Primary Care Network PALLISER your health. your team.

Temporary Registered Nurse (0.9 FTE)
Dr. Gebhardt Clinic & Carry Drive Clinic – Medicine Hat, AB

0.9 FTE (approximately 33.75 hours per week)

Schedule: Monday & Wednesday- 0830-1630 w/ Dr. Adedeji, Tuesday & Thursday 0830-1630 & Friday 0830-1215 w/ Dr. Gebhardt

Location	Medicine Hat, AB – Dr. Gebhardt Clinic working with Dr. Gebhardt & Carry Drive Clinic working with Dr. Adedeji
Program Overview	Working under a physician-led collaborative care model, Palliser Primary Care Network (PCN) health professionals work in physician clinics providing comprehensive health care to patients experiencing chronic disease. The composition of specific teams in each clinic is dependent on the primary health care focus of that physician or clinic. The PCN offers a competitive salary, excellent hours of work, paid vacation and personal days, RRSP contribution and a health flex spending account. Education and training are also high priorities.
Position	**This is a temporary part-time position.** The RN's major focus will be to enhance effective management of patients living with chronic diseases such as hypertension, chronic heart failure, atrial fibrillation, dyslipidemia, diabetes, chronic obstructive pulmonary disease, asthma, obesity, osteoporosis and various mental health issues. Consistent with the principles of primary care, the RN will provide comprehensive health care with an emphasis on healthy living, illness prevention (primary and secondary), health education, chronic disease management and clinical intervention within the scope of nursing practice.
Reports To	Physician and PCN PMH Optimization Director
Education	RN
Experience	•Minimum of 3 years of directly related experience in a primary health care, community health nursing, northern nursing and/or ambulatory care nursing, with an emphasis on primary care services (primary and secondary prevention, intervention, and maintenance/support). Other nursing experience will be considered. •Demonstrated clinical skill in physical examination and nursing intervention. •Demonstrated commitment to interdisciplinary teamwork. •Proven commitment to, and knowledge of, primary care and community health. •Experience with mental health counseling would be beneficial. •Experience with chronic disease education and management.
Skills	Successful candidates will have a proven ability to work effectively within a team environment as well as independently, demonstrate empathy, provide continuity of care, possess excellent organizational skills and maintain a flexible schedule
Application	Interested candidates are invited to send resume and cover letter to the attention of: Hiring Manager Palliser Primary Care Network Suite 104 – 140 Maple Ave SE, Medicine Hat, AB T1A 8C1 Tel: 403.580.3825 Fax: 403.580.3825 Email: careers@palliserpcn.ca *Only those applicants selected for an interview will be contacted.* *All others are thanked in advance for their interest.*

Job Description

(A) Position Identification:

Title: Primary Care Registered Nurse

Supervisor: Primary Care Physician and Primary Care Network PMH Optimization Director

(B) Position Summary:

- Consistent with the principles of primary health care, provides access to basic health care within the scope of nursing practice for individuals experiencing chronic/complex health problems.
- Working with other multidisciplinary team members, the RN provides comprehensive health care with an emphasis on healthy living, illness prevention (primary and secondary), health education, chronic disease management, and clinical intervention.
- In collaboration with a physician, develops and implements a health plan with clients and evaluates success in meeting this plan.
- Provides ongoing service coordination and links clients with Alberta Health Services and other community resources.
- Adopts a long-term approach to client care consistent with the philosophy of family-centered nursing and as a means of ensuring continuity of care for the client.
- The RN is involved in all aspects of the Primary Care Network, including implementation, education, research and evaluation.

(C) Key Duties & Responsibilities:

1. Initial Assessment with Each New Client (Range of 30 – 60 minutes) 35%

- Conducts comprehensive initial client assessments on referred clients, including a complete health history (medical, presenting condition/problem, functional abilities, social context, cultural well-being, emotional, individual coping strategies, support systems, value systems), completes physical examination, and any other information relevant to the development of the clients' health plan.
- Acquires and maintains a comprehensive understanding of recommended screening for the early identification of chronic disease, including the expertise to recognize deviations from normal results.
- Assesses client needs by collecting, integrating, and validating a wide range of complex information.
- Develops and implements individual health plans with a focus on illness prevention and health education.
- Applies principles of population based client care to the physician panel of patients.
- Utilizes behavior modification strategies, establishes goals collaboratively with the client, and strives to achieve established targets.
- Identifies educational requirements and readiness of client as a component of an overall health assessment.
- Employs health promotion and health education strategies to support behavior changes conducive to health (e.g. smoking cessation, weight management, psychological distress, and adherence to recommended lifestyle changes).
- Prepares and presents individualized lifestyle education to clients and their support system. Utilizes adult learning principles, best practice guidelines, and a variety of audiovisual aids into all presentations. May assist the PCN in acquiring, researching, designing/developing and evaluating written education resources to distribute to clients and their support system.
- Acquires and maintains a comprehensive understanding of health/social services and referral processes, including diagnostic services, specialists, hospital care, rehabilitation and support programs, educational programs and community based health agencies. Refers to Alberta Health Services and other community programs as appropriate and acceptable to the client and Primary Care Physician.
- Documents the assessment, care plan, intervention, and evaluation for client care.
- Communicates, collaborates and works cooperatively with the Primary Care Physician, other involved health care providers, the client, and support system towards achievement of mutual goals and quality client care.

2. Client Follow-up Visits (Range of 20 – 30 minutes) 50%

- Provides clinical triage services including recognizing deviations from normal. Identifies urgent from non-urgent, and provides appropriate services or referral.
- Applies recognized guidelines and best practices to screening, monitoring, and nursing assessment of clients' physical and emotional well-being.
- Evaluates, revises and continues to implement individual health plans with a focus on illness prevention and health education.
- Assists and supports the client to follow through on prescribed medical interventions, diagnostic testing, and other health care interventions. Informs and educates clients regarding the meaning and implications of test results and prescribed interventions.
- Identifies and, within the scope of nursing practice, manages disease prevention (e.g. immunization, sexual practices), acute and chronic illness related conditions (e.g. colds, arthritis, asthma, diabetes).
- Regularly monitors, evaluates, and adjusts the health plan based on effectiveness of interventions and/or changes in condition or environment, in collaboration with the client, family physician, and team members.
- Engage and motivate the client in primary and secondary preventive activities and self-care. Encourages maximum independence and accountability for self-care according to the client's capacity.

- Supports the client to find personal balance in adjusting to the developmental stages of living with optimal dignity and self-determination.
- Initiates or participates in client case conferences in order to ensure coordinated, comprehensive, and holistic services.
- Monitor client compliance with risk reduction plans and/or self-care. Deviations from the care plan and/or exacerbation in the client's condition are reported to the family physician for follow-up.

3. Data Entry **10%**

- Using computerized and/or paper systems, tracks client assessments and outcomes.
- Interprets and analyses data, creates written reports of analysis.
- Completes stats and reporting as outlined by the Education & Clinical Supervisor.
- Prepares and completes client documentation and discharge summaries.
- Schedules client appointments, enters statistics, and creates educational presentations.
- Researches and develops PCN procedures and guidelines to reflect best practice and ensure client and staff safety.
- Liaisons with Alberta Health Services and various community health care providers regarding client care and referrals.
- Participates in program and patient quality improvement practices.

4. Education

- Conducts and participates in continuing education of Primary Care Network staff and Alberta Health Services staff regarding primary care of chronic/complex health conditions.
- Acquires and maintains expertise in the management of chronic diseases consistent with national guidelines and best practices.
- Acquires and maintains certification or stays current in one or more chronic disease or other population-specific roles (e.g. certified diabetes educator, certified respiratory educator, foot care specialist)

5. Clinical Supervision **5%**

- Trains and orientates other Palliser Primary Care Network staff, where requested.
- Ensures safe practices are carried out.

6. Health Professions Act

- Renews nursing license and forwards a copy to the PCN Administrative Assistant annually.
- Maintains current active registration status throughout the duration of employment.
- Maintains continuing competency as required by CRNA.
- Adheres to established Code of Ethics as applicable to the regulatory college.

7. Restricted Activities

- Performs restricted activities as permitted under the regulation of the College of Registered Nurses of Alberta

(D) Complexity and Independent Judgment:

- Under limited supervision, works collaboratively with clinic staff scheduling appointments and arranging for follow-ups or referral of clients to other services.
- Must be confident with knowledge, skills and abilities to ensure a safe environment for the client.
- Required to prioritize time, workload and clients to ensure efficient, effective care provided in a fast paced environment.
- Requires leadership, problem solving and conflict resolution skills.
- The job primarily requires the application of established primary care and chronic/complex disease management guidelines. Depending on the needs and direction of the family physician, some methods and procedures may be adapted.

(E) Accountability/Consequence of Error:

- Requires judgment/action which may impact health of the patient.
- Accountable for services provided.
- Bases treatment and care on best practice, target levels and aware of critical clinical values.
- Strives for optimal personal health and well-being.
- Takes responsibility for own actions and decisions.

(F) Supervision:

- Supervised by:
    - Primary Care Physician
    - Primary Care Network PMH Optimization Director

(G) Regular Work Contacts:

- Communicates verbally or in documentation with a variety of disciplines, programs or services to enhance patient care (e.g. Alberta Healthy Living Program).
- Communicates with organizations, programs, other physician offices, etc. to obtain client information, program benchmark information, and education resources.

(H) Working Conditions:

- Independent with a high level of confidence and capable of effectively dealing with client, physician, and clinic staff.
- Physically capable of performing duties related to position, including assisting clients with physical and mental challenges during clinic visits, lifting a variety of clinic equipment and teaching materials.
- May be exposed to blood borne pathogens
- May be exposed to infections and contagious diseases.

(I) Qualifications / Specifications: Contains personal requirements or qualifications that jobholder should possess.

Formal Education

- Minimum 2 year diploma in Nursing required.
- Current unrestricted registration with C.R.N.A. required.
- Current BCLS certification required.
- Bachelor's degree in nursing preferred.
- Family Practice Nursing Post Licensure Certificate required.
- Chronic Care, Diabetes Education and/or Asthma Education Certification preferred

Experience

- Minimum of 3 years of directly related experience in a primary health care, community health nursing, northern nursing and/or ambulatory care nursing, with an emphasis on primary care services (primary and secondary prevention, intervention, and maintenance/support). Other nursing experience will be considered.
- Demonstrated clinical skill in physical examination and nursing intervention.
- Demonstrated commitment to interdisciplinary teamwork.
- Proven commitment to, and knowledge of, primary care and community health.
- Experience with mental health counseling would be beneficial.
- Experience with chronic disease education and management.

Knowledge, Skills, Abilities

- Able to interpret diagnostic tests.
- Basic knowledge of exercise physiology, nutrition, risk factor modification strategies, counseling techniques and uses of educational programs as applied to chronic disease management.
- Ability to be a self-directed member of a multidisciplinary team who provides holistic patient care based on advanced clinical knowledge and skills for patients with multiple chronic diseases using independent and collaborative problem solving and decision making techniques.
- Excellent holistic assessment and interviewing skills.
- Knowledge of and ability to apply adult learning principles, to use written and audio visual aids, prepare/present lifestyle education.
- Computer literacy, familiar with Microsoft Office products (Outlook, Excel, Word and Access programs).
- Demonstrates good organizational skills in coordinating plan of care for individuals with other team members.
- Reliable and dependable.
- Excellent verbal, written and interpersonal communication skills.
- Ability to safeguard Primary Care Network information as private and confidential.
- Ability to follow and adhere to Palliser Primary Care Network procedures, guidelines, goals and objectives.

Other

- Must have a recent (within the past three months) criminal record check/police information check (including vulnerable sector search) prior to the first day of hire.

(J) Probationary Period:

- Six months.