

Southern Illinois University School of Medicine
POSITION DESCRIPTION
 For the Period of

NAME: _____ **FSLA Status:** EXEMPT

TITLE: Certified Nurse Practitioner

AREA of SPECIALTY: Advance Practice Nurse
 Psychiatric / Mental Health Nurse Practitioner (PMHNP)

DEPARTMENT: Family & Community Medicine

DIVISION: SIU Center for Family Medicine FQHC

POSITION FUNCTION:

This position will provide primary care and culturally competent mental health care to patients in our FQHC sites who are experiencing varying levels of difficulties due to life situations or mental health concerns and in need of medication evaluation or medication management services.

ORGANIZATIONAL RELATIONSHIPS:

This position reports to the System Chief Medical Officer of the SIU Center for Family Medicine FQHC. The incumbent is responsible for providing direct care to patients at our FQHC sites as requested and will work closely with faculty psychiatrists.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES:

The following information is intended to be representative of the work performed by incumbent in this position and is not all-inclusive. The omission of a specific duty or responsibility will not preclude it from the position if the work is similar, related, or a logical extension of position responsibilities.

Demonstrate, by actions, commitment to the mission and the behavioral standards of SIU School of Medicine. Provides excellent service to both internal and external customers through collaboration and partnership; compassion and respect; integrity and accountability; diversity and inclusion; as well as continuous learning and improvement.

I. TEACHING (5%)

- A. Teach and evaluate medical students, residents, physician assistants, and advanced Practice Nursing students as they rotate through the educational program.
- B. Role model provision of care by an advanced practice nurse focusing on health education, health promotion, primary and secondary disease prevention.

II. SERVICE**(95%)**

- A. Perform services within the scope of the Advance Practice Nurse's education and experience including, but not limited to:
- Diagnosis
 - Treatment and management of acute and chronic illness / mental illness
 - Ordering and interpreting laboratory and radiology tests
 - Prescribing/dispensing controlled substances categorized as Schedule III, IV, and V, as defined in Article II of the Illinois Controlled Substance Act.
- B. Development of a collaborative clinical practice model with primary care physician and psychiatrist and community medical specialists focusing on division of responsibilities and appropriate referrals.
- C. Participate as a member of the Integrated Wellness Team to provide medication management, psychiatric services, primary care services, care coordination, case management and other enabling services as appropriate.
- D. Work collaboratively with staff at all FQHC sites to cover needed orders and services for patients.
- E. Assist in the development, implementation and review of individual treatment plans.
- F. Provider consultation and medication management on a priority basis to clients for whom intensive community series were put in place in lieu of hospitalization.
- G. Complete all mandatory and continuing education requirements by specified deadlines.
- H. Provide necessary client information to other agencies or care providers to coordinate services to identified clients.
- I. Work cooperatively with staff and providers to create an environment of mutual respect.
- J. Provide emergency services to patients as needed including those who are identified as having no primary care physician and/or in psychiatric distress.
- K. Attend School and Center-wide committees
- O. Take part in Center Peer Review and Quality Improvement activities.

III. ADMINISTRATION**(0%)****IV. RESEARCH****(0%)****AUTHORITY AND RESPONSIBILITY**

- A. Supervisory Controls: The supervisor will assign duties as needed. The employee will be expected to work independently, with occasional consultation from the supervisor.
- B. Guidelines: Guidelines and policies are set by the supervisor and other program faculty.

MINIMUM QUALIFICATIONS

1. Graduate of an accredited Nurse Practitioner program with specialization in psychiatric healthcare; AND
2. Received passing score on national certifying exam; AND
3. Licensed or ability to be licensed in the State of IL as an Advanced Practice Nurse; AND
4. Controlled Substance License through Federal Drug Enforcement Administration; AND
5. Board eligible or board certified as a Psychiatric/Mental Health Nurse Practitioner (PMHNP-BC) by the ANCC; AND
6. Authority/Licensing to write prescriptions for psychotropic medications as allowed by licensing board; AND
7. Sensitive to the needs of underrepresented minority populations.

DESIRED QUALIFICATIONS:

1. Experience in a behavioral health setting
2. Experience providing services to multicultural populations
3. Skill in applying varied interventions for patients with acute and chronic illness and mental health disorders.

ENVIRONMENTAL, HEALTH AND SAFETY RESPONSIBILITIES:

Participates in meetings, training and other environmental, health and safety activities as required by SIU School of Medicine.

PHYSICAL AND ENVIRONMENTAL REQUIREMENTS:

See attached Physical and Environmental Requirements form.

SIGNATURES:

Incumbent Certified Nurse Practitioner	Date
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Michal Dynda, MD, Associate Professor of Clinical FCM System Chief Medical Officer/CMIO SIU Center for Family Medicine	Date
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REVIEWED:

Iris Wesley, Chief Executive Officer SIU Center for Family Medicine	Date
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Janet R. Albers, MD, Professor and Chair Department of Family & Community Medicine	Date
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PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

SIU SCHOOL OF MEDICINE

Incumbent: _____ Classification: **Certified Nurse Practitioner**

Position No. (If applicable): _____ Department: **Family and Community Medicine/Springfield-SMS**

WORK ENVIRONMENT: (Check all applicable environments)

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Clinic	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Research Laboratory	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Other (Be Specific): _____	

PHYSICAL DEMANDS:	Seldom	Occasionally	Frequently	Constantly	N/A
(Indicate frequency of activity during performance of position duties)	(Performed rarely less than 2% of the time)	(Performed less than 25% of the time)	(Performed 26% to 50% of the time)	(Performed 51% or most of the time)	

(Click on the Physical Demands Definitions button at the bottom of the form for a list of physical demands definitions)

Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Close visual acuity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing - Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hearing - Other Sounds	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stooping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squatting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross hand manipulation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine hand manipulation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in dust, fumes, gases, or irritants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working at heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in extreme cold, heat and/or humidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in close quarters	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Operating motor vehicles	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working above shoulder level	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twisting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing or pulling	Less than 5 lbs.				<input type="radio"/>
Carrying	Less than 5 lbs.				<input type="radio"/>
Lifting	Less than 5 lbs.				<input type="radio"/>
Other (Please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I affirm the environmental and physical demands listed on this form are an accurate reflection of the requirements of this position to the best of my knowledge and belief.

I have read, understand and am capable of meeting the physical and environmental demands of this position.

Michal Dynda, MD

Supervisor Signature

Date

Supervisor Name

Employee Signature

Date