



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Primary Health Care Nurse Practitioner, Continuing Care	
Position Number	Community	Division/Region
48-17215	Yellowknife	Primary Health Care/Yellowknife

PURPOSE OF THE POSITION

The Primary Health Care Nurse Practitioner, Continuing Care (PHCNPCC) is an autonomous practitioner who supports Long Term Care (LTC), Extended Care (EC), and Primary Care Integrated Care Teams (ICTs). The incumbent is responsible for providing residents and clients with advanced health assessments, diagnoses, interventions, and appropriate follow-up to ensure timely optimum support, and continuity of care.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) is the single provider of all health and social services (HSS) in the Northwest Territories (NWT), with the exception of Hay River and Tłı̨chǫ regions, covering 1.2 million square kilometers and serving approximately 43,000 people, including First Nations, Inuit, Metis, and non-indigenous persons. HSS includes the full range of primary, secondary, and tertiary health services and social services including family services, protection services, care placements, mental health, addictions, and developmental activities, delivered by more than 1,400 HSS staff.

While the Tłı̨chǫ Community Services Agency (TCSA) and Hay River Health and Social Services Agency (HRHSSA) operate under separate boards, NTHSSA will set clinical standards, procedures, guidelines, and monitoring for the entire Northwest Territories. Service Agreements will be established with these boards to identify performance requirements and adherence to clinical standards, procedures, guidelines, and policies as established by NTHSSA.

Under the direction of the Minister of Health and Social Services, NTHSSA is established to move toward one integrated delivery system as part of the transformation strategy.

NTHSSA administers all primary care, long term care, public health, home care, and general



physician services throughout Yellowknife, Dettah, and Ndilo, as well as all regional health and social services delivered in Fort Resolution and Łutselk'e. NTHSSA provides and supports the delivery of community-based health and social services to adults and children in order to enhance the health and well-being of communities through excellence, accountability, and respect for regional diversity.

Building off the results and momentum of system transformation, the strategic renewal effort has now begun a process of Primary Health Care Reform to shift the system and its care models towards a team and relationship-based approach that is driven through public participation, community feedback, and data, and built upon a foundation of trust and cultural safety. Using a community development approach, we are changing the way we work with people and communities, at every level of the health and social services system, to enable public participation in priority setting, planning, and design that integrates the social determinants of health.

Located in Yellowknife and reporting to the Regional Manager, Primary Care, the PHCNPCC works as an autonomous practitioner within the multi-disciplinary primary health care team, providing comprehensive health assessments, making diagnoses, and developing interventions within scope of practice. They may be called upon to provide specialty consultation for primary or community care providers, either in person or by phone. The incumbent works in a variety of program areas including long term care, extended care, primary care clinics, and community care, and is expected to remain calm, controlled, and professional in all situations.

The legacies of colonization and residential schools have impacted indigenous health outcomes and the way health and social services are delivered and accessed. This position honours and always promotes a culturally safe environment and practices from a trauma informed care perspective where interaction with clients and families is tactful, respectful, and humble. This position requires the ability to handle several complex issues concurrently while maintaining attention to detail. The incumbent is expected to remain calm, controlled, and professional, regardless of the situation, and demonstrate compassionate care that is free of racism and discrimination, to clients, families, community members, and other members of the health care team. The incumbent is required to be motivated and innovative in the area of continuing education and practice, such as engaging in self-reflection, to encourage the professional growth of self and others.

The PHCNPCC is responsible for the provision of 50% of the medical care for the Extended Care (EC) and Long-Term Care (LTC) residents living at Legacy Stanton. This includes but is not limited to annual physicals, quarterly medication reviews, weekly round and daily assessment as required.



The PHCNPCC provides comprehensive nursing care including, but not limited to, health promotion, illness, and injury prevention, supportive, curative, rehabilitative and palliative care. The PHCNPCC is also required to collaborate with primary health care and other practitioners to increase the capacity for self-care and provide direction as an educator, leader, researcher, and advanced clinical practitioner.

The PHCNPCC consults and/or refers residents/clients to other health care practitioners as appropriate, at any point in the assessment of a resident/client or when planning, implementing, or evaluating resident/client care when the condition is such that: diagnosis and/or treatment plan is unclear or beyond the scope of the PHCNPCC to determine; required care approaches or reaches the limits of scope of practice; is potentially life threatening or a chronic health problem destabilizes. The degree to which a physician becomes involved will vary from providing an opinion and recommendation at one end of the spectrum to assuming responsibility for care of the client at the other.

It is expected that all Primary Health Care Nurse Practitioners will maintain current knowledge and enhance competencies relevant to primary community care practice and long term/extended care through professional development activities, peer review and other continuing education strategies.

The PHCNPCC may also be responsible for assisting with sign-out coverage for NP and physician colleagues in Primary Care, within the limits of the NP scope of practice.

RESPONSIBILITIES

1. Provides advanced health assessment, nursing care and services to residents/clients on a routine and emergency basis (if appropriate) to promote a healthy lifestyle; to prevent and/or reduce incidence of disease, disability, and death; to support rehabilitation and to restore health; and to support a client to die comfortably and with dignity.

- Systematically assesses individual health status through the collection of an appropriate history, performance of physical assessment and the ordering, obtaining and interpretation of diagnostic tests.
- Establishes a diagnosis through analysis and synthesis of data from multiple sources; communicates health findings and/or diagnosis and establishes a plan of care with a resident/client.
- Develops a plan of care based on resident/client need, independently or in consultation with a physician and other member of the primary health care team.
- Implements a comprehensive care plan, which may include the prescribing and dispensing of pharmaceuticals in accordance with established regulations, policies, practices, and safety procedures as well as non-pharmacological interventions.



- Incorporates appropriate complementary and traditional therapies if safe and no contraindications that the client may be using or wish to use.
- Refers residents/clients to other practitioners as determined by scope of practice and resident/client needs.
- Delegates primary care client care to CHNs, LPNs, and other health care providers as appropriate.
- Conducts family assessments to identify the broader health implications within the family in a manner that is culturally appropriate.
- Maintains dialogue with residents/clients and family about the clients' condition and future plans.
- Maintains records in accordance with professional and legal requirements.
- Provides periodic review and monitoring to assist resident/client with stable conditions to manage their health status.
- Reviews progress with resident/client and evaluates the care management outcomes.
- Recognizes the need for crisis intervention and counseling for common, emergent, or urgent psycho-social conditions/situations and takes appropriate action.
- Advocates for the dignity and self-respect of residents/clients.
- Promotes the autonomy of residents/clients and helps them express their health needs and values to obtain appropriate information and services.
- Safeguards the trust of the client that information learned in the context of a professional relationship is shared outside the health care team only with the patient's permission or as legally required.
- Applies and promotes principles of equity and fairness to assist residents/clients in receiving unbiased treatment and a share of health services and resources proportionate to their needs.
- Acts in a manner consistent with professional responsibilities and standards of practice.

2. Develops, facilitates, implements, and modifies resident/client and family education/teaching based on the needs of the client.

- Develops and implements a variety of interventions to address resident/client needs.
- Identifies where new programs or services are needed and works with management and other practitioners to develop such.
- Facilitates the continuity and sustainability of care by involving other practitioners, departments, and family and community members as appropriate.
- Uses a holistic approach to facilitate learning of resident/client and families in relation to resident/client illness or injury (e.g., self-care, health promotion etc.).
- Assesses resident/client learning needs.
- Develops, monitors, and evaluates, on an ongoing basis, educational resources necessary to support clients.



3. **Conducts health surveillance and preventative activities that may improve the health of the population. This is done in conjunction with clients, health care practitioners and agencies.**
 - Conducts and participates in community needs assessment; and based on the results and in collaboration with stakeholders, prioritizes and develops culturally sensitive health promotion strategies.
 - Supports and promotes community participation in decision making and ownership of constructive changes to enhance the community's health.
 - Promotes healthy public policy.
4. **Provides expert and specialized knowledge on primary health care related to nursing in the NWT and provides direction and leadership to enhance the NWT integrated service delivery model.**
 - Articulates the role of the PHCNCC to residents, clients, general public and primary health care team.
 - Provides coaching and clinical leadership to peers, students, and other members of the health care team to develop skill levels necessary to achieve the standard of care.
 - Collaborates with primary health care practitioners to advocate health care environments that are conducive to ethical practice and to the health and well-being of residents/clients.
 - Facilitates and fosters active communication, collaboration, and linkages between key stakeholders within and outside the community.
 - Participates in research and special project initiatives that contribute to evidence-based practice. This includes reviewing literature on current clinical practice, recommending change to clinical practice standards, protocols and procedures based on an assessment of evidence and analysis of resources to implement change.
 - Participates in committees as related to the role of the PHCNPCC.

WORKING CONDITIONS

Physical Demands

Physical effort may be experienced in this position as the incumbent works in a clinical environment. There will be physical demands on the incumbent in the provision of assisting in the transferring of patients or other heavy lifting and performing patient assessment in which the incumbent is required to stand in an awkward position (bending and stooping).

Environmental Conditions

Moderate exposure to potential communicable diseases, body fluids, human waste, and hazardous materials (sharps, toxic wastes, cleaning solutions).



Sensory Demands

50 % - 75% of the day is spent providing direct patient care where the incumbent is required to use the combined senses of touch, sight, smell and hearing during the assessment and provision of care.

Mental Demands

The incumbent may encounter emotionally upsetting experiences and will be exposed to death and dying and cultural practices that surround death and dying.

Within the health care setting there can be significant lack of control over the work pace, with frequent interruptions.

There is uncertainty in knowing what to expect while at work, and concern about being responsible for the lives of residents, clients, and their families, as well as exposure to volatile situations.

KNOWLEDGE, SKILLS, AND ABILITIES

- Knowledge of, and ability to apply, advanced nursing processes and practices that meet all of the residents'/clients' physical, emotional, psycho-social, spiritual, and daily living needs.
- Knowledge of, and ability to accurately interpret, legislation, regulations, standards, policies, and guidelines related to advanced nursing practices.
- Knowledgeable about, sensitive to, and ability to adhere to, confidentiality issues, policies, standards, and practices.
- Knowledge of, and sensitivity to, cultural, social, gender and age dynamics with an ability to interact with a variety of people in a non-judgmental manner.
- Ability to educate residents, clients, and their families, as applicable, on appropriate self-care. An ability to provide emergency care and treatment as needed and within scope of practice.
- Ability to identify and network with health and community resources. Knowledge of best practices in extended care, long term care and primary health care delivery. Conceptual understanding of the model of integrated health care service delivery model and the application of nurse practitioner competencies to multidisciplinary practice settings.
- Understanding and sensitivity to cultural and socio-economic issues of the NWT.
- Ability to deal with residents, clients and their families, health care practitioners and others in situations of extreme stress in a diplomatic, respectful, and empathetic manner.
- Ability to problem solve using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive, and constructive thinking skills.
- Computer literate with an ability to use and/or learn a variety of software applications.
- Ability to seek out information about the real underlying needs of the resident/client, sometimes beyond those expressed initially and match to available services.



- Written and oral communication skills including listening, observing, assessing, and reporting, and the ability to write in a clear, cohesive, and understandable manner.
- Ability to go beyond just answering questions but to add extra knowledge, greater understanding or to help influence an internal or external client.
- Participates in committees and task forces as related to the role of the PHCNPCC (e.g., multi-disciplinary primary community care team).
- Ability to commit to actively upholding and consistently personally practicing diversity, inclusion, and cultural awareness, as well as safety and sensitivity approaches in the workplace.

Typically, the above qualifications would be attained by:

Completion of a nursing degree, completion of a master's program in nursing, and certification as a Nurse Practitioner or an MSc-Nurse Practitioner, and five (5) years of relevant clinical nursing experience, including experience working in home care, long term care, supported living and/or primary care.

Equivalent combinations of education and experience will be considered.

ADDITIONAL REQUIREMENTS

Proof of immunization in keeping with current public health practices.

Must be registered with RNANTNU and be in good standing.

Within Yellowknife Region, all NPs must be able to acquire, within a reasonable time frame, and remain current in, mandatory certifications specific to the role and working environment as outlined in their orientation. This includes, but is not limited to:

- Heart and Stroke Foundation of Canada Basic Life Support
- Nonviolent Crisis Intervention
- Privacy and Confidentiality training
- Infection, Prevention and Control (IPAC) training
- Training as required to meet Accreditation Canada standards.

Recommended

Certification with the Canadian Nurses Association in Gerontology, and membership in the Canadian Gerontological Nursing Association, NWT chapter, are desirable.

Position Security (check one)



- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

- French required (must identify required level below)

Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION

Basic (B) Intermediate (I) Advanced (A)

READING COMPREHENSION:

Basic (B) Intermediate (I) Advanced (A)

WRITING SKILLS:

Basic (B) Intermediate (I) Advanced (A)

- French preferred

Indigenous language: Select language

- Required
- Preferred



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Primary Health Care Nurse Practitioner	
Position Number	Community	Division/Region
48 -95116	Yellowknife	Primary Health Care / Yellowknife

PURPOSE OF THE POSITION

The Primary Health Care Nurse Practitioner is an autonomous practitioner who supports integrated health care teams within a Primary Care Clinic and is responsible for providing clients with advanced health assessment, diagnosis, interventions, and appropriate follow-up to ensure clients receive timely health assessment and diagnosis, optimum support and continuity of care.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) is the single provider of all health and social services (HSS) in the Northwest Territories (NWT), with the exception of Hay River and Tłı̨chǫ regions, covering 1.2 million square kilometers and serving approximately 43,000 people, including First Nations, Inuit, Metis, and non-indigenous persons. HSS includes the full range of primary, secondary and tertiary health services and social services including family services, protection services, care placements, mental health, addictions, and developmental activities, delivered by more than 1,400 HSS staff.

Under the direction of the Minister of Health and Social Services, the NTHSSA was established to move toward one integrated delivery system as part of the Government of the Northwest Territories (GNWT) transformation strategy. The NTHSSA sets clinical standards, procedures, guidelines and monitoring for the entire Northwest Territories. While the Tłı̨chǫ Community Services Agency (TCSA) operates under a separate board, and Hay River Health and Social Services Agency (HRHSSA) remains separate in the interim, Service Agreements will be established with these boards to identify performance requirements and ensure adherence to clinical standards, procedures, guidelines and policies as established by the NTHSSA.

The NTHSSA is responsible for the effective delivery of regional Primary Care services to residents of Fort Smith, Inuvik, and Yellowknife. The NTHSSA provides and supports the delivery of HSS across the lifespan on an outpatient and outreach basis in order to enhance healthy communities and well-being through excellence, accountability, and respect for regional diversity, and works with communities to promote healthy lifestyles.

Since 2013, the NWT HSS system has been engaged in a strategic renewal process. This began with System Transformation, a multi-year, community engagement-driven process to develop a model for an integrated HSS system. The resulting changes to the system's governance structure have enabled a one-system approach, allowing for greater efficiency and integration while better respecting the unique contexts and strengths of the NWT's distinct regions and cultures.

Building off the results and momentum of System Transformation, the strategic renewal effort has now begun a process of Primary Health Care Reform to shift the system and its care models towards a team and relationship based approach that is driven through public participation, community feedback, and data, and built upon a foundation of trust and cultural safety. Using a community development approach, we are changing the way we work with people and communities, at every level of the health and social services system, to enable public participation in priority setting, planning, and design that integrates the social determinants of health.

The legacies of colonization and residential schools have impacted Indigenous health outcomes and the way health and social services are delivered and accessed. This position honours and promotes a culturally safe environment at all times and practices from a trauma informed care perspective where interaction with clients and families is tactful, respectful and humble. This position requires the ability to handle several complex issues concurrently while maintaining attention to detail. The incumbent is expected to remain calm, controlled and professional, regardless of the situation, and demonstrate compassionate care that is free of racism and discrimination, to clients, families, community members, and other members of the health care team. The incumbent is required to be motivated and innovative in the area of continuing education and practice, such as engaging in self-reflection, to encourage the professional growth of self and others.

The primary health care clinic with two sites in Yellowknife includes a number of multi-disciplinary health care practitioners providing comprehensive patient assessment, coordinated intervention/plans of care, case management of complex or high need clients, personalized teaching and client follow-up. The practitioners include but are not limited to: physicians; public health practitioners; midwives; nurse practitioners; and mental health and addictions practitioners; some of whom report to other managers.

Located in Yellowknife and reporting to the Regional Manager, Primary Health Care, the Primary Health Care Nurse Practitioner (PHCNP), works as an autonomous practitioner within the multi-disciplinary primary health care team providing comprehensive health assessment, making diagnosis, and developing interventions within scope of practice. The

incumbent works in a variety of program areas and community settings including within a clinic site; in a client's home; a public or community outreach setting (such as the Centre for Northern Families and Stanton Territorial Hospital), and is expected to remain calm, controlled and professional in all situations.

The PHCNP provides comprehensive nursing care including but not limited to health promotion, illness and injury prevention, supportive, curative, rehabilitative and palliative care. The PHCNP is also required to collaborate with primary health care practitioners to increase the capacity for self-care and provide direction as an educator, leader, researcher and advanced clinical practitioner.

The PHCNP consults and/or refers clients to other health care practitioners as appropriate, at any point in the assessment of a client or when planning, implementing, or evaluating client care when the condition is such that: diagnosis and/or treatment plan is unclear or beyond the scope of the PHCNP to determine; required care approaches or reaches the limits of scope of practice; is potentially life threatening or a chronic health problem destabilizes. The degree to which a physician become involved will vary from: providing an opinion and recommendation at one end of the spectrum to assuming primary responsibility for care of the client at the other.

The PHCNP is also responsible for providing coverage and support for NP colleagues including but not limited to outreach clinics and public health services.

It is expected that all Primary Health Care Nurse Practitioners will maintain current knowledge and enhance competencies relevant to primary community care practice through professional development activities, peer review and other continuing strategies.

RESPONSIBILITIES

- 1. Provide advanced health assessment, nursing care and services to clients on a routine and emergency basis (if appropriate) to promote a healthy lifestyle; to prevent and/or reduce incidence of disease, disability and death; to support rehabilitation and to restore health; and to support a client to die comfortably and with dignity.**
 - Systematically assess individual health status through the collection of an appropriate history, performance of physical assessment and the ordering and interpretation of diagnostic tests.
 - Establish a diagnosis through analysis and synthesis of data from multiple sources; communicate health findings and establishes a plan of care with a client.
 - Develop a plan of care based on client need, independently or in consultation with a physician and other member of the primary health care team.
 - Implement a comprehensive care plan, which may include the prescribing and dispensing pharmaceuticals in accordance with established regulations, policies, practices and safety procedures as well as non-pharmacological interventions.

- Incorporate appropriate complementary and traditional therapies if safe and no contraindications that the client may be using or wish to use.
- Refer clients to other practitioners as determined by scope of practice and client needs.
- Delegate client care to CHNS, LPNs and other health care providers as appropriate.
- Conduct family assessments to identify the broader health implications within the family in a manner that is culturally appropriate.
- Maintain dialogue with clients and family about the clients' condition and future plans.
- Maintain records in accordance with professional and legal requirements.
- Provide periodic review and monitoring to assist client, with stable conditions to manage their health status.
- Review progress with client and evaluate the care management outcomes.
- Recognize need for crisis intervention and counseling for common, emergent or urgent psycho-social conditions/situations and take appropriate action.
- Advocate for the dignity and self-respect of clients.
- Promote the autonomy of clients and help them express their health needs and values to obtain appropriate information and services.
- Safeguard the trust of the client that information learned in the context of a professional relationship is shared outside the primary health care team only with the patient's permission or as legally required.
- Apply and promote principles of equity and fairness to assist clients in receiving unbiased treatment and a share of health services and resources proportionate to their needs.
- Act in a manner consistent with professional responsibilities and standards of practice.

2. Develop, facilitate, implement and modify client and family education/teaching based on the needs of the client.

- Develop and implement a variety of interventions to address client needs.
- Identify where new programs or services are needed and work with management and other practitioners to develop such.
- Facilitate the continuity and sustainability of care by involving other practitioners, departments, and family and community members as appropriate.
- Use a holistic approach to facilitate learning of client and families in relation to client illness or injury (i.e. self-care, health promotion etc.).
- Assess client learning needs.
- Develop, monitor and evaluate on an ongoing basis educational resources necessary to support clients.

3. Conduct health surveillance and preventative activities that may improve the health of the population. This is done in conjunction with clients, health care practitioners and agencies.

- Conduct and participate in community needs assessment; and based on the results and in collaboration with stakeholders, prioritize and develop culturally sensitive health promotion strategies.

- Support and promote community participation in decision making and ownership of constructive changes to enhance the community's health.
- Promote healthy public policy.

4. Provide expert and specialized knowledge or primary health care related to nursing in the NWT and to provide direction and leadership for enhancing the NWT integrated service delivery model.

- Articulate the role of the PHCNP to clients, general public and primary health care team.
- Provide coaching and clinical leadership to peers, students and other members of the health care team to develop skills levels necessary to achieve the standard of care.
- Collaborate with primary health care practitioners to advocate health care environments that are conducive to ethical practice and to the health and well-being of clients.
- Facilitate and foster active communication, collaboration and linkages between key stakeholders with and outside the community.
- Participate in research and special project initiatives that contribute to evidence based practice. This includes reviewing literature on current clinical practice, recommending change to clinical practice standards, protocols and procedures based on an assessment of evidence and analysis of resources to implement change.
- Participate in committees as related to the role of the PHCNP.

WORKING CONDITIONS

Physical Demands

Physical effort may be experienced in this position as the incumbent works in a clinical environment. There will be physical demands on the incumbent in the provision of assisting in the transferring of patients, or do other heavy lifting and perform patient assessment in which the incumbent is required to stand in an awkward position (bending and stooping).

Environmental Conditions

Moderate exposure to potential communicable diseases, body fluids, human waste, and hazardous materials (sharps, toxic wastes, cleaning solutions).

Sensory Demands

50 % - 75% of the day is spent providing direct patient care where the incumbent is required to use the combined senses of touch, sight, smell and hearing during the assessment and provision of care.

Mental Demands

The incumbent may be exposed to emotionally upsetting experiences.

Within the health care setting there can be significant lack of control over the work pace, with frequent interruptions.

There is uncertainty in knowing what to expect while at work, and concern about being responsible for the lives of clients and their families, as well as exposure to volatile situations.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge of and ability to apply advanced nursing processes and practices that meet all of the clients' physical, emotional, psycho-social, spiritual, and daily living needs
- Ability to educate clients and their families as applicable on appropriate self-care. An ability to provide emergency care and treatment as needed and within scope of practice.
- Ability to identify and network with health and community resources. Knowledge of best practices in primary health care delivery. Conceptual understanding of the model of integrated health care service delivery model and the application of nurse practitioner competencies to multidisciplinary practice settings.
- Understanding and sensitivity to cultural and socio-economic issue of the NWT.
- Knowledge of and ability to accurately interpret legislation, regulations, standards, policies and guidelines related to advanced nursing practices.
- Ability to deal with clients and their families, health care practitioners and others in situations of extreme stress in a diplomatic, respectful and empathetic manner.
- Ability to problem solve using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive and constructive thinking skills.
- Knowledgeable about, sensitive to and ability to adhere to confidentiality issues, policies, standards and practices.
- Knowledge of and sensitivity to cultural, social, gender and age dynamics with an ability to interact with a variety of people in a non-judgmental manner.
- Computer literate with an ability to use and/or learn a variety of software applications.
- Ability to seek out information about the real underlying needs of the client, sometimes beyond those expressed initially and match to available services.
- Written and oral communication skills including listening, observing, assessing and reporting, and the ability to write in a clear, cohesive and understandable manner.
- Ability to go beyond just answering questions but to add extra knowledge, greater understanding or to help influence an internal or external client.

Typically, the above qualifications would be attained by:

A Nursing Degree and certification as a Nurse Practitioner or an MSc-Nurse Practitioner, and five (5) years of relevant clinical nursing experience.

ADDITIONAL REQUIREMENTS

Candidate must be in good standing with RNATN/NU.

Proof of immunization in keeping with current public health practices is required.

Position Security

- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

- French required (must identify required level below)

Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION

Basic (B) Intermediate (I) Advanced (A)

READING COMPREHENSION:

Basic (B) Intermediate (I) Advanced (A)

WRITING SKILLS:

Basic (B) Intermediate (I) Advanced (A)

- French preferred

Indigenous language: Select language

- Required
- Preferred



Government of
Northwest Territories

IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Primary Care Nurse Practitioner	
Position Number(s)	Community	Division/Region(s)
47-14788	Tuktoyaktuk	Community Health Centres/Beaufort Delta

PURPOSE OF THE POSITION

To provide clients with health assessment, diagnosis, interventions, and appropriate follow up care in accordance with acts, regulations, policies, standards, guidelines, mission and objectives of the Northwest Territories Health and Social Services Authority (THSSA) to ensure clients receive timely health assessment and diagnosis, optimum support and continuity of care within the scope of the Nurse Practitioner.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) is the single provider of all health and social services in the Northwest Territories (NWT), with the exception of Hay River and Tłı̨chǫ regions, covering 1.2 million square kilometers and serving approximately 43,000 people, including First Nations, Inuit, Metis, and non-aboriginals. Health and social services includes the full range of primary, secondary and tertiary health services and social services including family services, protection services, care placements, mental health, addictions, and developmental activities, delivered by more than 1,400 health and social services staff.

While the Tłı̨chǫ Community Services Agency (TCSA) will operate under a separate board and Hay River Health and Social Services Agency (HRHSSA) will in the interim, the NTHSSA will set clinical standards, procedures, guidelines and monitoring for the entire Northwest Territories. Service Agreements will be established with these boards to identify performance requirements and adherence to clinical standards, procedures, guidelines and policies as established by the NTHSSA.

Under the direction of the Minister of Health and Social Services, the NTHSSA is established to move toward one integrated delivery system as part of the government's transformation strategy.

The NTHSSA administers health and social services to the residents of the Beaufort-Delta region in the Northwest Territories. The NTHSSA directly and contractually employs over 300 staff who deliver these services in 8 communities across the vast geographic area of the region. The NTHSSA provides and supports the delivery of services to adults and children on an inpatient, outpatient and outreach basis through the Inuvik Regional Hospital (the Hospital), a 47 inpatient bed accredited facility; seven community health centers; and fourteen other sites, including social services and dental therapy offices, a public health clinic, and various group homes. The annual operating budget for the NTHSSA is in excess of \$50 million.

The Northwest Territories Health and Social Services Authority (NTHSSA) administer all public health, home care and general physician services throughout the Beaufort-Delta Region. The NTHSSA provides and supports the delivery of community based health care services to adults and children in order to enhance the health and well-being of communities through excellence, accountability and respect for regional diversity.

Located within the Tuktoyaktuk Health Centre and reporting directly to the Regional Manager, Community Health Centres, the incumbent will provide comprehensive health assessment, make diagnoses and develop care plans within the nurse practitioners scope of practice. The Primary Care Nurse Practitioner (PCNP) and family physicians will collaborate as providers of primary care to individuals, families and the community as a whole. In addition, the PCNP provides clinical nursing leadership within the primary community care regional team.

The focus of the PCNP is community health nursing with particular emphasis on community development and health promotion as well as knowledge and skills in assessment, diagnosis intervention, treatment management, drug therapy and referral functions which are shared with physicians, pharmacists and other service providers.

PCNP will provide comprehensive nursing care to clients including; health promotion, illness and injury prevention, supportive, curative, rehabilitative and palliative care. The incumbent will also be required to collaborate with communities to increase the capacity for self-care and direction as an educator, leader, researcher and advanced clinical practitioner.

Within the overlapping area of practice, the PCNP will perform primary care services for acute illness and injuries and stable chronic health problems commonly encountered in primary care, including: ordering and interpreting selected diagnostic tests; and therapeutics (selecting, recommending, prescribing and monitoring the effectiveness of selected drugs and interventions).

The PCNP will consult and/or refer to the collaborating practice partner, or other family physician, at any point in the assessment of the client, or when planning, implementing or

evaluating client care when the client's condition is such that diagnosis and/or treatment plan is unclear or beyond the scope of the PCNP to determine; care that is required approaches or reaches the limits of the scope of practice of the PCNP; it is potentially life-threatening; or a chronic health problem destabilizes. The degree to which the family physician becomes involved may vary from: providing an opinion and recommendation; an opinion, recommendation and concurrent intervention; and/or assuming primary responsibility for the care of the client. The PCNP may be required to work varying hours.

RESPONSIBILITIES

1. Provide advanced health assessment, nursing care and services to clients (individuals, families and groups) on a routine and emergency basis (if appropriate) to promote a healthy lifestyle, to prevent and/or reduce incidence of disease, disability and death to support rehabilitation and to restore health or to support the client to die comfortably and with dignity.

- Systematically assess individual health status through the collection of an appropriate history, performance of physical assessment, and the ordering and interpretation of diagnostic tests.
- Establish a diagnosis through analysis and synthesis of data from multiple sources and communicates health findings and establishes a plan of care with client.
- Develop a plan of care based on client need, independently or in consultation with a physician and other members of the primary community care team.
- Implement a comprehensive care plan, which may include prescribing and dispensing pharmaceuticals in accordance with established regulations, policies, practices and safety procedures as well as non-pharmacological interventions.
- Incorporate appropriate complementary and traditional therapies if safe and no contradictions that the client may be using or wish to use.
- Refer clients to other members of the primary community care team as determined by the client's needs and scope of practice. Delegate client care and/or nursing care to other members of the primary community care team as appropriate.
- Conduct family assessments to identify the broader implications for health within the family in a way that is culturally appropriate.
- Provide periodic review and monitoring to assist client, with stable conditions, to manage their health status.
- Review progress with the client and evaluate the care management outcomes.
- Recognize need for crisis intervention and counseling for common, emergent or urgent psycho-social conditions/situations and takes the necessary action.
- Recognize the cultural diversity of the community and incorporate this into the planning and delivery of services.
- Advocate the dignity and self-respect of patients.
- Promote the autonomy of patients and help them to express their health needs and values to obtain appropriate information and services.

- Safeguard the trust of patients that information learned in the context of a professional relationship is shared outside the health care team only with the patient's permission or as legally required.
- Apply and promote principles of equity and fairness to assist patients in receiving unbiased treatment and a share of health services and resources proportionate to their needs.
- Act in a manner consistent with their professional responsibilities and standards of practice.

2. Develop, facilitate, implement and modify patient and family education/teaching based on the needs of the patient.

- In participation with family physicians, primary community care team, and community members develop and implement a variety of programs to address client needs which may include the provision of programs such as: adult health clinics; pre and post-natal clinics; school health program; chronic disease clinic; immunization programs; and communicable disease surveillance.
- Facilitate the continuity and sustainability of care by involving other members of the primary care team, other departments (i.e. education), and family and community members as appropriate.
- Use a holistic approach to facilitate learning of client and their families in relation to client illness or injury (i.e. self-care, health promotion, etc.).
- Assess the patient for physical and psychological needs, their knowledge of their health, disease process, and learning needs.
- Develop, revise, and evaluate on an ongoing basis educational resources necessary to support patients.

3. In collaboration and partnership with clients and other primary community care team members and agencies, conduct health surveillance and preventative activities that may improve the health of the population.

- Conduct and participate in community needs assessment and based on the results, and in collaboration with stakeholders, prioritize and develop culturally sensitive promotion strategies.
- Understand, support and promote community participation in decision-making and ownership of constructive changes to enhance the community's health.
- Promote healthy public policy.
- Evaluate and modify community health programs in partnership with community members.

4. Provide expert and specialized knowledge of primary health care related to nursing in the NWT and also provide functional direction and leadership for enhancing the integrated Service Delivery Model.

- Articulate the role of the PCNP to clients, general public and primary community care team.
- Provide coaching and clinical leadership to peers, students, and other members of the health care team to develop skill levels necessary to achieve the standard of care (i.e.

including but not limited to being a preceptor or mentor for nursing staff, students or other members of the primary community care team).

- Collaborate with family physicians, nursing colleagues and other members of the primary community care team to advocate health care environments that are conducive to ethical practice and to the health and well-being of patients and other in the setting.
- Facilitate and foster active communication, collaboration, and linkages between key stakeholders within and outside the community.
- Orientation of new employees to unit specific programs and mandate.
- Participate in research and special project initiatives that contribute to evidence based practice. This includes reviewing literature on current clinical practice, recommending changes to clinical practice standards, protocols and procedures based on an assessment of evidence and analysis of resources to implement change.
- Participates in committees and task forces as related to the role of the PCNP (i.e. multi-disciplinary primary community care team).

WORKING CONDITIONS

Physical Demands

There is, from time to time, physical effort required for this position as the incumbent works in a clinical and office environment. There will be physical demands on the incumbent as s/he will be required to assist in the transferring of patients or do other heavy lifting on their own and perform patient assessment when s/he may be required to stand in awkward position (bending and stooping) for extended periods of time.

Environmental Conditions

Working within a Health Clinic and providing direct patient assessment, diagnosis and treatment the incumbent will have moderate levels of exposure to communicable diseases (i.e. TB), blood, body fluid and hazardous materials (sharps, toxic cleaning and sterilizing solutions) that can result in potential health risks to the incumbent.

Sensory Demands

50%-75% of the incumbents day will be spent providing direct patient care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in controlled (i.e. clinic) and occasionally uncontrolled setting (i.e. client's home).

Mental Demands

The PCNP may be exposed to death/dying and other emotionally disturbing experiences. The PCNP is expected to remain calm, controlled and professional, regardless of the situation, and demonstrate compassionate care to the client, family and other members of the health care team.

Within the health care setting there can be significant lack of control over the work pace, with frequent interruptions that may lead to mental fatigue or stress.

The PCNP is required to be motivated and innovative in the area of continuing education and practice to encourage the professional growth of self and others.

This is uncertainty in knowing what to expect while at work. There is legitimate concern about being responsible for the lives of patients and their families, risk of assault and unknown and predictable situations.

KNOWLEDGE, SKILLS AND ABILITIES

- The PCNP must have advanced knowledge of, and an ability to, apply advanced nursing processes (assessment, planning, implementation and evaluation) and advanced nursing practice to ensure that the all patients' physical, emotional, psychosocial, spiritual, educational and daily living needs are met.
- An ability to educate patients and their families (where applicable) on appropriate self-care methods and techniques.
- An ability to provide emergency care and treatment, as the position is required to perform advanced nursing functions beyond basic nursing training. This would include using standards, policies and guidelines of the Department of Health and Social Services, NTHSSA and the RNANT/NU.
- Knowledge of and an ability resources within and outside the NTHSSA (i.e. Social Services, Public Health, medevac teams etc.) in order to ensure support of patients and their families.
- Knowledge of best practices in primary health care and particularly public/community health.
- Conceptual understanding of the model of integrated community care delivery, and the application of nurse practitioner competencies to multidisciplinary practice settings.
- Sensitivity to the cultural, social and political issues in the NWT.
- An ability to critique research studies and apply to practice where applicable/appropriate.
- Knowledge of all applicable GNWT legislation and regulations, standards, policies and guidelines related to advanced nursing practice in order to provide current, relevant and feasible consultation services.
- Seasoned knowledge of management and an ability to coordinate a wide variety of activities and objectives.
- Ability to contribute to the satisfaction and goodwill of clients, colleagues and co workers is essential to the position. The incumbent must have the ability to deal with care givers and health care workers in situations of extreme stress and cope with these situations diplomatically and with empathy.
- An ability to facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive and constructive thinking skills.
- The incumbent must be aware of the importance of confidentiality and be able to keep personal and medical information private and confidential at all times.

- Knowledge of and ability to operate word processing applications (i.e. Microsoft Word) in order to complete training materials and presentations, electronic mail to send and receive correspondence and the internet in order to conduct on-line research.

Typically, the above qualifications would be attained by:

The successful completion of a Nursing Degree, a certificate as a Nurse Practitioner and 2 years directly related nursing experience.

ADDITIONAL REQUIREMENTS

Beaufort Delta Regional Requirements

Within the Beaufort Delta region the PCNP must be able to acquire within a reasonable time frame and remain current with the following training and/or certifications.

- Non-violent crisis intervention.
- BTLS.
- CPR.
- WHMIS.
- PALS

TNCC would be an asset.

Within the Beaufort Delta region all nurses must be registered with RNANT/NU and have completed a satisfactory criminal record check.

It is expected that the PCNP must maintain current knowledge and enhance competencies relevant to primary community care practice through professional development activities, peer review and other continuing strategies.

Position Security (check one)

No criminal records check required
 Position of Trust – criminal records check required
 Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

French required (must identify required level below)

Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION

Basic (B) Intermediate (I) Advanced (A)

READING COMPREHENSION:

Basic (B) Intermediate (I) Advanced (A)

WRITING SKILLS:

Basic (B) Intermediate (I) Advanced (A)

French preferred

Aboriginal language: To choose a language, click [here](#).

- Required
- Preferred



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Community Nurse Practitioner	
Position Number	Community	Division/Region
48-12861	Fort Simpson	Community Health Services/Dehcho

PURPOSE OF THE POSITION

The Community Nurse Practitioner provides residents of Fort Simpson with advance health assessment, diagnosis, intervention and follow-up care in accordance with *Nurse Practitioner Acts, Regulations, Policies, Standards, Guidelines, Mission* and the objectives of the Northwest Territories Health and Social Services Authority and to ensure residents have access to timely, professional and sustainable health services required to maintain optimal health.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) administers all Regional Health and Social Services delivered through 3 Health Centers, 6 Community Health Stations and 1 Long Term Care Unit in the Dehcho Region. NTHSSA provides, supports the delivery of Health and Social Services (HSS) to adults and children on an outpatient and outreach basis as well as to residents of the Long Term Care Unit in order to enhance healthy communities, well-being through excellence, accountability and respect for regional diversity.

Located in Fort Simpson, within the Fort Simpson Health Centre the Community Nurse Practitioner (CNP) will report directly to the Nurse in Charge (NIC), and will provide comprehensive advanced health assessment, make autonomous nursing and medical diagnosis, develop care plans, and provide treatment within the CNP's scope of practice to the residents of Fort Simpson. Within the community, the Community Nurse Practitioner is the clinical leader providing advanced nursing skills, direction and leadership within the Primary Community Care Team.

The focus of the CNP is to improve a patient's health and ensure that the patients care needs are met in the context of the patient's psychosocial and physical well-being. Particular emphasis on community development and health promotion as well as advanced knowledge

and skills in assessment, nursing and medical diagnosis, intervention, treatment management, drug therapy and referral functions which are shared with physicians, pharmacists and other service providers is essential.

The CNP will provide advanced clinical practice, education, health promotion and leadership within the community in all areas including but not limited to the following: health promotion, illness and injury prevention, supportive, curative, rehabilitative, palliative and emergency care. The incumbent will also be required to collaborate with communities to increase the capacity for self-care and provide direction as an educator, leader, researcher and advanced practitioner.

The CNP will consult with and/or refer to other health professionals as appropriate (i.e. Physician in Fort Simpson or Physicians, Physiotherapists, Occupational Therapists in Yellowknife etc.), or a family's physician, at any point in the assessment of the client, or when planning, implementing or evaluating client care when the client's condition is such that: diagnosis and/or treatment plan is unclear or beyond the scope of the Community Nurse Practitioner to determine; care that is required approaches or reaches the limit of the scope of practice of the Community Nurse Practitioner; it is potentially life-threatening; or a chronic health problem destabilizes. The degree to which the family physician becomes involved may vary from: providing an opinion and recommendation; an opinion, recommendation and concurrent intervention; and/or accepting transfer of care of a client.

Services may be provided within the Community Health Centre, public settings, and schools or in a patient's home (i.e. elderly population) and are intended to promote a healthy way of life, decrease the incidence of death, disease, and injury. Services may be provided on an individual basis or as part of a multi-disciplinary team. Part of the CNPs day will be spent on administrative duties within the Health Centre or in an office setting.

The CNP will be expected to travel to the satellite communities in order to provide care and services on a monthly basis or as needed. In addition, the incumbent may be subject to disruption in lifestyle due to the possibility of being on call or standby as required by the Health Centre (this will be determined by the Nurse Administrator/Nurse-in-Charge if permissible per applicable regulatory or legal bodies, such as RNANT/NU and CNPS (Canadian Nurses Protective Society).

The incumbent is expected to maintain current knowledge and enhance competencies relevant to Primary Care Practice through professional development activities, peer review and other continuing competency strategies.

RESPONSIBILITIES

- 1. Provide advanced clinical health assessment, diagnosis, nursing care and services to clients (individuals, families and groups) on a routine and emergency basis; To promote a healthy lifestyle, prevent and/or reduce incidence of disease, disability and death; To support rehabilitation, restore health and support the client to die comfortably and with dignity.**

- Systematically assess individual health status through the collection of an appropriate history, physical assessment order and interpret diagnostic tests.
- Establish a diagnosis through analysis and synthesis of data from relevant sources, communicate health findings and establish a plan of care with client as well as involved health care providers when applicable.
- Develop a plan of care based on client need, independently or in consultation with a physician and other members of the Primary Care Team.
- Implement a comprehensive care plan, which may include independent prescribing and dispensing of pharmaceuticals in accordance with established Acts, Regulations, Policies, Practices and safety procedures as well as non-pharmacological interventions.
- Incorporate appropriate complementary and traditional therapies that the client may be using or wish to use, if safe and no contradictions.
- Refer clients to other members of the Primary Care Team as determined by the client's needs and scope of practice. Communicate and plan ongoing care with other members of the Primary Care Team.
- Conduct family assessments to identify the broader implications for health within the family in a way that is culturally appropriate.
- Maintain dialogue with patients and family about the patient's condition and future plans as appropriate.
- Provide periodic review and monitoring to assist clients with stable conditions, to manage their health status.
- Review progress with the client and evaluate the care management outcomes.
- Recognize the need for crisis intervention and counseling for common, emergent or urgent psychosocial conditions/situations and take the necessary action.
- Recognize the cultural diversity of the community and incorporate this into the planning and delivery of services.
- Advocate for and respect the dignity and self-respect of patients.
- Promote the autonomy of patients and help them to express their health needs and values to obtain appropriate information and services.
- Safeguard the trust of patients that information learned in the context of a professional relationship is shared outside the Health Centre Team only with the patient's permission or as legally required, and within the Health Care Team on an appropriate need to know basis.
- Apply and promote principles of equity and fairness to assist patients in receiving unbiased treatment and a share of health services and resources appropriate to their needs.
- Act in a manner consistent with their professional responsibilities and standards of practice.
- Assess, plan, implement, document and evaluate care to ensure a coordinated holistic approach which best meets the needs of the patient (assessments may involve taking and interpreting a variety of x-rays or laboratory tests in order to make appropriate diagnosis when the Community Nurse Practitioner has the knowledge, skill and judgment).

- 2. Develop, facilitate, implement and modify patient and family education/teaching based on the needs of the patient.**
 - Work with the Community Health Nurses to provide comprehensive community health programs (i.e. including but not limited to Well Child/Woman/Man clinics, pre and post-natal clinics, school health program, chronic disease clinic, immunization programs, communicable disease surveillance and treatment) according to GNWT Health Standards in order to protect, prevent and reduce the incidence of communicable disease, to promote a healthy life style and to reduce the incidence of disability and/or death to all community members.
 - Provide consultation with the other members of the Primary Community Care Team with regards to client plan of care.
 - Facilitate the continuity and sustainability of care by involving other members of the Primary Community Care Team, other departments (i.e. education), family and community members as appropriate.
 - Use holistic approach to facilitate learning of client and their families in relation to client illness or injury (i.e. self-care, health promotion etc.)
 - Assess the patient for physical and psychological needs, their knowledge of their health, disease process and leaning needs.
 - Develop, revise and evaluate on an on-going basis, educational resources necessary to support patients.
- 3. In collaboration and partnership with clients and other Primary Community Care Team members and agencies, conduct health surveillance and preventative activities that may improve the health of the population.**
 - Conduct and participate in community needs assessment. Based on the results in collaboration with stakeholders, prioritize and develop culturally sensitive health promotion strategies.
 - Understand, support and promote community participation in decision-making and ownership of constructive changes to enhance the community health.
 - Promote public health policy.
 - Evaluate and modify community health programs in partnership with community members.
- 4. Provide expert and specialized knowledge of primary health care related to nursing in the NWT and also provide functional direction and leadership for enhancing the Integrated Services Delivery Model (ISDM).**
 - Articulate the role of the Community Nurse Practitioner to clients, general public and Primary Care Team.
 - Provide coaching and clinical leadership to peers, students, and other members of the Primary Care Team to develop skill levels necessary to achieve the standard of care (i.e. including but not limited to being a preceptor or mentor for nursing staff, students or other members of the Primary Care Team).

- Collaborate with physicians, nursing colleagues and other members of the Primary Care Team to advocate health care environments that are conducive to health, wellbeing and ethical practice for patients and others in the setting.
- Facilitate and foster active communication, care coordination, collaboration and linkages between key stakeholders, within and outside the community.
- Orientation of new employees to unit specific programs and mandate.
- Participate in research and special project initiatives that contribute to evidence based practice.
- This includes reviewing literature on current clinical practice, recommending changes to clinical practice standards, protocols and procedures based on assessment of evidence and analysis of resource to implement change.
- Participate in committees and task forces as related to the role of the Community Nurse
- Practitioner (i.e. multi-disciplinary Primary Care Team).

WORKING CONDITIONS

Physical Demands

From time to time (1-4 times per week at 15 minutes per incident) the incumbent will be required to lift, carry or support patients during the provision of patient care. This includes incapacitated patients within the Health Centre, Health Cabins and emergency patients coming to Health Centre/Health Cabins. In addition, on a regular basis the incumbent will be required to lift and move medical equipment and other supplies (often in excess of 25 lbs.)

Environmental Conditions

The incumbent will have moderate levels of exposure to communicable diseases (i.e. TB), blood (i.e. drawn from patients in sick clinic), processing of bodily fluids for transportation to the laboratory, bodily fluid, hazardous materials (sharps, toxic cleaning and sterilizing solutions), radiation from X-rays, loud noises and offensive/ noxious odors.

Sensory Demands

50-75% of the incumbent's day will be spent providing direct patient care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in a controlled work environment and occasionally uncontrolled setting (i.e. client's home). These sensory demands can be further challenged by emergency situations in poor conditions (i.e. outside, in small plane, in vehicles, etc.).

Mental Demands

The Community Nurse Practitioner experiences constant demands from residents within the community who may require CNP care at any time (day or night).

As a result of living in an isolated, northern community, the incumbent will be required to travel on small engine planes where each trip can range from .5 to 1.5 hours one way and on ice roads, which may range from 1.5 to 4.5 hours one way when traveling to and from the

communities. The incumbent will be exposed to all weather conditions (ranging from -40 to +30) when driving to and from client homes.

Within the Health Centre and/or Health Cabin setting there can be significant unpredictability in the work place, with frequent interruptions (work is often dictated by external factors).

From time to time Community Health Centers and/or Health Cabins may be required to provide services to abusive patients, individuals under the influence of drugs or alcohol and RCMP escorts. The Community Nurse Practitioner may be kicked, pushed, grabbed or verbally assaulted. These incidents may occur while the incumbent is on duty as well as when off duty (within a small community it is difficult to separate the individual from the position). As a result, there is a very real concern for safety and well-being both during and after working hours.

The incumbent has the responsibility to make decisions in emergency situations in isolation from a hospital or other backup services. Other workplace factors that impact patient care include shortages in staff, shortages in supplies, weather related delays, patient non-compliance, etc.).

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge of and an ability to apply advanced nursing processes (assessment, planning, implementation and evaluation) to ensure that the patients' physical, emotional, psychosocial, spiritual, educational and daily living needs are met in partnership with the primary care team.
- Knowledge of all applicable GNWT legislation and regulations, standards, policies and guidelines related to advance nursing practice in order to provide current, relevant and feasible consultation services.
- Knowledge of management and an ability to coordinate a wide variety of activities and objectives.
- Skills and the ability to guide/ inform patients and their families (where applicable) on appropriate self-care methods and techniques.
- Skills and the ability to make appropriate diagnosis of common illnesses; identify critical and destabilizing chronically ill patients and apply critical thinking when formalizing evaluations resulting in differential medical diagnosis.
- Ability to implement appropriate treatment plans based on diagnosis within the Community Nurse Practitioner scope of practice.
- Ability to provide emergency care and treatment when the appropriate training and experience support this role in care provision, in accordance with standards, policies, and guidelines of the Department of Health and Social Services, NTHSSA and the RNANT/NU.
- Ability to triage patient's health care needs.
- Knowledge of and ability to network resources within and outside NTHSSA (i.e. Social Services, Public Health, medevac teams etc.) in order to ensure support of patients and their families.

- Knowledge of best practices in primary health care and particularly public/community health.
- Skills and the conceptual understanding of the integrated Services Delivery Model (ISDM) and the application of Community Nurse Practitioner competencies to multi-disciplinary practice settings.
- Ability to apply sensitivity to cultural, social and political issues in the NWT.
- Ability to critique research studies and apply to practice where applicable / appropriate.
- Ability to contribute to the satisfaction of clients, caregivers, and colleagues in situations of extreme stress, addressing issues diplomatically and with empathy.
- Ability to facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive and constructive thinking skills.
- Knowledge and application regarding the importance of confidentiality and keeping patient's personal and medical information private and confidential at all times.
- Skilled in the operation of word processing applications (i.e. Microsoft Word) in order to complete training materials, presentations, electronic mail for correspondence and web browsers in order to conduct on-line research.

Typically, the above qualifications would be attained by:

Successful completion of a Nursing Degree, two (2) years related nursing experience and a postgraduate education program as a Nurse Practitioner.

ADDITIONAL REQUIREMENTS

Proof of immunization in keeping with current public practices is required.

Training in emergency response as well as Class 5 Driver's License is required.

Registered as a Nurse Practitioner with the RNANT/NU.

Deh Cho Region Requirements

Acquire within a reasonable time frame and remain current with the following training and/or certifications:

- WHMIS
- Standard First Aid and Certification in basic CPR
- ACLS

Within the NTHSSA Community Health Center the following training and/or certifications would be a definite asset:

- Transportation of Dangerous Goods
- PALS
- Standard x-ray processing (chest and extremities)
- Pharmaceutical process and procedures, and
- General laboratory functions.

Position Security

- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

- French required (must identify required level below)

Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION

Basic (B) Intermediate (I) Advanced (A)

READING COMPREHENSION:

Basic (B) Intermediate (I) Advanced (A)

WRITING SKILLS:

Basic (B) Intermediate (I) Advanced (A)

- French preferred

Indigenous language: Select language

- Required
- Preferred



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Primary Care Nurse Practitioner	
Position Number(s)	Community	Division/Region(s)
67-11615	Fort Smith	Primary Care/Fort Smith

PURPOSE OF THE POSITION

The Primary Care Nurse Practitioner (NP) incumbent is an autonomous practitioner who will provide residents of Fort Smith with advanced health assessment, diagnosis, intervention and follow up care in accordance with the Northwest Territories Health and Social Services Authority (NTHSSA) and Registered Nurses Association of Northwest Territories and Nunavut (RNANT/NU).to ensure residents have access to timely, professional and sustainable health services required to maintain optimal health.

SCOPE

The Northwest Territories Health and Social Services Authority (NTHSSA) is the single provider of all health and social services in the Northwest Territories (NWT), with the exception of Hay River and Tłı̨chǫ regions, covering 1.2 million square kilometers and serving approximately 43,000 people, including First Nations, Inuit, Metis, and non-aboriginals. Health and social services includes the full range of primary, secondary and tertiary health services and social services including family services, protection services, care placements, mental health, addictions, and developmental activities, delivered by more than 1,400 health and social services staff.

While the Tłı̨chǫ Community Services Agency (TCSA) will operate under a separate board and Hay River Health and Social Services Agency (HRHSSA) will in the interim, the NTHSSA will set clinical standards, procedures, guidelines and monitoring for the entire Northwest Territories. Service Agreements will be established with these boards to identify performance requirements and adherence to clinical standards, procedures, guidelines and policies as established by the NTHSSA.

Under the direction of the Minister of Health and Social Services, the NTHSSA is established to move toward one integrated delivery system as part of the government's transformation strategy.

The NTHSSA – Fort Smith Region is responsible for the effective delivery of Primary and Emergent Health Care and Social Services to approximately 2500 residents of Fort Smith and the surrounding area. The Regional facilities include one type C health Facility and a 28 bed Long Term Care Facility.

This position is located in Fort Smith and for operational requirements will report to Regional Manager of Primary Care. The incumbent will be scheduled to see clients daily at the busy medical clinic. This position will be primarily responsible for stable chronic care clients and acute need clients booked at the medical clinic.

The focus of the NP is to improve a client's health and ensure that the client's care needs are met in the context of the client's mental, emotional and physical well-being. Particular emphasis on community development and health promotion as well as advanced knowledge and skills in assessment, nursing and medical diagnosis, intervention, treatment management, drug therapy and referral functions which are shared with physicians, pharmacists and other service providers is essential.

The NP will provide advanced clinical practice, education, health promotion and leadership within the facility including but not limited to the following: health promotion, illness and injury prevention, supportive, curative, rehabilitative, palliative and in urgent situations may be called to assist in emergency care. The incumbent will also be required to collaborate with staff to provide direction as an educator, leader, researcher and advanced clinical practitioner.

Within the overlapping area of practice, the NP will perform primary care services for acute illness and injuries and stable chronic health problems commonly encountered in primary care, including medical diagnosis, ordering and interpreting selected diagnostic tests and therapeutics (selecting, recommending, prescribing and monitoring the effectiveness of selected drugs and interventions). In addition, the NP will be required to write prescription and treatment orders which will be acted upon by other health professionals (i.e. nurses, pharmacists, etc.)

The NP will consult with and/or refer to other health professionals , as appropriate (i.e. attending physicians in Fort Smith, specialists, physiotherapists, occupational therapist, mental health therapists, midwives) at any point in the assessment, planning, implementing or evaluating client care when the client's condition is such that diagnosis and/or treatment plan require the services of another health care provider to provide the most effective client care; care that is required beyond the scope of practice of the NP; is potentially life-threatening; or a chronic health problem destabilizes. The degree to which the family physician becomes involved may vary from: providing an opinion and recommendation' an opinion, recommendation and concurrent intervention' and/or accepting transfer of care of a client.

Services may be provided within the FSHC, public settings, local institutional setting, schools, client's home (i.e. elderly or palliative care client). Services are intended to promote healthy lifestyles, and decrease the incidence of disease, injury and death. Services may be provided autonomously or as part of a multi-disciplinary/interdisciplinary team.

RESPONSIBILITIES

1. Advocates practice environments that have the organizational and resource allocations necessary for safe, competent and ethical care.

- Collaborates with physicians, nurses and other members of the health team to advocate health care environments that are conducive to ethical practice and to the health and well-being of patients and others in the setting,
- Provides coaching and leadership to peers, students and other members of the health care team to develop skill levels necessary to achieve the standard of care,
- Participates on regional and territorial committees as required
- Assesses individuals' health status through the collection of an appropriate history, physical examination, and the review of previous documentation.
- Reviews and orders diagnostic tests.
- Develop a plan of care based on client need, autonomously or in consultation with physicians or other health care providers.
- Establish a diagnosis
- Work within the scope of practice and refer to other clinicians or services as required by the client.
- Conduct family meetings as means of collaboration to help identify and treat the needs of the client.
- Review and evaluate care on regular basis
- Safeguard the trust of the client with all information gathered through the professional relationship.
- Apply and promote principles of equity and fairness to assist the clients and act in a manner that is culturally sensitive.
- Act in a manner consistent with professional responsibilities and standards of practice.
- Collaborate with midwives and assist with their plan of care for clients.

2. Develop, facilitate, implement and modify client and family education and teaching based on the needs of the client.

- Facilitate the continuity and sustainability of care by involving other members of the primary care team, other departments or agencies, family and community members as appropriate.
- Conduct health surveillance and preventative activities that may improve the health of the population
- Develop, revise and evaluate education resources to best serve the client
- Work closely with Public Health nurses to monitor chronic illness programs and help to develop registries, standing orders and education sessions to serve the population.

- Work closely with Homecare program to assess, monitor and treat clients in their program.
- Regular visits to Northern Lights Special Care Home to assess and treat residents.
- Evaluate and modify community health programs under NTHSSA - Fort Smith Region, in partnership with clients and community members.

3. Provide expert and specialized knowledge of primary health care related to nursing in the Northwest Territories.

- Articulate the role of the Primary Health Care Nurse Practitioner to clients, general public and primary community care team.
- Provide coaching and clinical leadership to peers, students and other members of the health care team to develop skill levels necessary to achieve the standard of care (i.e. including but not limited to being a preceptor or mentor for nursing staff, students or other members of the primary community care team).
- Collaborate with family physicians, nursing colleagues and other members of the primary community care team to advocate health care environments that are conducive to ethical practice and to the health and well-being of patients and others in the setting.
- Facilitate and foster active communication, collaboration and linkages between key stakeholders, within and outside the community.
- Orientation of new employees to unit specific programs and mandate.
- Participate in research and special project initiatives that contribute to evidence based practice. This includes reviewing literature on current clinical practice, recommending changes to clinical practice standards, protocols, and procedures based on an assessment of evidence and analysis of resource to implement change.
- Participates in committees and task forces as related to the role of the NP, as required/requested.

4. Participates as member of Primary Care Health Team

- Recognizes importance of adhering to medical clinic schedule for client appointments.
- Effective time management skills to allow for assessment, planning of care and documentation of all client encounters and interventions.
- Participates in primary care staff meetings and other meetings associated with role of NP.
- Meet regularly with Regional Manager of Primary Care to assist with planning for department goals, concerns and needs.
- Assist with development and implementation of health programs relevant to the needs of Fort Smith Health Center.
- Assist with revising and developing procedures in keeping with Accreditation Canada Standards.
- Knowledge of and ability to operate a desktop computer to complete, file and send reports
- Knowledge of and ability to use electronic medical record (EMR)
- Knowledge of Internet applications used at Fort Smith Health Center.

WORKING CONDITIONS

The incumbent will be working with clients throughout the Fort Smith Health Center, occasional home visits and at Northern Lights special Care Home.

Physical Demands

Approximately 70% of the incumbent's day will be spent providing medical care in an office like setting. The incumbent may have to carry supplies to homes or other office settings.

Environmental Conditions

During their shift an incumbent may be exposed to communicable diseases, blood and body fluid that can result in potential health risk to the incumbent.

During home visits the incumbent may be exposed to unsanitary conditions, cigarette smoke and loud noises.

Sensory Demands

The incumbent will be required to use the combined senses of touch, sight and hearing during assessment and provision of care in a variety of settings that vary from controlled (i.e. Health Centre) to uncontrolled (i.e. patient's home). Uncontrolled settings may be more distracting for both the incumbent and the patient (noise level, visual commotion, etc.).

Mental Demands

The Nurse Practitioner has the opportunity to develop relationships with the clients. The NP is expected to remain calm, controlled and professional, regardless of the situation and demonstrate compassionate care to the client, family and other members of the health care team.

In addition, within the health care setting there can be significant lack of control over the work pace, with frequent interruptions that may lead to mental fatigue or stress.

KNOWLEDGE, SKILLS AND ABILITIES

- The NP must be able to make accurate medical diagnosis of common illness, identify critically ill and destabilizing chronically ill patients and apply critical thinking when formalizing evaluations resulting in differential medical diagnosis. In addition, the incumbent must be able to implement appropriate treatment plans based on diagnosis within their scope of practice.
- The NP must have advanced knowledge of and an ability to apply advanced nursing processes (assessment, planning, implementation and evaluation) and advanced nursing practice to ensure that all patients' physical, emotional, psycho-social, spiritual, educational and daily living needs are met as defined within the NP registration requirements by the Registered Nurses Association of the NWT and Nunavut (RNANT/NU).
- An ability to educate patients and their families) where applicable) on appropriate self-care methods and techniques.

- An ability to provide emergency care and treatment, as the position is required to perform advance nursing functions beyond basic nursing training in accordance with standards, policies and guidelines of the Department of Health and Social Services, Northwest Territory Health and Social Services and RNANT/NU.
- An ability to effectively triage patients' health care needs.
- Knowledge of best practices in primary health care.
- Sensitivity to the cultural, social and political issues in the NWT
- An ability to critique research studies and apply to practice where applicable/appropriate
- Knowledge of all applicable GNWT legislation and regulations, standards, policies and guidelines related to advanced nursing practice in order to provide current, relevant and feasible consultation services.
- Ability to contribute to the satisfaction and goodwill of clients, colleagues and coworkers is essential to the position. The incumbent must have the ability to deal with care givers and health care workers in situations of extreme stress and cope with these situations diplomatically and with empathy.
- An ability to facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive and constructive thinking skills.
- The incumbent must be aware of the importance of confidentiality and be able to keep personal and medical information private and confidential at all times (part of the professional accountability for code of ethics and standards of practice).
- Knowledge of and ability to operate word processing application in order to complete training materials and presentation, electronic mail to send and receive correspondence and the internet in order to conduct on-line research.
- Self Control (Responds Calmly) – Feels strong emotion in the course of conversation or other tasks, such as anger, extreme frustration, or high stress, controls emotions, and continues to talk or act calmly.
- Flexibility (Adapts Normal Procedures) – Alters normal procedures or ways of working to fit a specific situation to get the job done and/or to meet FSHSSA goals, (i.e. performs co-workers' tasks when needed),
- Valuing Diversity (Monitors and Modifies Own Behavior) – An ability to monitor and evaluate own beliefs and behaviors with regard to prejudices and personal bias, and practice new behavior as appropriate,
- Initiative (Addresses Current Opportunities or Problems) – An ability to recognize and act upon present opportunities or address present problems (usually completed within a shift or two),
- Self-Development (Plans Personal Development) – Anticipates what personal skills and competencies will be needed to meet future job or situational demands. Puts long-term self-development plans into action to prepare self to meet these future needs.
- Analytical Thinking (Sees Basic Relationships) – An ability to take apart a problem into pieces and link those pieces together (i.e. A leads to B leads to C) and an ability to sort into order of importance,
- Conceptual Thinking (Sees Patterns) – When looking at information, sees patterns, trends, or missing pieces and notices when a current situation shows some similarities to a past situation, and identifies the similarities,

- Listening, Understanding & Responding (Listens responsively) – An ability to demonstrate objective and active listening. This includes an ability to behave in a helpful and responsive manner and an ability to seek out the facts and pertinent information before drawing conclusions,
- Client Service Orientation (Addresses Underlying Needs) – An ability to seek information about the real, underlying needs of the client, beyond those expressed initially, and matches these to available services,
- Teamwork & Cooperation (Cooperates) – An ability to participate willingly and support team decisions (i.e. is a good team player). This includes doing one own share of the work and sharing all relevant and useful information,
- Expertise (Answers Questions) – An ability to answer questions as an expert when asked. This includes responding to individuals about current understanding of issues that pertains to the scope of the job.
- patients and their families (i.e. discharge planning).
- Knowledge of and ability to operate a desk top computer in order to send and receive electronic mail and conduct research over the Internet,
- Knowledge of and ability to operate word processing applications (i.e. Microsoft Word) in the completion of reports, training materials and presentations.

Typically, the above qualifications would be attained by:

This level of knowledge is commonly acquired through the successful completion of a Nursing degree plus a postgraduate education program as a Nurse Practitioner and a minimum of 6 months related experience in a primary care setting that may be obtained in a practicum setting. The NP must maintain current knowledge and competencies and be in good standing and registered with RNANT/NU, while also having NTHSSA credentials.

ADDITIONAL REQUIREMENTS

Fort Smith Regional Requirements

Within the Fort Smith Region all health care providers must be able to acquire within a reasonable time frame and remain current with the following training and certifications:

- WHMIS
- CPR
- Immunization Certification
- Safety Fit Masking testing

Position Security (check one)

- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

- French required (must identify required level below)

Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION

Basic (B) Intermediate (I) Advanced (A)

READING COMPREHENSION:

Basic (B) Intermediate (I) Advanced (A)

WRITING SKILLS:

Basic (B) Intermediate (I) Advanced (A)

French preferred

Aboriginal language: To choose a language, click [here](#).

Required

Preferred



IDENTIFICATION

Department	Position Title	
Tlicho Community Services Agency	Nurse Practitioner	
Position Number(s)	Community	Division/Region(s)
27-11835; 27-05630	Behchoko	Health & Social Program/Tlicho

PURPOSE OF THE POSITION

The Nurse Practitioner is an autonomous practitioner who will provide clients with advanced health assessment, diagnosis, intervention and appropriate follow up care in accordance with legislation, regulations, standards, policies, guidelines, and the mission and objectives of the Tlicho Community Services Agency to ensure clients receive timely health assessment and diagnosis, optimum support and continuity of care. Working in collaboration with health team colleagues, the Nurse Practitioner initiates, implements and supports research-based health services required to maintain or restore clients' optimal health. The incumbent fosters a workplace culture dedicated to achieving clinical outcomes, professional mentorship, client advocacy and education, and the goals of the Tlicho Agreement in a manner that is respectful of Tlicho language and traditions.

SCOPE

The TCSA administers all regional health and social programs delivered to a population of approximately 3000 residents of the Tlicho region through 3 Community Health Centers, 1 Community Health Station as well as the residents of the Jimmy Erasmus Seniors Home. The TCSA provides and supports the delivery of health care services to adults and children on an outpatient and outreach basis in order to enhance healthy communities' wellbeing through excellence, accountability and respect for regional diversity.

Located within the Behchoko Health Centre and reporting directly to the Nurse in Charge (NIC) the Nurse Practitioner provides advanced clinical health assessment, diagnosis, nursing care and services to clients (individuals, families and groups) on a routine and emergency basis to: promote a healthy lifestyle; prevent and/or reduce incidence of disease, disability and death; support rehabilitation and restore health; or support the client to die comfortably

and with dignity. The incumbent develops care plans and provides treatment within the Nurse Practitioner scope of practice. The Nurse Practitioner may be required to travel to the outlying communities of Gameti, Whati and Wek'weeti to provide service. The incumbent may also be required to provide on-call emergency coverage evenings and weekends on a rotational basis in Behchoko.

The Nurse Practitioner (NP) applies graduate educational preparation, relevant biomedical and social theories, and in-depth knowledge of advanced nursing practice and theory, health management, health promotion, research, disease/injury prevention and expertise to provide comprehensive health services to the residents of the Tlicho region.

The incumbent works in collaboration with all members of the primary health care team, clients, community, social workers, health and wellness workers, mental health, Justice and Education personnel, in a variety of contexts and practice settings to increase the capacity of clients and communities for self-care and self-direction.

The Nurse Practitioner works autonomously within a collaborative model to provide primary care to clients with acute illness, injury, or stable chronic health problems, including diagnosis, ordering and interpreting selected tests, prescribing and monitoring the effectiveness of selected drugs and/or interventions, and writing prescription or treatment orders, which will be acted upon by other health professionals (i.e., pharmacists, nurses, etc.). The Nurse Practitioner will consult with and/or refer to other health professionals as appropriate (i.e., physician, physiotherapists, occupational therapists, etc.), at any point in the assessment of the client, or when planning, implementing or evaluating client care when the client's condition is such that: diagnosis and/or treatment plan is unclear or beyond the scope of the NP to determine; care that is required approaches or reaches the limits of the incumbent's scope of practice; it is potentially life threatening; or a chronic health problem destabilizes. The degree to which the physician becomes involved may vary from: providing an opinion and recommendation; an opinion, recommendation and concurrent intervention; and/or assuming primary responsibility for the care of the client.

The NP will provide education, health promotion and leadership within the community in all areas including, but not limited to, the following: health promotion; illness and injury prevention; supportive, curative, rehabilitative, palliative, and emergency care. The incumbent will also be required to collaborate with communities to increase the capacity for self-care and provide direction as an educator. Particular emphasis on community development and health promotion is essential.

The incumbent also provides mentorship and guidance to Nursing and Nurse Practitioner students and TCSA nurses seeking development in advanced practice. Nurse Practitioner services and mentorship of students and nurses may be provided within the Community Health Centre, public settings, and schools or in a patient's home (i.e., elderly population). Services may be provided on an individual basis or as part of a multi-disciplinary team.

Failure to maintain and enhance health care delivery standards; participate effectively in integrated service initiatives; and comply with legislation, guidelines and policies will have a direct and immediate impact on the quality of life for patients, clients, their families and other health care staff, as well as on the credibility of the Agency as a service provider.

RESPONSIBILITIES

1. Health Assessment and Diagnosis.

- Performs a focused and/or advanced comprehensive health assessment based on clients' needs and life stage.
- Takes a health history which includes physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions as appropriate to the clients' circumstances.
- Synthesizes assessment information using critical inquiry and clinical reasoning to diagnose health and health risks.
- Orders and/or performs selected screening and diagnostic investigations, interprets results, and assumes responsibility for follow-up.
- Diagnoses disease, disorders, injuries and conditions, and identifies health needs.
- Communicates health assessment findings and/or diagnosis, including outcomes and prognosis.

2. Therapeutic Management.

- Establishes and implements a comprehensive plan of care with the client, independently or in consultation with a physician or other members of the primary community care team.
- May prescribe and dispense pharmaceuticals and/or order non-pharmacological interventions, based on clients' health history, disease, disorder, condition, stage of life, and individual circumstances.
- Initiates interventions to stabilize clients in emergency situations.
- Coordinates and facilitates client care with other health providers, agencies and community resources.
- Monitors, evaluates, and revises plan of care and therapeutic intervention based on current evidence-informed practice, client goals, preferences, health status, and outcomes.
- Incorporates appropriate complementary and traditional therapies that the client may be using or wish to use, if they are safe and not contraindicated.
- Reviews progress with the client and evaluates the care management outcomes.
- Facilitates the continuity and sustainability of care by involving other members of the primary care team, other departments (e.g., Education), family and community members as appropriate.
- Recognizes the need for crisis intervention and counselling for common, emergent or urgent psychosocial conditions and situations and takes necessary action.

- Safeguards the trust of patients that information learned in the context of a professional relationship is shared outside the health care team only with the patient's permission or as legally required, and within the health care team on an appropriate need to know basis.

3. Health promotion and prevention of illness and injury.

- In participation with community members and the primary community care team, develops and implements programs to address client needs (e.g., adult health clinics, pre- and post-natal clinics, chronic disease clinic, school health program, immunization programs, and communicable disease surveillance).
- Initiates or participates in strategies to address client and/or population health implications: In a variety of practice settings, leads and/or collaborates with other health team members, other professions and sectors, and/or community initiatives that promote health and/or reduce the risk of complications, illness, and injury for individual clients, client groups, and/or population groups.
- Initiates and/or participates in the development and implementation of evaluation processes, including identification of indicators for monitoring processes, services and interventions.

4. Educates patients and families and advocates on their behalf.

- Creates an environment in which effective communication can take place.
- Recognizes the cultural diversity of the community and incorporates this into the planning and delivery of services.
- Conducts family assessments to identify the broader implications for health within the family in a way that is culturally appropriate.
- Maintains dialogue with patients and family about the patient's condition and future plans as appropriate.
- Advocates for and respects the dignity and self-respect of patients.
- Promotes the autonomy of patients and helps them to express their health needs and values to obtain appropriate information and services.
- Applies and promotes principles of equity and fairness to assist patients in receiving unbiased treatment and a share of health services and resources proportionate to their needs.
- Develops, revises, and evaluates on an ongoing basis, educational resources necessary to support patients.
- Uses a holistic and culturally appropriate approach to facilitate learning by clients and their families in relation to patient illness or injury (i.e., self-care, health promotion, etc.).
- Collaborates with family physicians, nursing colleagues and other members of the primary community care team to advocate health care environments that are conducive to ethical practice and to the health and well-being of patients and others.
- Explains the role of the Nurse Practitioner to clients, the general public and primary

community care team.

5. Facilitates professional development and research in areas of advanced practice.

- Under the direction of the Nurse-in-Charge or the Manager, Health Services, studies issues of regional or local concern to inform TCSA policy decisions.
- Provides clinical support and mentorship to new Nursing graduates to facilitate competency acquisition and consolidation.
- Assists students and/or nurses in identifying opportunities to consolidate or acquire required or advanced skills and abilities.
- Assists nurses and/or students to access training/development programs which address identified areas for professional growth.
- Provides leadership for enhancing the Integrated Service Delivery Model.
- Serves as a liaison with outside researchers.
- Participates in research and special project initiatives that contribute to evidence-based practice. This includes reviewing literature on current clinical practice, recommending changes to clinical practice standards, protocols and procedures based on an assessment of evidence, and analysis of resources to implement change.
- Participates in committees and task forces related to the role of the Nurse Practitioner (i.e., multi-disciplinary primary community care team).

6. Provides relief services in the absence of the Nurse Practitioner when required in Gameti, Whati and Wek'weeti.

- Continues the delivery of:
 - comprehensive community health programs (i.e. including but not limited to well-child/woman/man clinics, pre and post-natal clinics, school health program, chronic disease clinic, immunization programs, communicable disease surveillance and treatment);
 - A wide variety of community health clinics (both pre-packaged and requiring development by the incumbent to fit community needs);
 - Specialty clinics with physician specialists or other health care providers (i.e. Ophthalmic Technologists, Dental Therapists, etc.).
 - Acts as a resource for other community based health care workers: Licensed Practical Nurse (Clinical), CHN, CHR, Home Support Workers, etc.
- Promotes a safe and healthy environment in homes, schools and throughout the community.

7. Maintain a safe and respectful workplace for employees and patients/clients

- All employees have a professional and personal responsibility to perform their duties to health and safety regulations, standards, practices and procedures.
- All employees need to ensure our Workplace Health and Safety Committee works effectively, with a shared purpose of continuous quality improvement in health and safety.

- All employees play an active role in workplace health and safety through their daily management: identifying prevention opportunities, investigating potential risks and accidents, and applying timely corrective measures.
- A healthy, safe and respectful workplace, where employees can provide quality service under safe conditions, is everyone's responsibility.

WORKING CONDITIONS

Physical Demands

Approximately 1-2 times per week at 10 minutes per incident the incumbent will be required to lift, carry or support patients while providing patient care. This includes incapacitated patients within the Health Centre and emergency patients coming to the Health Centre. The incumbent will also be required to lift and move medical equipment and other supplies (often in excess of 20 pounds) on a regular basis.

Environmental Conditions

For entire shifts the incumbent will have moderate levels of exposure to: communicable diseases (e.g., tuberculosis); blood drawn from patients in sick clinic and during the processing of body fluids for transportation to the Stanton Territorial Hospital laboratory; other body fluid; and hazardous materials (sharps, toxic cleaning and sterilizing solutions); that can result in potential health risks to the incumbent.

Travel by road and aircraft occurs during all seasons when at times weather conditions are poor. Duty travel involves absences from the Health Centre and from home. Unforeseen weather conditions may disrupt work plans and home life.

Sensory Demands

50%-75% of the incumbent's day will be spent providing direct patient care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in controlled (i.e. clinic) and occasionally uncontrolled (i.e. client's home) settings. These sensory demands can be further challenged by emergency situations in poor conditions (e.g., outdoors, in vehicles, etc.).

Mental Demands

Responding to the daily needs of staff, clients and their family members can be professionally stressful. Residents may require Nurse Practitioner care at any time (day or night, on or off duty), which may disrupt the incumbent's family and social life, causing personal stress for the incumbent and the incumbent's family.

From time to time Community Health Centers provide nursing services to abusive patients, individuals under the influence of drugs or alcohol and/or RCMP escorts, at which time the Nurse Practitioner may be verbally or physically assaulted. The incumbent may experience significant stress at these times, due to a very real concern for safety and well-being.

The incumbent must be able to maintain a positive attitude when responding to all of these situations, and must have the ability to deal effectively with angry and frustrated people. Patience, tact, and sound judgment are required as well as the ability to use non-violent crisis intervention techniques, at all times with due regard for Tlicho culture and traditions.

KNOWLEDGE, SKILLS AND ABILITIES

- Conceptual understanding of the model of Integrated Community Care delivery.
- Advanced knowledge of and ability to apply advanced nursing processes (assessment, planning, implementation and evaluation).
- Knowledge of all applicable GNWT legislation and regulations, standards, policies and guidelines related to advanced nursing practice.
- Clinical skills within the NP scope of practice to:
 - Perform comprehensive health assessments;
 - Diagnose health and illness conditions;
 - Treat and manage illness conditions;
 - Order and interpret diagnostic tests;
 - Prescribe medications;
 - Provide emergency care and treatment;
 - Provide care in a framework of cost-effectiveness and sustainability.
- Ability to:
 - Assess and apply theories and models of care;
 - Analyze and apply research findings;
 - Assess population health trends and patterns;
 - Network resources (e.g., Social Services, Public Health, medevac teams, etc.);
 - Counsel clients and/or groups on treatment and management of acute and chronic illness;
 - Educate patients and their families on appropriate self-care methods;
 - Contribute to the satisfaction and goodwill of clients, colleagues and co-workers;
 - Deal with caregivers and health care workers in situations of extreme stress and cope with these situations diplomatically and with empathy;
 - Set and meet personal professional development goals;
 - Keep personal and medical information private and confidential at all times;
 - Use word processing programs, email, and the Internet (for on-line research).
- Sensitivity to the cultural, social and political issues in the NWT.

GNWT Generic Competencies for Professionals

- **Flexibility (Adapts Tactics)**—An ability to adapt to fit the situation or person faced and decide what to do based on the situation.
- **Valuing Diversity (Monitors and Modifies Own Behaviour)**—An ability to monitor and evaluate one's own beliefs and behaviours with regard to prejudices and personal bias, and practice new behaviours as appropriate (cross-cultural awareness).

- Self-development (Plans Personal Development)—An ability to anticipate what personal skills and competencies will be needed to meet future job or situational demands and put long-term self-development plans into action to prepare self to meet these future needs.
- Listening, Understanding and Responding (Effective Use of Empathy)—An ability to demonstrate accurate insight into other people's/groups behaviour and motivation and respond appropriately.
- Client Service Orientation (Addresses Underlying Needs)—An ability to seek out information about the real, underlying need of the client, beyond those expressed initially, and match these to available services).
- Writing Skills (Writes Coherently)—An ability to produce written documents which are clear with respect to content and easy to understand.
- Teamwork and Cooperation (Expresses Positive Expectations of Team)—An ability to express positive expectations of others in terms of their abilities, expected contributions, etc. This includes speaking of team members in positive terms and showing respect for others' intelligence by appealing to reason.
- Expertise (Volunteers Extra Knowledge)—An ability to go beyond just answering questions, to add extra knowledge, greater understanding, or to help influence an internal or external client.

Typically, the above qualifications would be attained by:

This level of knowledge, skills, and abilities is typically attained through:

1. The successful completion of a Nursing Degree
2. A Master's Degree, qualifying the incumbent as a Nurse Practitioner
3. 2 year's recent NP experience in an emergency department setting or community health center.
4. The incumbent must be registered as a Nurse Practitioner with the RNANT/NU in good standing and have completed a satisfactory criminal record check.
5. It is expected that the Nurse Practitioner will maintain current knowledge and enhance competencies relevant to primary community care practice through professional development activities, peer review, and other continuing competency strategies

ADDITIONAL REQUIREMENTS

Position Security (check one)

No criminal records check required
 Position of Trust – criminal records check required
 Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

French required (must identify required level below)

Level required for this Designated Position is:

ORAL EXPRESSION AND COMPREHENSION

Basic (B) Intermediate (I) Advanced (A)

READING COMPREHENSION:

Basic (B) Intermediate (I) Advanced (A)

WRITING SKILLS:

Basic (B) Intermediate (I) Advanced (A)

French preferred

Aboriginal language: To choose a language, click [here](#).

Required

Preferred



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Community Nurse Practitioner	
Position Number(s)	Community	Division/Region(s)
37-12412	Fort Providence	Community Health Services/Deh Cho

PURPOSE OF THE POSITION

The Community Nurse Practitioner (CNP) provides residents of Fort Providence with advance health assessment, diagnosis, intervention and follow-up care in accordance with Nurse Practitioner Acts, Regulations, Policies, Standards, Guidelines, Mission and the objectives of the Northwest Territories Health and Social Services Authority (NTHSSA) and to ensure residents have access to timely, professional and sustainable health services required to maintain optimal health.

SCOPE

The NTHSSA administers all Regional Health and Social Services delivered through 3 Health Centers, 6 Community Health Stations and 1 Long Term Care Unit in the Deh Cho Region. NTHSSA provides, supports the delivery of Health and Social Services to adults and children on an outpatient and outreach basis as well as to residents of the Long Term Care Unit in order to enhance healthy communities, well-being through excellence, accountability and respect for regional diversity.

Located within the Fort Providence Health Centre and reporting directly to the Nurse in Charge (NIC), the incumbent will provide comprehensive advanced health assessment, make autonomous nursing and medical diagnosis, develop care plans, and provide treatment within the CNP's scope of practice to the residents of Fort Providence. Within the community, the Community Nurse Practitioner is the clinical leader providing advanced nursing skills, direction and leadership within the Primary Community Care Team.

The focus of the CNP is to improve a patient's health and ensure that the patients care needs

are met in the context of the patient's psychosocial and physical well-being. Particular emphasis on community development and health promotion as well as advanced knowledge and skills in assessment, nursing and medical diagnosis, intervention, treatment management, drug therapy and referral functions which are shared with physicians, pharmacists and other service providers is essential.

The CNP will provide advanced clinical practice, education, health promotion and leadership within the community in all areas including but not limited to the following: health promotion, illness and injury prevention, supportive, curative, rehabilitative, palliative and emergency care. The incumbent will also be required to collaborate with communities to increase the capacity for self-care and provide direction as an educator, leader, researcher and advanced practitioner.

The CNP will consult with and/or refer to other health professionals as appropriate (i.e. Physician in Fort Simpson or Physicians, Physiotherapists, Occupational Therapists in Yellowknife etc.), or a family's physician, at any point in the assessment of the client, or when planning, implementing or evaluating client care when the client's condition is such that: diagnosis and/or treatment plan is unclear or beyond the scope of the Community Nurse Practitioner to determine; care that is required approaches or reaches the limit of the scope of practice of the Community Nurse Practitioner; it is potentially life-threatening; or a chronic health problem destabilizes. The degree to which the family physician becomes involved may vary from: providing an opinion and recommendation; an opinion, recommendation and concurrent intervention; and/or accepting transfer of care of a client.

Services may be provided within the Community Health Centre, public settings, and schools or in a patient's home (i.e. elderly population) and are intended to promote a healthy way of life, decrease the incidence of death, disease, and injury. Services may be provided on an individual basis or as part of a multi-disciplinary team.

The CNP will be expected to travel to the satellite communities in order to provide care and services on a monthly basis or as needed.

RESPONSIBILITIES

- 1. Provide advanced clinical health assessment, diagnosis, nursing care and services to clients (individuals, families and groups) on a routine and emergency basis; To promote a healthy lifestyle, prevent and/or reduce incidence of disease, disability and death; To support rehabilitation, restore health and support the client to die comfortably and with dignity.**
 - Systematically assess individual health status through the collection of an appropriate history, physical assessment order and interpret diagnostic tests.
 - Establish a diagnosis through analysis and synthesis of data from relevant sources, communicate health findings and establish a plan of care with client as well as involved health care providers when applicable.
 - Develop a plan of care based on client need, independently or in consultation with a

physician and other members of the Primary Care Team.

- Implement a comprehensive care plan, which may include independent prescribing and dispensing of pharmaceuticals in accordance with established Acts, Regulations, Policies, Practices and safety procedures as well as non-pharmacological interventions.
- Incorporate appropriate complementary and traditional therapies that the client may be using or wish to use, if safe and no contradictions.
- Refer clients to other members of the Primary Care Team as determined by the client's needs and scope of practice. Communicate and plan ongoing care with other members of the Primary Care Team.
- Conduct family assessments to identify the broader implications for health within the family in a way that is culturally appropriate.
- Maintain dialogue with patients and family about the patient's condition and future plans as appropriate.
- Provide periodic review and monitoring to assist clients with stable conditions, to manage their health status.
- Review progress with the client and evaluate the care management outcomes.
- Recognize the need for crisis intervention and counseling for common, emergent or urgent psychosocial conditions/situations and take the necessary action.
- Recognize the cultural diversity of the community and incorporate this into the planning and delivery of services.
- Advocate for and respect the dignity and self-respect of patients.
- Promote the autonomy of patients and help them to express their health needs and values to obtain appropriate information and services.
- Safeguard the trust of patients that information learned in the context of a professional relationship is shared outside the Health Centre Team only with the patient's permission or as legally required, and within the Health Care Team on an appropriate need to know basis.
- Apply and promote principles of equity and fairness to assist patients in receiving unbiased treatment and a share of health services and resources appropriate to their needs.
- Act in a manner consistent with their professional responsibilities and standards of practice.
- Assess, plan, implement, document and evaluate care to ensure a coordinated holistic approach which best meets the needs of the patient (assessments may involve taking and interpreting a variety of x-rays or laboratory tests in order to make appropriate diagnosis when the Community Nurse Practitioner has the knowledge, skill and judgment).

2. Develop, facilitate, implement and modify patient and family education/teaching based on the needs of the patient.

- Work with the Community Health Nurses to provide comprehensive community health programs (i.e. including but not limited to Well Child/Woman/Man clinics, pre and post-natal clinics, school health program, chronic disease clinic, immunization programs, communicable disease surveillance and treatment) according to GNWT Health Standards in order to protect, prevent and reduce the incidence of

communicable disease, to promote a healthy life style and to reduce the incidence of disability and/or death to all community members.

- Provide consultation with the other members of the Primary Community Care Team with regards to client plan of care.
- Facilitate the continuity and sustainability of care by involving other members of the Primary Community Care Team, other departments (i.e. education), family and community members as appropriate.
- Use holistic approach to facilitate learning of client and their families in relation to client illness or injury (i.e. self-care, health promotion etc.)
- Assess the patient for physical and psychological needs, their knowledge of their health, disease process and leaning needs.
- Develop, revise and evaluate on an on-going basis, educational resources necessary to support patients.

3. In collaboration and partnership with clients and other Primary Community Care Team members and agencies, conduct health surveillance and preventative activities that may improve the health of the population.

- Conduct and participate in community needs assessment. Based on the results in collaboration with stakeholders, prioritize and develop culturally sensitive health promotion strategies.
- Understand, support and promote community participation in decision-making and ownership of constructive changes to enhance the community health.
- Promote public health policy.
- Evaluate and modify community health programs in partnership with community members.

4. Provide expert and specialized knowledge of primary health care related to nursing in the NWT and also provide functional direction and leadership for enhancing the integrated Services Delivery Model (ISDM).

- Articulate the role of the Community Nurse Practitioner to clients, general public and Primary Care Team.
- Provide coaching and clinical leadership to peers, students, and other members of the Primary Care Team to develop skill levels necessary to achieve the standard of care (i.e. including but not limited to being a preceptor or mentor for nursing staff, students or other members of the Primary Care Team).
- Collaborate with physicians, nursing colleagues and other members of the Primary Care Team to advocate health care environments that are conducive to health, wellbeing and ethical practice for patients and others in the setting.
- Facilitate and foster active communication, care coordination, collaboration and linkages between key stakeholders, within and outside the community.
- Orientation of new employees to unit specific programs and mandate.
- Participate in research and special project initiatives that contribute to evidence based practice.

- This includes reviewing literature on current clinical practice, recommending changes to clinical practice standards, protocols and procedures based on assessment of evidence and analysis of resource to implement change.
- Participate in committees and task forces as related to the role of the Community Nurse
- Practitioner (i.e. multi-disciplinary Primary Care Team).

WORKING CONDITIONS

*(Working Conditions identify the **unusual and unavoidable**, externally imposed conditions under which the work must be performed and which create hardship for the incumbent.)*

Physical Demands

From time to time (1-4 times per week at 15 minutes per incident) the incumbent will be required to lift, carry or support patients during the provision of patient care. This includes incapacitated patients within the Health Centre, Health Cabins and emergency patients coming to Health Centre/Health Cabins. In addition, on a regular basis the incumbent will be required to lift and move medical equipment and other supplies (often in excess of 25 lbs.)

Environmental Conditions

The incumbent will have moderate levels of exposure to communicable diseases (i.e. TB), blood (i.e. drawn from patients in sick clinic), processing of bodily fluids for transportation to the laboratory, bodily fluid, hazardous materials (sharps, toxic cleaning and sterilizing solutions), radiation from X-rays, loud noises and offensive or noxious odors that can result in potential health risks to the incumbent.

As a result of living in an isolated, northern community, the incumbent will be required to travel on small engine planes where each trip can range from .5 to 1.5 hours one way and on ice roads, which may range from 1.5 to 4.5 hours one way when traveling to and from the communities.

In addition, the incumbent will be exposed to all weather conditions (ranging from -40 to +30) when driving to and from client homes. The constant change in temperature (i.e. office-vehicle-home-vehicle) may make the incumbent sick.

Part of the Community Nurse Practitioner's day will be spent on administrative duties with the Health Centre or in an office setting.

Sensory Demands

50-75% of the incumbent's day will be spent providing direct patient care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in a controlled work environment and occasionally uncontrolled setting (i.e. Client's home). These sensory demands can be further challenged by emergency situations in poor conditions (i.e. outside, in small plane, in vehicles, etc.)

Mental Demands

The Community Nurse Practitioner experiences constant demands from residents within the community who may require CNP care at any time (day or night) that may cause a significant disruption to the incumbent's family and social life. In addition, the incumbent may be subject to disruption in lifestyle due to the possibility of being on call or standby as required by the Health Centre (this will be determined by the Nurse Administrator / Nurse-in-Charge if permissible per applicable regulatory or legal bodies, such as RNANT/NU and CNPS (Canadian Nurses Protective Society)).

In addition, within the Health Centre and/or Health Cabin setting there can be significant unpredictability in the work place, with frequent interruptions (work is often dictated by external factors) that may lead to mental fatigue or stress.

From time to time Community Health Centers and/or Health Cabins may be required to provide services to abusive patients, individuals under the influence of drugs or alcohol and RCMP escorts. The Community Nurse Practitioner may be kicked, pushed, grabbed or verbally assaulted. These incidents may occur while the incumbent is on duty as well as when off duty (within a small community it is difficult to separate the individual from the position). As a result, there is a very real concern for safety and well-being, which may cause extreme levels of stress on the incumbent both during and after working hours.

The responsibility to make decisions in emergency situations in isolation from a hospital or other backup services may cause stress on the Community Nurse Practitioner (CNP). Other workplace factors that impact patient care may also be cause for stress (i.e. including but not limited to shortages in staff, shortages in supplies, weather related delays, patient non-compliance, etc.).

KNOWLEDGE, SKILLS AND ABILITIES

- The Community Nurse Practitioner must be able to make appropriate diagnosis of common illnesses, identify critical and destabilizing chronically ill patients and apply critical thinking when formalizing evaluations resulting in differential medical diagnosis. In addition, the incumbent must be able to implement appropriate treatment plans based on diagnosis within the Community Nurse Practitioner scope of practice.
- The Community Nurse Practitioner must have advanced knowledge of and an ability to apply advanced nursing processes (assessment, pharming, implementation and evaluation) to ensure that the patients' physical, emotional, psychosocial, spiritual, educational and daily living needs are met in partnership with the primary care team.
- Educate patients and their families (where applicable) on appropriate self-care methods and techniques.
- Provide emergency care and treatment when the appropriate training and experience support this role in care provision, in accordance with standards, policies, and guidelines of the Department of Health and Social Services, NTHSSA and the RNANTNU.
- Effectively triage patient's health care needs.

- Knowledge of and ability to network resources within and outside NTHSSA (i.e. Social Services, Public Health, medevac teams etc.) in order to ensure support of patients and their families.
- Knowledge of best practices in primary health care and particularly public/community health.
- Conceptual understanding of the integrated Services Delivery Model (ISDM) and the application of Community Nurse Practitioner competencies to multi-disciplinary practice settings.
- Sensitivity to cultural, social and political issues in the NWT.
- Critique research studies and apply to practice where applicable/appropriate.
- Knowledge of all applicable GNWT legislation and regulations, standards, policies and guidelines related to advance nursing practice in order to provide current, relevant and feasible consultation services.
- Seasoned knowledge of management and an ability to coordinate a wide variety of activities and objectives.
- Contribute to the satisfaction of clients, caregivers, and colleagues in situations of extreme stress, addressing issues diplomatically and with empathy.
- Facilitate creative problem solving using a situational approach incorporating conceptual, analytical, interpretive, evaluative, intuitive and constructive thinking skills.
- Awareness of the importance of confidentiality and keeping patient's personal and medical information private and confidential at all times.
- Operate word processing applications (i.e. Microsoft Word) in order to complete training materials, presentations, electronic mail for correspondence and web browsers in order to conduct on-line research.

Typically, the above qualifications would be attained by:

Successful completion of a Nursing Degree, 2 years related nursing experience and a postgraduate education program as a Nurse Practitioner.

ADDITIONAL REQUIREMENTS

Deh Cho Region Requirements

Acquire within a reasonable time frame and remain current with the following training and/or certifications:

- WHMIS
- Standard First Aid and
- Certification in basic CPR
- ACLS

Training in emergency response as well as Class 5 Driver's License would be required.

Within the Northwest Territories Health and Social Services Authority Community Health Center the following training and/or certifications would be a definite asset:

- Transportation of Dangerous Goods
- PALS

- Standard x-ray processing (chest and extremities)
- Pharmaceutical process and procedures, and
- General laboratory functions.

Registered as a Nurse Practitioner with the RNANT/NU and have completed a satisfactory criminal record check.

Maintain current knowledge and enhance competencies relevant to Primary Care Practice through professional development activities, peer review and other continuing competency strategies.

Position Security (check one)

- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

French language (check one)

- French required
- French preferred
- French not required



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Mental Health Nurse Practitioner	
Position Number	Community	Division/Region
48-12694	Inuvik	Primary Care/Beaufort-Delta

PURPOSE OF THE POSITION

The Mental Health Nurse Practitioner (MHNP) is responsible and accountable for the comprehensive assessment of patients, clients and/or residents including diagnosing diseases, disorders, and conditions with a holistic approach on mental health. The MHNP exhibits sound professional judgement and initiative while practicing in accordance with acts, regulations, policies, standards, guidelines, mission and objectives of the Northwest Territories Health and Social Services Authority (NTHSSA) to ensure clients receive timely health assessment and diagnosis, optimum support and continuity of care within the scope of the Nurse Practitioner. The Nurse Practitioner collaborates with patients, clients, residents and other health professionals to identify and assess trends and patterns that have implications for health care in communities; develops and implements population and evidence-based strategies to improve health and participates in policy-making activities that influence health services and practice.

SCOPE

The NTHSSA administers all regional health and social services delivered through the Inuvik Regional Hospital (IRH), which is a 51 bed, accredited facility serving the town of Inuvik and the 12 outlying communities in the Beaufort-Delta region. The NTHSSA provides and supports the delivery of health care services to adults and children on an inpatient, outpatient and outreach basis in order to enhance healthy communities and well-being through excellence, accountability and respect for regional diversity. Located within the IRH and reporting directly to the Regional Manager of Primary Care in Inuvik, the incumbent will work directly with the Medical Social Worker, Physicians, Nurse Practitioners, Community Health Nurses (CHNs), Community Councilors, Community Health Centre Nurse In-Charge (NIC), Mental Health and Addiction services, the Senior Indigenous Patient Advocate and Indigenous Regional Wellness Coordinator to ensure culturally safe anti-racist care as required to provide a broad scope of



professional mental health clinical coordination to individuals of all ages and families at the community level. The incumbent will deliver specialized services and coordinated efforts to individuals with mental illness and/or problems, concurrent medical disorders, addictions and suicide ideations/attempts. They would ensure all individual clients mental health needs are correctly assessed and appropriate interventions, treatments and follow-up are planned and implemented. This would include prevention, intervention, advocacy, communication between families/physicians and educational activities to promote mental wellness and reduce risk factors, stigma and discrimination. The incumbent ensures all related duties and responsibilities are carried out in a confidential, non-judgmental, compassionate manner. This will result in a holistic approach to planning, organizing, teaching and relationship development that will best meet the needs of the client.

The MHPN will consult and/or refer to the collaborating practice partner, or other family physician, at any point in the assessment of the client, or when planning, implementing or evaluating client care when the client's condition is such that: diagnosis and/or treatment plan is unclear or beyond the scope of the MHPN to determine; care that is required approaches or reaches the limits of the scope of practice of the MHPN; it is potentially life-threatening; or a chronic health problem destabilizes. The degree to which the family physician becomes involved may vary from: providing an opinion and recommendation; an opinion, recommendation and concurrent intervention; and/or assuming primary responsibility for the care of the client.

Mental Health Services are provided in accordance with the Canadian Standards for Psychiatric Mental Health Nursing, the NWT Community Mental Health Counselling Program Standards, the NWT Mental Health Act, and other applicable legislations.

RESPONSIBILITIES

- 1. Provides comprehensive health assessment and services to clients (individuals, families, residents and communities) on a routine and emergency basis (if appropriate) to initiate medical treatment including health care management, therapeutic interventions and prescribed medication.**
 - Case manage a list of clients in the Beaufort-Delta region who have accessed the Community Health Center, Emergency Room, Inpatient or Outpatient care for mental health related diagnoses in addition to clients who are returning from Yellowknife or Edmonton for psychiatric services or have left the region for treatment of addictions or trauma and to ensure that these clients have the appropriate follow-up planned.
 - Systematically assess individual health status and mental health status through the collection of an appropriate history, performance of physical and mental assessment, and the ordering and interpretation of diagnostic tests.
 - Establishes a diagnosis through analysis and synthesis of data from multiple sources and communicates health findings and establishes a plan of care with the client.



- Develop a plan of care based on client need, independently or in consultation with a physician and members of the primary care team and the mental health & addictions team.
- Implement a comprehensive care plan, which may include prescribing and dispensing pharmaceuticals in accordance with established regulations, policies, practices and safety procedures as well as non-pharmacological interventions.
- Provide periodic review and monitoring to assist client, with chronic conditions, to manage their health status.
- Safeguard the trust of patients that information learned in the context of a professional relationship is shared outside the health care team only with the patient's permission or as legally required.

2. The Nurse Practitioner exercises accountability and a high level of autonomous practice including health promotion, health management, injury and illness prevention, supportive, curative, rehabilitative and palliative care, education, and advocacy.

- Act in a manner consistent with their professional responsibilities and standards of practice.
- Demonstrate a high level of autonomy in decision making and accountability related to client health outcomes.
- Advocate for the dignity and self-respect of patients.
- Recognize the cultural diversity of the community and incorporate this into the planning and delivery of services.
- Apply and promote principles of equity and fairness to assist clients in receiving unbiased treatment.
- Incorporate appropriate complementary and traditional therapies considering no contra-indications with what the client may be using or wish to use.

3. Provides clinical leadership as an educator, leader, researcher and advanced clinical practitioner within the primary care regional team by collaborating with community health centers to increase the capacity for self-care and self-direction.

- Participate in research and special project initiatives that contribute to evidence-based practice. This includes reviewing literature on current clinical practice, recommending changes to clinical practice standards, protocols and procedures based on an assessment of evidence and analysis of resources to implement change.
- Participates in committees and task forces as related to the role of the MNP.
- Promote the autonomy of patients and help them to express their health needs and values to obtain appropriate information and services.
- Collaborate with physicians, nursing colleagues and other members of the primary care and community care team to advocate health care environments that are conducive to ethical practice and to the health and well-being of patients and others in the setting.



- Collaborates with other health professionals to identify and assess trends and patterns that have implications for patients, clients, residents and communities.

4. Establishes and maintains consultative relationships with physicians, pharmacists, other health care providers and community agencies and organizations. Provides professional guidance to other health professionals and practices autonomously within the context of an interdisciplinary team, making referrals to specialist physicians and others as appropriate.

- Refer clients to other members of the primary care team and mental health & addictions team as determined by the client's needs. Delegate client care and/or nursing care to other members of the primary care team, community health center team and mental health & addictions team.
- Recognize need for crisis intervention and counselling for common, emergent or urgent psychological conditions and situations by taking necessary action.
- Provide coaching and clinical leadership to peers, students, and other members of the health care team to develop skill levels necessary to achieve the standard of care (i.e. including but not limited to being a preceptor or mentor for nursing staff, students or other members of the primary care team, community health center team and mental health & addictions team).
- Effective coordination of health and social services in addition to assisting with discharge planning back to the community.

WORKING CONDITIONS

Physical Demands

The incumbent will be required to work in a clinical office environment where, from time to time, physical effort may be warranted. There will be physical demands on the incumbent as s/he will be required to assist in the transferring of patients and perform patient assessment where s/he may be required to stand in an awkward position such as bending or stooping for extended periods of time.

Environmental Conditions

The incumbent may be exposed to moderate levels of communicable disease (such as TB, whooping cough, etc), needle-stick injuries, hazardous materials and blood and body fluids.

In addition, the incumbent may be required to travel on small planes and on ice winter roads when travelling to or from communities and will be exposed to all weather conditions (ranging from -40°C to +30°C).



Sensory Demands

50% - 75% of the incumbent's day will be spent providing direct patient care where the incumbent will be required to use the combined senses of touch, sight, smell and hearing during assessment and provision of care in controlled settings (i.e. primary care clinic and community health centers) and on rare occasion uncontrolled settings (i.e. client's home).

Mental Demands

The MHPN may be exposed to hearing traumatic situations (i.e. sexual abuse, physical and emotional abuse, neglect, multiple losses, family violence, addictions, etc.). The MHPN may be exposed to death/dying and other emotionally disturbing experiences. The MHPN is expected to remain calm, controlled and professional, regardless of the situation, and demonstrate compassionate care to the client, family and other members of the health care team.

Within the health care setting there can be significant lack of control over the work pace, with frequent interruptions that may lead to mental fatigue or stress.

The MHPN is required to be motivated and innovative in the area of continuing education and practice to encourage the professional growth of self and others.

There is uncertainty in knowing what to expect while at work. There is legitimate concern about being responsible for the lives of patients and their families, risk of assault and unknown and unpredictable situations.

KNOWLEDGE, SKILLS AND ABILITIES

- The MHPN must have the knowledge and skills to practice autonomously.
- The MHPN must have advanced knowledge of, and an ability to apply, advanced nursing practice skills (assessment, diagnosis, planning, implementation and evaluation) to ensure that all patients' physical, emotional, psycho-social, spiritual, educational and daily living needs are met.
- An ability to educate clients and families (where applicable) on appropriate self-care methods and techniques.
- An ability to provide emergency care and treatment, as the position is required to perform advanced nursing functions.
- Knowledge of and an ability to apply advanced nursing processes (completing a bio-psychosocial assessment, formulate a diagnostic impression based on the DSM-V and initiating a treatment plan).
- Knowledge and application of the DSM-V (diagnostic criteria for psychiatric disorders).
- Knowledge of best nursing practices relating to primary care, psychiatry, mental health and addictions.



- Knowledge of psychiatric medications specific to psychotic, anxiety, mood disorders and addictions.
- Ability to operate and use medical equipment (such as but not limited to thermometers, sphygmomanometer, blood glucose monitors, syringes, etc.).
- Ability to commit to actively upholding and consistently practicing personal diversity, inclusion and cultural awareness, as well as safety and sensitivity approaches in the workplace.
- Knowledge of and ability to network resources within and outside the NTHSSA (i.e. Social Services, Public Health, Medevac teams, Stanton Territorial Hospital, Community Health Centers, Child Care Services, etc.) in order to ensure continuity of care of patients and their families.
- Ability to work in an electronic environment, including but not limited to Microsoft Outlook, Electronic Medical Records, Medi Patient, HealthNet Viewer and other computer systems as needed.
- Ability to contribute to the satisfaction and goodwill of clients, colleagues and co-workers is essential to the position. The incumbent must have the ability to deal with care givers and health care workers in situations of extreme stress and cope with these situations diplomatically and with empathy.
- Conceptual understanding of the model of integrated community care delivery, and the application of nurse practitioner competencies to multidisciplinary practice settings.
- Ability to modify workload in order to support urgent, short-notice client needs of the primary care clinic.
- Knowledge of or ability to acquire knowledge relating to all applicable GNWT legislation and regulations, standards, policies and guidelines related to advanced nursing practice in order to provide current, relevant and feasible provision of clinical services.
- Ability to commit to actively upholding and consistently practicing personal diversity, inclusion and cultural awareness, as well as safety and sensitivity approaches in the workplace.

Typically, the above qualifications would be attained by:

A Master's Degree in Nursing, a certificate as a Nurse Practitioner is required and 2 years of mental health nursing experience is preferred.

Post-master's certification as Psychiatric – Mental Health Nurse Practitioner is preferred.

Equivalent combinations of education and experience will be considered.

Financial and institutional support may be available for motivated candidates who are willing to pursue their post-master's certification in Psychiatric – Mental Health Nurse Practitioner Board Certification (PMHNP-BC).



Equivalent combinations of education and experience will be considered.

ADDITIONAL REQUIREMENTS: Beaufort-Delta Regional Requirements

Proof of immunization in keeping with current public health practices.

Within the Beaufort-Delta Region all nurse practitioners must be registered or eligible to register with the RNANTNU.

Must be able to acquire within a reasonable time frame and remain current with the following training and certifications:

- WHMIS
- Non-Violent Crisis Intervention
- BCCLS
- Suicide Risk Assessment training
- Mental Health First Aid for Northerners
- Training as required to meet Accreditation Canada standards

Position Security (check one)

No criminal records check required
 Position of Trust – criminal records check required
 Highly sensitive position – requires verification of identity and a criminal records check

French language (check one if applicable)

French required (must identify required level below)
Level required for this Designated Position is:
ORAL EXPRESSION AND COMPREHENSION
Basic (B) Intermediate (I) Advanced (A)
READING COMPREHENSION:
Basic (B) Intermediate (I) Advanced (A)
WRITING SKILLS:
Basic (B) Intermediate (I) Advanced (A)
 French preferred

Indigenous language: Select language

Required
 Preferred