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| --- | --- | --- | --- | --- | --- |
|  | Job Description | | | | |
|  | Type of Review  Initial Hire  Position Change  3 Months  6 Months  Annual | | | | |
|  | Period Covered by this Evaluation: |  | TO |  |  |

**NP - UC Davis Medical Center**

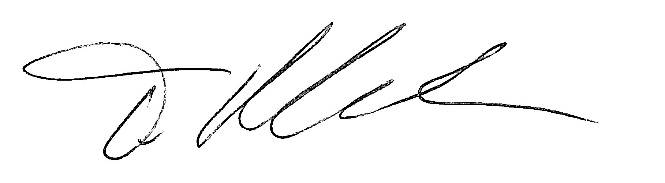
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| --- | --- | --- | --- | --- |
| Cost Center | Position Control Number: | | Supervisor Name: | Supervisor Title: |
| Employee Name: | Department/Unit: | | Manager Name: | Manager Phone Number: |
| PPSID: | Effective Date: | |  |  |
| Current Title:  **Nurse Practitioner II** | Current Title Code:  **9147** | | Approved Title (for reclassifications only): | Approved Title Code (for reclassifications only): |
| **Methods of Measurement Include the Following:** | | **AGES SERVED** | | |
| Direct Observation | Documentation | Infants (0-12 Months) | | Adults (18 and older) |
| Feedback from staff or patients | PI Reports | Children (12months -15.5 years) | | Geriatric (65 and older) |
|  | | Adolescents (9-18 years | |  |
|  | | | | |
| An incumbent is expected to perform at the following clinical level: | | Competent/Proficient (1-5 year in specialty area) | | Expert (greater than 5 years in specialty are) |
| **SUMMARY STATEMENT**  To provide independent advanced level nurse practitioner clinical expertise to patients and their families on an on-going basis. This includes the management of chronic stable medical conditions, routine care, acute or critical care, and medical and specialty protocols (e.g. chemotherapy) as defined by standardized procedures for your specific department. This may include non-invasive or invasive procedures, surgical procedures, including operative first assist per approved standardized procedures as identified by the list available on the Medical Staff Office. Patient management decisions will be independent where appropriate after assessment of the patient and interdependent with consultation with an attending or other member of the team. NP’s are expected to act as an expert resource person for health care providers including nurses, residents and other ancillary staff.  Describe the department role here.    **ROLE OF POSITION**  Provides direct patient care to a diversified patient population. Applies knowledge, experience and judgment to determine the importance of a situation, set priorities, and use abstract thought to evaluate clinical situations. Participates in patient and staff education. Demonstrates leadership skills. Demonstrates accountability for own practices as defined by the Nurse Practice Act. | | | | |
| **SPECIAL CONDITIONS OF EMPLOYMENT**  Excellent verbal and written communication skills  Judgement skills to effectively meet the needs of patients  Self-direction and organizational skills to function in an independent role  Ability to meet minimum standards for hospital credentialing and billing standards as a billable provider  Ability to work flexible hours | | | | |

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| **PROFESSIONAL NURSING ROLE AND RESPONSIBLITIES** | **Rating** | | |
| **E** | **M** | **D** |
| **Clinical Practice** | | | |
| **1. Inpatient (may include some or all responsibilities below)** |  |  |  |
| * 1. Independently and interdependently evaluates and manages patients assigned to their service.   2. Perform extended role procedures as defined in standardized procedures.   3. Monitor and evaluate patients for discharge. Set parameters and guidelines for continuum of care with multi-disciplinary team. Evaluate and define discharge regimen, complete discharge to include prescribing medications, DME, ongoing follow up care. Provide discharge teaching before patient’s discharge.   4. Discharge patients, complete summaries, recommend follow-up consult referrals.   5. Identify patients with acute decompensation or failure to respond to the hospital plan of care for review with physician. Initiate consultations.   6. Document independent assessment findings. On an independent basis, recommend appropriate treatment per standardized procedure.   7. Attend service rounds; participate in patient evaluation and planning. Review lab tests, x-rays, and other diagnostic tests, initiate appropriate team plan.   8. Evaluate complex cases, establish individualized plan of care for disposition to a lower level of care.   9. Interprets and acts upon the ordered tests, procedures, and radiographic studies.   10. Completes clinically relevant paperwork/EHR, including but not limited to ordering medications, completing episodic care notes and discharge summaries in a timely fashion.   11. Incorporates telehealth where appropriate to optimize transition of care to community providers. |  |  |  |
| **2.** **Outpatient (may include some or all responsibilities below)** |  |  |  |
| * 1. Monitor and evaluate patients independently or in a shared visit model.   2. Perform extended role procedures as defined in standardized procedures. Perform and interpret findings for the following screening and diagnostic procedures: speculum and bimanual exam, pap smear, colposcopy, biopsies of the endometrium, cervix, vagina, and vulva; endocervical curettage, insertion and removal of IUD.   3. Create an evidence-based plan of care based on HPI and supporting diagnostic work up.   4. Evaluate routine or acute or new patients or specialty consultations when needed and discuss with attending and staff as appropriate.   5. Identify high-risk groups and complex cases for review with physician. Initiate consultations.   6. Document independent assessment findings. On an independent basis, recommend appropriate treatment per standardized procedure.   7. Attend department quality improvement meetings and participate in patient evaluation and planning.   8. Evaluate complex cases, establish individualized plan of care for rehabilitation, and facilitate occupational and physical therapy and PM&R consultation.   9. Interprets and acts upon the ordered tests, procedures, and radiographic studies.   10. Completes clinically relevant paperwork/EHR, including but not limited to ordering medications, completing episodic care notes and telephone encounters.   11. Incorporates telehealth where appropriate to improve delivery of care, communication and coordination of care. |  |  |  |
| **3. Coordination and Collaboration** |  |  |  |
| * 1. Coordinate care throughout the continuum including hospital admission, coordinate care with staff and consulting services.   2. Coordinate episodic care and determine timing of routine clinic follow up.   3. Participate in huddles clinic/hospital staff and anticipate patients who require close management or intervention.   4. Consult with nursing staff on plan and implementation of individualized nursing care plans.   5. Independently provide case summaries for disability, insurance agencies, workers compensation, work releases, and medical supply agencies.   6. Formulate and implement protocols to improve quality and efficiency and control waste in the clinical specialty. |  |  |  |
| **Relational and Therapeutic Practices** | | | |
| 1. **Attuning – Being present in the moment and tuning in to an individual or situation** |  |  |  |
| * 1. Connects with the patient/family/colleagues with a focus on their state of being (physical, emotional, mental) |  |  |  |
| * 1. Takes in and observes verbal and nonverbal cues and expressions |  |  |  |
| * 1. Tunes in to the energy in the room including one’s own energy, proximity, and pace of communication |  |  |  |
| * 1. Communicates acceptance and respect for the person through listening, spoken words, and body language |  |  |  |
| * 1. Gives focused attention to the person and minimizes interruptions to care |  |  |  |
| * 1. Recognizes the potential for the EMR (computer) and other technical devices to interfere with the therapeutic connection and takes appropriate action to stay tuned in to the person |  |  |  |
| * 1. Notices verbal and nonverbal cues indicating distress or suffering and responds appropriately |  |  |  |
| * 1. Conveys openness, transparency, and interest in the person. |  |  |  |
| * 1. Conveys a sturdy, compassionate. and nonjudgmental presence |  |  |  |
| 1. **Wondering - Being genuinely interested in a person. It requires an openhearted curiosity about what can be learned about this unique individual, while intentionally suspending assumptions and judgment** |  |  |  |
| * 1. Conveys genuine interest in the person |  |  |  |
| * 1. Asks open ended questions |  |  |  |
| * 1. Suspends own agenda as appropriate and seeks to learn about the person |  |  |  |
| * 1. Communicates an openness and desire to listen and learn from the patient/family/colleague. Conveys a respects for human diversity, patient/family/colleague history, and culture |  |  |  |
| * 1. Avoids assumptions and consciously suspends judgments; is aware of potential for personal bias and refrains from labeling |  |  |  |
| * 1. Stays open and curious to new data and information about the person |  |  |  |
| * 1. Remembers that each person has a unique backstory that will affect their interactions and responses |  |  |  |
| 1. **Following – Listening to and focusing on what an individual is teaching us about what matters most to them and allowing that information to guide our interactions. It requires consciously suspending our own agenda** |  |  |  |
| * 1. Collaborates with the patient/family/colleague as involved partners |  |  |  |
| * 1. Listens with a focus on what matters most to the person |  |  |  |
| * 1. Provides sufficient time and attention for the patient/family/colleague to share what is on their mind. Refrains from interrupting, correcting, or rushing to fix prior to hearing the person’s perspective |  |  |  |
| * 1. Provides care that is consistent with what the patient/family teaches about what matters to them |  |  |  |
| * 1. Notices and responds to person’s cues and/or expressed preferences re: proximity, eye contact, touch, preferred name, etc. |  |  |  |
| * 1. Listens to and validates the person with empathetic sounds and conscious body language |  |  |  |
| * 1. Clarifies and seeks to resolve areas of concern and/or disagreement |  |  |  |
| * 1. Builds a sense of safety and trust by remembering specific patient/family/colleague needs and requests |  |  |  |
| 1. **Holding – Intentionally creating a safe haven to protect the safety and dignity of an individual** |  |  |  |
| * 1. Conveys a fundamental regard for the dignity and privacy of all persons |  |  |  |
| * 1. Acts with integrity and care by following through on all commitments |  |  |  |
| * 1. Communicates information about the patient/family to the rest of the health care team in respectful terms and language |  |  |  |
| * 1. Avoids derogatory labels or descriptors that may bias team members and interfere with ability to remain open and therapeutic |  |  |  |
| * 1. Shares information and proactively attends to transitions so that the patient/family/colleague knows what is happening and what to expect |  |  |  |
| * 1. Participates in and encourages consistent and visible teamwork to safeguard the well-being of the patient/family/colleague |  |  |  |
| * 1. Remains a steady presence even in the face of strong emotions and crisis |  |  |  |
| * 1. Recognizes anger as an expression of fear and distress and takes action to alleviate distress |  |  |  |

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| 1. **Professional Development** |  |  |  |
| * 1. Evaluate own practice and goals, and update annually. |  |  |  |
| * 1. Participate as a member of professional organizations. |  |  |  |
| * 1. Maintain all required certifications. |  |  |  |
| * 1. Participate in OPPE/peer review and meet deadlines related to submission of credentialing documents. |  |  |  |
| 1. **Leadership and Quality** |  |  |  |
| * 1. Responds to change with a positive attitude and a willingness to learn new ways to accomplish work activities and objectives      1. Looks for ways to make changes work rather than only identifying why change won’t work      2. Asks questions to fully understand new procedures or methods resulting from a change      3. Adapts to planned and unplanned change as necessitate or warranted      4. Makes suggestions for increasing the effectiveness of changes      5. Talks positively about changes with co-workers      6. Shows a willingness to learn new methods, procedures, techniques, or systems resulting from departmental or organization-wide change |  |  |  |
| 1. **Education/Research** |  |  |  |
| * 1. Participates in evidence-based research activities as appropriate to the individual's position, education, and practice environment which may include at least one of the following:   2. Identification of clinical problems suitable for nursing or specialty specific research   3. Participation in data collection or community research committee or program   4. Sharing of research activities with others   5. Critique research for application to practice using research findings in the development of policies, procedures, and guidelines for patient care   6. Act as resource person providing staff education regarding special needs and/or procedures.   7. Provide clinical consultation and coordinate education programs with support from peer providers.   8. Collaborate with colleagues to optimize patient management and reduce waste.   9. Provide support for departmental research as required and maintains required certifications in human subjects training. |  |  |  |
| **Smoke and Tobacco-Free Work Environment** | | | |
| Improving health and maintaining a healing environment is our top priority and as such, the Health System is committed to a smoke and tobacco-free environment. Smoking, the use of smokeless tobacco products, and the use of unregulated nicotine products (e-cigarettes) will be strictly prohibited in all outdoor areas surrounding health system facilities and buildings on UC Davis’ Sacramento campus. For most other health system locations, smoking is prohibited indoors and in any outdoor area on UC Davis Health property, owned or leased. Smoking, the use of smokeless tobacco products, and the use of unregulated nicotine products (e- cigarettes) is also strictly prohibited inside any vehicle owned, leased or occupied by UC Davis Health System or its employees (regardless of where the vehicle is situated), and in any vehicle parked at a location where smoking is completely prohibited. (UC Davis Health No Smoking and Tobacco-Free Policy ID: 1628)  All supervisors and managers are responsible for observing these standards and ensuring their staff complies at all times. | | | |
| **Principles of Community**  The Principles of Community affirm the inherent dignity in all of us, the right of freedom of expression, the responsibility to reject discrimination and the need to build a community of mutual respect and caring. The Principles of Community are stated below:  "The University of California, Davis, is first and foremost an institution of learning and teaching, committed to serving the needs of society. Our campus community reflects and is a part of a society comprising all races, creeds and social circumstances. The successful conduct of the university's affairs requires that every member of the university community acknowledge and practice the following basic principles:  We affirm the inherent dignity in all of us, and we strive to maintain a climate of justice marked by respect for each other. We acknowledge that our society carries within it historical and deep-rooted misunderstandings and biases, and therefore we will endeavor to foster mutual understanding among the many parts of our whole.  We affirm the right of freedom of expression within our community and affirm our commitment to the highest standards of civility and decency towards all. We recognize the right of every individual to think and speak as dictated by personal belief, to express any idea, and to disagree with or counter another's point of view, limited only by university regulations governing time, place and manner. We promote open expression of our individuality and our diversity within the bounds of courtesy, sensitivity and respect.  We confront and reject all manifestations of discrimination, including those based on race, ethnicity, gender, age, disability, sexual orientation, religious or political beliefs, status within or outside the university, or any of the other differences among people which have been excuses for misunderstanding, dissension or hatred. We recognize and cherish the richness contributed to our lives by our diversity. We take pride in our various achievements, and we celebrate our differences.  We recognize that each of us has an obligation to the community of which we have chosen to be a part. We will strive to build a true community of spirit and purpose based on mutual respect and caring."  The National Standards for Culturally and Linguistically Appropriate Health Care Services (CLAS) affirms the responsibility of health care workers to provide understandable, effective and respectful care in a manner compatible with a patient’s cultural health beliefs and practices and preferred language. UC Davis Health supports CLAS and the Principles of Community by recruiting, retaining and promoting a diverse employee population while proudly serving a diverse patient population.  The fourteen CLAS Standards can be reviewed at: <http://www.ucdmc.ucdavis.edu/hr/hrdepts/eod/clas_1_14.html>. | | | |
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| **Skills, Knowledge and Abilities**  **(Disregard this section for performance evaluations)** | | | | |
| **REQUIREMENTS**: | | | List any equipment (machines, tools, office appliances or motor vehicles) required to do the job, with or without a reasonable accommodation. Indicate whether use is seldom, occasional, frequent, or constant.  See Policy/Procedure Equipment Manual | |
|  | Nurse Practitioner II | Graduation with a master's degree, DNP or PhD in Nursing from an accredited School of Nursing. | | |
|  | Required certification |  | | |
|  |  |  | | |
| **Skills, Knowledge and Abilities:** | | | | **Importance**  **(Required or Preferred)** |
|  | 1. Possession of valid California RN and Nurse Practitioner license | | | Required |
|  | 1. Furnishing license | | | Required |
|  | 1. DEA within 3 months of hire | | | Required |
|  | 1. Graduation with a master’s degree, DNP or PhD in Nursing from an accredited School of Nursing | | | Required |
|  | 1. National NP board certification in an aligned specialty with the practice area | | | Required |
|  | 1. One year or greater experience as a nurse practitioner required | | | Required |
|  | 1. One year or greater recent clinical experience in specialty care of the hiring department highly desirable | | | Required |
|  | 1. Ability to work flexible hours | | | Required |
|  | 1. Ability to cope with personal stress experienced by team members, other professionals, and caretakers | | | Required |
|  | 1. Excellent verbal and written communication skills | | | Required |
|  | 1. Judgement skills to effectively meet the needs of patients | | | Required |
|  | 1. Self-direction and organizational skills to function in an independent role | | | Required |
|  | 1. Ability to meet minimum standards for hospital credentialing and billing standards as a billable provider | | | Required |
|  | 1. Ability to work flexible hours | | | Required |
|  | 1. Current BLS | | | Required |
|  | 1. Department specific: Meets or exceed department specific performance metrics for advanced practice which include the following: | | | Required |

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| **Overall Rating** | **E** | **M** | **D** |
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| To receive an overall “Exceeds Expectations” the employee must exceed in Clinical Practice and Relational and Therapeutic practices. To exceed overall a nurse cannot receive a does not meet in any category.  To receive an overall “Meets Expectations” the employee must receive a “Meets Expectations” in each of the categories.  One letter of expectation does not preclude a nurse from getting an overall “Meets Expectations”.  A letter of warning may or may not preclude a nurse from receiving an overall “Meets Expectations”.  One Does Not Meet in a core category will result in a “Does Not Meet Expectations”.  Two “Does Not Meet Expectations” regardless of category will result in a “Does Not Meet Expectations”.  A suspension will automatically result in an overall “Does Not Meet Expectations”. | | | |
| **Employee Comments** | | | |
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| **If overall rating is “Does Not Meet Expectations”, please complete Future Plans and Actions Section.**  **According to the Employee Performance Evaluation Policy, an overall rating of “Does Not Meet Expectations” requires an action plan and a follow-up performance evaluation in either a three-month or six-month period depending on the time needed to demonstrate improved performance. Action plan steps must be objective and measurable with a defined time frame. The date of the follow-up performance evaluation will reset the performance evaluation due date.** | | | | |
| **Exceeds Expectations** | **Meets Expectations** | **Does Not Meet Expectations** | | |
| Evaluator Comments: | | | | |
| Future Plans and Actions: | | | | |
| Accomplishments / Contributions: | | | | |
| Employee Comments: | | | | |
| **To update our files, please answer the following questions:**  Have you received a higher education degree in past 12 months: Yes  No  If Yes, in what field:       Type:  Have you received a national certification in the past 12 months: Yes  No  If yes, please list and bring a copy of certificate to Nursing Resources: | | | | |
|  | | |  |  |
| Employee SignatureI have reviewed this Job Description and/or Performance Evaluation | | |  | **Date** |
| **Manager/Supervisor Signature** | | |  | **Date**  **2/13/19** |
| **Chief Nursing and Patient Care Services Officer Signature: Toby K. Marsh, RN, MSN, FACHE, NEA-BC** | | |  | **Date** |
|  | | |  | **2/26/19** |
| **Director of Advanced Practice: Christi DeLemos, MS, CNRN, ACNP-BC** | | |  | **Date** |