

Job Description	
<b>Title</b>	<b>Certified Diabetes Educator</b>
Reports to	Manager, Primary Care
Location	Kingston, Midtown Kingston Health Home
Position Type	Permanent Full Time
Expected Start Date	September 2024
Salary	\$65,447.20 to \$76,986 per year

**Position Summary**

As a member of the multi-disciplinary primary health care team, the Certified Diabetes Educator (CDE) works along with primary care providers to manage complex health conditions, assess and educate patients and their families about diabetes. The CDE provides community-based care and employs a series of interventions for health education. They participate in the development, implementation, monitoring and evaluation of programs and services for individuals, families, and the community that are affected by diabetes. The CDE fosters a collaborative approach to diabetes management in the community by promoting and utilizing opportunities to increase awareness, skills, and knowledge within the community and with KCHC’s patient base.

\*This position description is currently under review to incorporate core competencies. Final position description will be provided to the successful candidate when available.

**Responsibilities**

Key Responsibilities	Detailed Responsibilities
Client Care	<ul style="list-style-type: none"> <li>• Conduct assessments to identify strengths, resources, psychological factors, socioeconomic impact, knowledge, and potential barriers to learning and improved diabetes management.</li> <li>• Work with an understanding of multimorbidity and employ a series of appropriate intervention based on factors presented</li> <li>• Provide diabetes education to patients, families, and care providers utilizing best practice strategies and standardized tools (including but not exclusive to supports for blood glucose monitoring, medication administration, nutrition, physical activity, etc.)</li> <li>• Work as part of an interdisciplinary team to provide and/or encourage lifestyle changes to improve quality of life</li> <li>• Work with patients/families and primary care provider to develop, implement and revise customized self-management plans (Action Plans)</li> <li>• Identify community resources and help patients to understand how and when to best access those resources appropriately</li> <li>• Consults with primary care providers on the management of diabetic clients as needed</li> <li>• Work with the patient to identify, document and communicate patient goals including using a Coordinated Care Plan where applicable</li> <li>• Monitor patient’s progress and adjust care plans as needed</li> </ul>



	<ul style="list-style-type: none"> <li>• Delivers, or assists with the delivery of, prediabetes and diabetes education programs</li> <li>• Collaborates with partner agencies/hospitals/any community setting where demands exist in delivery of prediabetes and diabetes education groups</li> <li>• Educates, counsels and provides information to clients and/or programs within scope of practice (e.g. self-management strategies such as blood glucose monitoring)</li> <li>• Involved in the delivery of insulin initiation and management</li> <li>• Aware and open to the implementation of alternate forms of treatment available to assess and treat clients</li> <li>• Screen, assess and provide appropriate referrals for clients, as appropriate.</li> <li>• Provide client screening, assessments, and health education within scope of practice and in keeping with the Canadian Diabetes Association guidelines</li> <li>• Provide on-going follow-up treatment services including communication through various means with clients, other staff, and external providers as appropriate</li> <li>• Inform patients, either in person, or by telephone, of lab results and other information relating to their health, as appropriate;</li> </ul>
<p>Community Health</p>	<ul style="list-style-type: none"> <li>• Develop educational materials and resources to support patient learning and engagement.</li> <li>• Assists in reviewing resource packages available for clients and adapts as necessary in order to ensure health equity (i.e., identifies the need for translation of materials to meet client needs, ensures the literacy level is appropriate for the patient-base served);</li> <li>• Provide primary care to clients, which takes into account the social determinants of health, in a manner helpful and acceptable to clients</li> <li>• Serve as a resource to the community by providing information about diabetes: liaise with local health care providers, hospitals and community organizations to increase awareness, knowledge, and skills.</li> <li>• Provides home visiting services to clients as needed</li> <li>• Incorporate and strengthen organizational and community understanding of health promotion and the broader determinants of health.</li> <li>• Develop and maintain networks with community organizations, groups and individuals involved in improving community health.</li> <li>• Support approaches that foster self-help, mutual aid and capacity building.</li> <li>• Facilitates access to diabetes information, education &amp; support</li> <li>• Participates in diabetes screening events through collaboration opportunities.</li> <li>• Organizes events and meetings with community-based health providers to keep them informed of program services and updates;</li> </ul>



Administration	<ul style="list-style-type: none"> <li>• Document interactions and encounters in the electronic medical records platform.</li> <li>• Oversee appointment-schedule (e.g., booking patients).</li> <li>• Participate in research projects, as appropriate and as directed by Manager and Director of Clinical Services.</li> <li>• Routinely compile, enter and report relevant data per agency and funder request.</li> <li>• Perform administrative tasks as related to the position, including activities such as time planning, documentation, and report preparation.</li> <li>• Participate in regular program review, design and planning of program evaluation initiatives with a continuous quality improvement focus.</li> <li>• Participate in the development and evaluation of diabetes education programs.</li> <li>• Participates in committee and working groups</li> <li>• Complete appropriate and up to date chart documentation in the Electronic Health Records for both individual and group encounters and support Quality Improvement initiatives by documenting symptoms and conditions, nursing interventions and referrals and recommendations for ongoing treatment</li> <li>• Receive and track referrals from staff and self-referrals from clients; maintain schedule and wait list</li> <li>• Monitor and adjust workflow to ensure program targets are met</li> <li>• Participate in chart reviews and case conferences</li> <li>• Identify areas where development of protocols and procedures are needed to improve client services or to promote more effective staff functioning;</li> </ul>
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**Organizational Responsibilities**

- Complies with all relevant legislation and KCHC policies, including privacy laws
- Commits to acquiring an understanding of the importance of trauma responsiveness and the impact of Adverse Childhood Experiences (ACEs)
- Commits to demonstrating an ongoing commitment to Equity, Diversity, Inclusion and Indigenization (EDI) by representing the diverse nature of our communities, promoting and practicing inclusion
- Supports consistent application and development of KCHC policies and procedures
- Supports KCHC’s student and volunteer placement programs
- Promotes awareness of and participation in KCHC activities
- Demonstrated commitment to continuous learning and quality improvement
- On occasion, perform other temporary duties as required

**Basic Education and Experience Requirements**

- Current registration with the College of Nurses of Ontario (as Registered Nurse) or with the College of Dietitians of Ontario (as Registered Dietitian).
- Certified Diabetes Educators (CDE) certification
- Experience working with people who have diabetes (and/or in an acute or primary care setting; preferably working collaboratively with other health care professionals to serve clients with complex needs)

### Knowledge, Skills and Abilities

- Certified Tobacco Educator/ STOP Smoking Cessation Counselling is an asset
- Demonstrated ability to work effectively in a multi-disciplinary team environment
- Demonstrated commitment to community-based healthcare and knowledge of community-based resources
- Current and satisfactory Criminal and Vulnerable Persons Check
- Excellent organizational skills and above average attention to detail.
- Excellent oral and written communication skills. Ability to communicate in other languages is an asset.
- Excellent interpersonal skills with ability to engage marginalized clients, and a commitment to being a “team player.”
- Demonstrated ability to attend work on a regular basis and ability to meet the physical demands of the position.
- Proficiency in the use of computers and relevant software applications (Microsoft Office), including Electronic Medical Record software (PS Suite preferred).
- Awareness of, and ability to support, provincial and federal privacy regulations.
- Experience in program development, implementation, monitoring and evaluation.
- Ability to work independently.

### Competencies

**Organizational Competencies:** Accountability, Client Focus, Collaboration, Continuous Learning

**Position Competencies:** Communication, Facilitating Groups, Knowledge/Professional/Technical Expertise, Relationship Building, Teamwork, Problem Solving, Respiratory Assessment Skills

### Other Requirements

- Valid Driver's License, valid insurance coverage, and access to vehicle
- Current and satisfactory Criminal and Vulnerable Persons Check
- French language is an asset

### Application Instructions

- Please include a cover letter clearly outlining how your skills and experiences correspond with the specific job qualifications along with your resume.
- Save all documents as a single PDF file using your own name (Last, First).
- Email to [hr@kchc.ca](mailto:hr@kchc.ca) citing reference “2024-42-KCHC” in the subject line.
- Applications must be received by Human Resources by **Monday, August 26, 2024.**

**As a registered professional, to abide by and be accountable to the ethics and standards set out by the relevant regulatory body of the profession.**

**All KCHC staff have a duty to understand and follow KCHC policies, uphold high ethical and professional standards, and maintain confidentiality and privacy, using tact and good judgment in all dealings with other staff and clients.**

**KCHC is an equal opportunity employer, respecting and embracing the needs and diversity of our employees. If you require an accommodation to fully participate in the hiring process, please notify Human Resources.**

**KCHC is a proud Living Wage employer!**

**Kingston Community Health Centres, 263 Weller Ave. Kingston ON, K7K 2V4**



Kingston Community Health Centres  
Centres de santé communautaire de Kingston

Internal/External Posting: 2024-41-KCHC  
Posting Date: 8/7/2024  
Closing Date: 8/26/2024

[www.KCHC.ca](http://www.KCHC.ca)