



(Generic)
POSITION DESCRIPTION
UNDERGRADUATE NURSE EMPLOYEE

POSITION CLASSIFICATION: Undergraduate Nursing Employee

WORKING TITLE: Undergraduate Nursing Employee

JOB CODE: 0462

DEPARTMENT: Corporate Covenant Health

MANAGER: Resident Care Manager/Manager, Unit Manager or delegate

AFFILIATION CODE: UNA

DATE OF DESCRIPTION: November, 2015

POSITION SUMMARY:

Reporting to the Resident Care Manager/Manager or Unit Manager or and under the functional supervision of a Regulated Health Care Professional the Undergraduate Nursing Employee (UNE) is an unregulated direct care provider who works as a nursing and interdisciplinary team member providing safe patient/client/resident care while utilizing the nursing process.

I.KEY RESPONSIBILITIES

% of Time	Key Responsibilities	Standards and Expectations
88%	<p>Provides appropriate care based on his/her education, training, and current competency with guidance from and within the parameters set out in the plan of care.</p> <p>Recognizes and implements a holistic approach to care. Understands how aging and/or health conditions change the way care must be provided.</p> <p>Performs assigned Restricted Activities and Activities of Daily Living, as defined in the Government Organization Act (GOA), under the supervision of a Regulated Health Care Professional.</p> <p>Recognizes challenges related to vision, hearing, speech, and language, cognition</p> <p>Responds appropriately to patient/client/resident behaviours, within</p>	<p>Responsible for ensuring his/her competence to provide a safe level of patient/resident care.</p> <p>Responsible for requesting consultation or guidance from the regulated professional when they require assistance.</p> <p>Understands own and other team member roles and accountabilities within the team.</p> <p>Demonstrates the ability to work effectively within the interdisciplinary team in the delivery of an integrated plan of care.</p> <p>Demonstrates use of critical thinking skills to organize workload and set priorities.</p> <p>Demonstrates ability to problem-solve and resolve conflict.</p>

	<p>the limits of his/her knowledge and ability.</p> <p>Provides relevant, clear, and timely information about the patient/client/resident to the Regulated Health Professional regarding:</p> <ul style="list-style-type: none"> • responses to care, which may include signs, symptoms, and changes which are not outlined as expected in the plan of care. • observed changes in physical, mental, or emotional status/behavior. <p>Provides appropriate care, as assigned, in accordance with Covenant policies, procedures, and established standards, including consideration of patient/client/resident comfort, safety, privacy, confidentiality, independence, choice and dignity.</p>	<p>Maintains composure in all situations and follows direction appropriately in urgent situations.</p> <p>Individualizes care to promote patient/client/resident health and independence. Respects differences in ethnicity, culture, and religion.</p> <p>Provides physical, mental and emotional comfort to the patient/client/resident/family as appropriate,</p> <p>Demonstrates effective verbal and written communication skills.</p> <p>Recognizes and reports signs of abuse</p> <p>Complies with relevant legislation, regulations, Covenant Health policies and procedures, and the UNE role description.</p> <p>Demonstrates flexibility and reliability.</p> <p>Demonstrates initiative and dependability</p>
5%	Appropriately documents observations and the care provided on the health care record.	Documents in accordance with Covenant policies and guidelines.
5%	<p>Ensures security of self and those in care. Recognizes and appropriately manages risk associated with aggressive behaviors.</p> <p>Uses equipment and supplies according to established standards, procedures and policies. Uses appropriate lifting and transfer techniques.</p> <p>Disposes and handles hazardous materials according to WHMIS and care area policies and guidelines.</p>	<p>Promotes a healthy and safe care environment.</p> <p>Meets infection prevention and control requirements by adhering to routine practices for infection control and additional precautions when required.</p> <p>Recognizes safety issues and reports appropriately.</p> <p>Is aware of his/her role and responsibility relating to emergency situations (i.e. fire and other disasters).</p> <p>Handles food and food products in a safe appropriate manner.</p> <p>Participates in quality improvement activities.</p>

2%	Participates as a member of the health care team in the development and implementation of the service area/program plans, goals and objectives, including participating in meetings and practice activities as required.	Attends and participates as an active contributor to the program or unit meetings and initiatives
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I. SUPERVISION

Received: The UNE is supervised by a Regulated Health Professional.

Operational Supervision: Managers

Clinical Supervision: Regulated Health Professionals

Supervision is defined as consultation and guidance by a regulated member of a regulated health profession in the practice setting. The undergraduate nursing employee is responsible for requesting consultation or guidance from the regulated member when they need assistance. Supervision may be direct, indirect or indirect remote:

- Direct supervision means a regulated member is present in the practice setting at the point of care. This means that the regulated member is providing supervision “at the side of” the undergraduate nursing employee.
- Indirect supervision means a regulated member is available for guidance and consultation but is not directly at the side of the undergraduate nursing employee. This means that the regulated member is readily available in the unit or in the same location where the care is being provided.

College and Association of Registered Nurses of Alberta (2005). Standards for Supervision of Nursing Students and Undergraduate Nursing Employees Providing Client Care; Edmonton AB: Author.

Given: The UNE will not be responsible for any type of supervision.

II. RELATIONSHIPS/CONTACTS

Internal: Patients/Clients/Residents and family members, physicians, allied health team members, other care providers, hospital staff and visitors.

External: Physicians and other members of the interdisciplinary team and other providers of care at other facilities or care settings to exchange information.

III. DECISION MAKING

Independent: The UNE in collaboration with the Regulated Nurse will determine the need for referral of assessment information to the appropriate designate.

Recommended: The UNE will be encouraged to refer to appropriate regulated nurse for decision making within their scope of practice.

Decisions Referred Upwards:

All decisions will be in collaboration with the regulated nurse

IV. CONSEQUENCE OF ERROR

Actions taken and decisions made by the UNE have a direct impact on the quality and safety of patients/clients/residents care. Improper administration of medical interventions/techniques could have serious implications, including death. Likelihood of errors is minimized by adherence to well established protocols, practices, and standards or practice.

V. QUALIFICATIONS

Formal Education:

The UNE must be registered and in attendance of an accredited Canadian Nursing education program, that leads to initial entry to practice as a Registered Nurse (RN) or Registered Psychiatric Nurse (RPN).

Experience:

Successful completion of a minimum of 450 clinical practice hours, as part of the educational program described above.

Special Knowledge/Skills:

Not Applicable

License(s)/Certification(s):

Current BLS - HCP

Professional/Technical Designation:

Not Applicable

ADDENDUMS:

Nursing Units may develop site/unit specific job duties/tasks as an addendum to this (generic) job description in accordance with the prescribed template.



UNE Addendum
Template.doc

VI. AUTHORIZATION

MANAGER/MANAGER

DATE

HUMAN RESOURCE SERVICES

DATE

APPENDIX A: SKILL COMPETENCY GUIDELINES

The Undergraduate Nursing Employee (UNE) must have had appropriate theory and practice in their nursing education program and be competent in any restricted activity prior to performing the skill in the course of caring for a patient/client/resident. UNEs are accountable for the activities or tasks assigned to them, and for providing care within the boundaries of their knowledge and competency. They are responsible for appropriately reporting signs, symptoms, and changes to the supervising regulated health professional, and for requesting consultation and guidance from the regulated health professional when they identify a need for assistance.

The table below includes a listing of common clinical responsibilities that UNEs have educational and clinical exposure to as they progress through their nursing education programs. This listing of skills is not exhaustive and the UNE may have attained competency in an area not listed.

Responsibilities	Skills	Level of Staff Supervision
Routine Practices	Donning and doffing PPE	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Hand Hygiene	
	Infection Control	
Documentation	Assessments	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Interventions	
	Nursing Care Plans	
Physical Assessment	Head to Toe	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Focused	
	Mental Status Assessment	
	Mini Mental	
Drains/Suction Devices	Chest Tubes (care and maintenance)	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Nasogastric tubes: - insertion	Direct supervision
	- maintenance	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Drains: - shortening	Direct supervision
	- removal	
- emptying		
Elimination	Urinary Catheters - insertion	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	- removal	
	Specimen collection	
	Assessment of bladder distention	
	Bladder scanning	
Medication Administration	Topical	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Ear	
	Nasal	
	Ophthalmic	
	Oral	
	Suppositories	

	Inhalants	
	Glucometer	
	Cytotoxic	Not authorized to perform
	Narcotics -Count	Direct supervision
	-Keys	Not authorized
	-Access in Pyxis	
Parenteral	IM	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	SC	
	Hypodermoclysis: - initiation	
	- injection	
	Intradermal	
IV Therapy	Smart Pumps	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Dressing change	
	Site assessment	
	Change tubing and bag	
	IV lock	
	Medication administration	
	Initiation	
	Discontinue	
	Infusion maintenance	
	Direct IV	
	TPN	
PCA	Patient assessment	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Pump management	Not authorized to perform
	Medication administration	
CVAD/PICC	Dressing change	Direct supervision
	Medication administration	Not authorized to perform
	Change tubing/bags/caps	
Blood Components/Products Administration	Pre Transfusion Check	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Initiation	Direct supervision
	Monitoring and discontinuation	
Mobility/Immobility	Pin care	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Traction	
	Crutch usage patient education	
	Falls risk assessment	
	Cast care and assessment	
	assessment of CSMT	
Oxygenation and Ventilation	Oral suctioning	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Delivery of Oxygen (nasal cannula, simple mask, etc)	
	Incentive spirometry	
	Tracheostomy	
	- dressing change - suctioning	

	BPAP	
	CPAP	
Vital Signs	TPR } BP } Interpretation with SP02 } reporting	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
Wound Care	Complex dressing changes: - packing	Direct supervision
	- irrigation	
	Wound Vac: - monitoring	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	- Dressing change	Direct supervision
	Simple dressing changes	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	Suture removal	
	Staple removal	
	Application of steri-strips	
Gastrointestinal	Enteral feeding tube: - monitoring	Direct supervision until deemed competent by supervising regulated professional then indirect supervision
	- feeding/medication administration	
	- removal	

References:

Alberta Health Services: Nursing Activity Reference (2015)

Health Professions Act, R. S. A. (2000), Schedule 7.1

CARNA: *Standards for Supervision of Nursing Students & Undergraduate Nursing Employees Providing Client Care (Oct 2005)*

University of Alberta: Faculty of Nursing Undergraduate Program Year 1,2,3,4 Lab Content (2014)