** | **O** | **F** | **C** |
| Able to hear normal sounds with some background of noise as in answering phone, intercom, etc |  |  |  |  | X |

**Mental Requirements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Concentration** | **N** | **S** | **O** | **F** | **C** |
| Able to concentrate on detail with some interruption |  |  |  |  | X |
| Able to concentrate on detail with constant interruption |  |  |  |  | X |
|  |  |  |  |  |  |
| **2. Attention Span** | **N** | **S** | **O** | **F** | **C** |
| Needs to attend to task/function for 10-45 minutes at a time |  |  |  | X |  |
| Needs to attend to task/function for more than 60 minutes at a time |  |  |  | X |  |
|  |  |  |  |  |  |
| **4. Memory** | N | **S** | **O** | **F** | **C** |
| Able to remember task/assignment for full shift |  |  |  |  | X |
| Able to remember multiple tasks/assignments given to self and others during course of day |  |  |  |  | X |
| Able to remember multiple tasks/assignments given to self and others over long periods of time |  |  |  | X |  |

**Environmental Condition:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Condition** | **N** | **S** | **O** | **F** | **C** |
| Exposure to blood, body tissues, or fluids | X |  |  |  |  |
| Exposure to hazardous waste materials other than blood, body tissues or fluids | X |  |  |  |  |
| Exposure to seasonal conditions in outside weather | X |  |  |  |  |
| Exposure to radiation | X |  |  |  |  |
| Exposure to toxins, cytotoxins, or poisonous substances | X |  |  |  |  |
| Exposure to dust |  |  | X |  |  |
| Exposure to other hazardous materials such as chemicals | X |  |  |  |  |
| Exposure to bodily injuries | X |  |  |  |  |
| Exposure to loud and unpleasant noises |  |  | X |  |  |
| Exposure to high humidity or wetness | X |  |  |  |  |
| Exposure to electrical hazards | X |  |  |  |  |
| Exposure to electro-magnetic radiation as in CRT’s (VDT’s) | X |  |  |  |  |

I have received a copy of this Position Description and I agree to abide by it. I realize that every effort has been made to make this Position Description as complete as possible, however, it in no way states or implies that these are the only duties I will be required to perform. The omission of specific statements of duties does not exclude them from the position or my performance review.

I understand that I will be required to give a minimum two (2) week notice of my intent to terminate my employment in order to receive a full pay out of any accumulated PTO time earnings that I may otherwise be entitled to.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_