



**Flinders
University**

Master of Nurse Practitioner

Clinical Supervisory Team
Handbook



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Introduction

Thank you for agreeing to supervise a student who is undertaking the Master of Nurse Practitioner degree at Flinders University. The purpose of this handbook is to acquaint you with the Master of Nurse Practitioner course and your role as a member of the clinical supervisory team.

The supernumerary integrated professional practice (SIPP) requires a student to complete two placements of 300 hours in total in supervised clinical practice where they complete several assessment tasks. The topics NURS9027 and NURS9029 each contain a placement of 150 hours.

For students to gain the most out of their placement topics they need a supportive interprofessional supervisory team. The clinical supervisory team consists of the primary supervisor and where possible a secondary supervisor, who must be a senior clinician either an Endorsed Nurse Practitioner or Medical Officer. Students are also encouraged to include a pharmacist in their supervisory team.

The approach to clinical learning in the Masters of Nurse Practitioner degree is founded on a work integrated learning (WIL) model. Students learn while they work in their area of specialisation, using supervisors such as you to support and guide their practice. The University policy governing Work- Integrated Learning policy can be requested from the course coordinator or you can gain more information via the link:

<https://staff.flinders.edu.au/learning-teaching/wil>

Please do not hesitate to contact the Course Coordinator if you have any questions regarding supervision of a Master of Nurse Practitioner student.

Course Coordinator Contact details:

Bridget Henderson

Email: MNPCC@flinders.edu.au

Phone: 8201 3254

Program of study

The Master of Nurse Practitioner (MNP) degree is offered through Flinders University. The course is fully online and can be completed full time in two (2) years or part-time over three (3) years. The 2 year program is detailed below.

Supernumerary Integrated Professional Practice (SIPP)

The MNP requires students to complete two Supernumerary Integrated Professional Practice placements (SIPP) of 150 hours each. These placements are embedded in the topics *NURS9027 Integrated Professional Practice 1* and the capstone topic *NURS9029 Integrated Professional Practice 2*, which are topics that combine coursework and **clinical practice**.

Placement topics are designed to develop students clinical practice skills and enable them to demonstrate the [Nurse Practitioner Standards for Practice](#) in a supported supervised learning environment.

The MNP program is designed to:

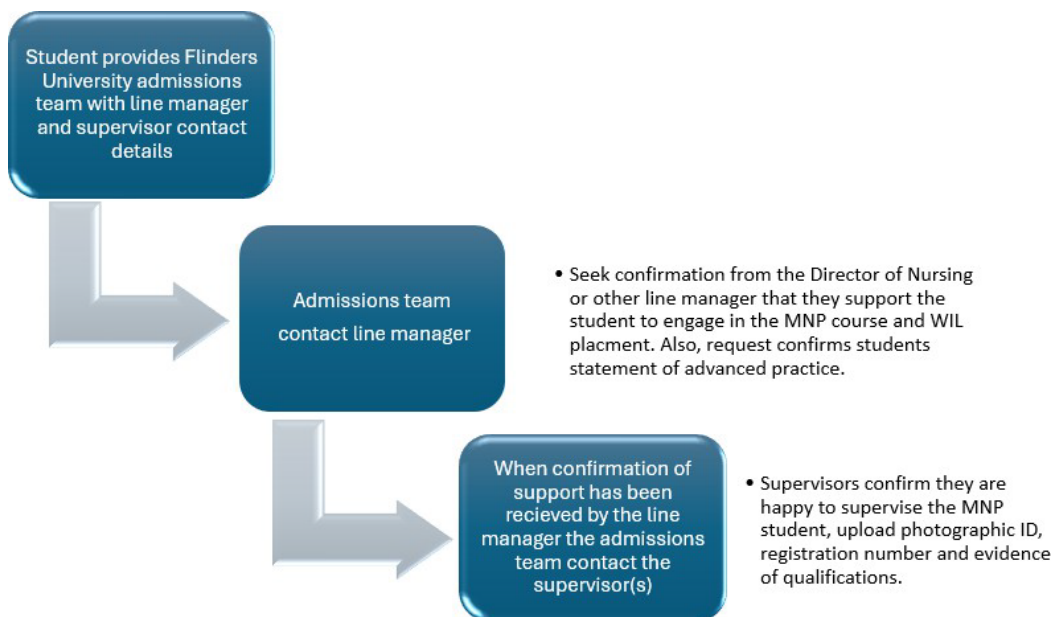
- Assist students to complete University requirements for the Masters of Nurse Practitioner degree.
- Prepare for application to the nursing regulatory authority for authorisation as a Nurse Practitioner.
- Establish the foundations for safe advanced clinical practice that includes diagnostic reasoning and prescribing.

As experienced clinicians and adult learners, the students are primary drivers of their learning program.

	Semester 1		Semester 2	
Yr 1	MMED9110 Principles of Pharmacology and Therapeutics	NURS9028 Transition to Nurse Practitioner	MMED9111 Pharmacology for Advanced Professional Practice	NURS9030 Practice Improvement Project
Yr 2	NURS9027 Integrated Professional Practice 1 SIPP PLACEMENT	PHCA 9522 Introduction to Epidemiological Research Methods	NURS9029 Integrated Professional Practice 2 SIPP PLACEMENT	NURS9003 Leading Evidence-based Practice & Knowledge Translation in Health

Processes for engagement in SIPP

On entry to the course, students identify their specialty practice area (venue) and contact details of their supervisor(s) and line manager/director of nursing. Emails are sent to the venue line manager/director of nursing to confirm that the student is in an advanced practice role and is supported by the venue to engage in the MNP course and WIL placement. All nominated supervisors are emailed by the Flinders University admissions team and are required to provide evidence of their clinical qualifications relevant to the specialty area and experience in teaching or supporting students. Photographic ID, Apha registration number and confirmation that the supervisor understands the requirements of the role is needed to progress the student's enrolment onto the MNP course.



SIPP placement communication

Students completing their SIPP are supported in their learning by a relationship between the clinical supervisory team and their university-based topic coordinator. Topic coordinators provide communication, oversight and support for the student and clinical supervisor(s) to ensure that the expected placement activities and learning outcomes are achieved. The processes undertaken by topic coordinators ensure that the placement requirements are met and are as follows:

Topic coordinator makes initial contact with each clinical supervisor in the week prior to the commencement of the topic via email. Information provided includes students' expected learning outcomes, SIPP assessment and clinical supervisor assessment of clinical case studies documentation and the rubric to support clinical supervision judgment.

Emails from the topic coordinator at the mid semester point prompt both students and supervisors to report about the students' progress according to the NP Standards, and to identify any progress issues or concerns that require the topic coordinator to intervene.

The final email contact occurs in the last week of the placement and prompts the student and supervisor to complete the placement assessment and clinical case studies requirements. This email will contain a link so that members of the clinical supervisory team can provide feedback about, and evaluation of, the placement assessment methods and placement processes.

- Students, supervisors, director of nursing or line manager must notify the topic coordinator of any changes to the student's employment or clinical supervision.
- There will be an early formative academic check on the student's progress: NURS9027, this is a written paper exploring their diagnostic reasoning based on their first case study, in NURS9029 this is an oral viva exam that includes the clinical supervisor(s).
- Student are encouraged to report to the topic coordinator if there are any barriers to or concerns regarding the supervision process.
- Similarly, supervisors are encouraged to report to the topic coordinator if there are any concerns about the student's progress, clinical or professional ability.

SIPP assessments

At the beginning of each placement students develop practice learning goals that align with the [Nurse Practitioner Standards](#) in their specialty area. These learning goals provide a framework for activities and capability development during the placement. The learning goals are discussed and agreed upon with their clinical supervisor at the commencement of the SIPP and submitted to the topic coordinator via Flinders Learning Online learning platform (FLO). The student and clinical supervisor(s) utilise these goals, the SIPP assessment tools to provide formative feedback, thereby developing progressive goals, to support students in the summative SIPP assessments (case studies) that occur at the end of each placement topic.

All students are assessed according to the knowledge, skills and practice described in the [Nurse Practitioner Standards](#), the [Prescribing Competencies Framework](#) to support the [Quality Use of Medicines](#) and the cultural capabilities described in the [Aboriginal and Torres Strait Islander Health Curriculum](#). Both formative and summative assessments are completed by the clinical supervisor(s) at certain points during SIPP and at the completion of SIPP. The course coordinator and topic coordinators support the supervisor and the student in this endeavour.

During placements, students must complete 10 clinical case studies per topic (20 case studies in total), that provide documentary evidence of their comprehensive assessment, diagnosis and management of unique patients that represent a range and diversity of health experiences within their specialty area.

Supervisors are expected to review, discuss, and verify as an accurate reflection of student performance each case study. It is expected that students will work closely with their supervisors to complete the case studies. Ideally, students should complete one case study per week. Students complete a self-assessment of their clinical learning and their progress to advanced clinical practice at the conclusion of the semester and provide a detailed log of their supernumerary clinical practice placement hours. Supervisors confirm that 150 hours of supervised supernumerary clinical practice has been completed during each placement topic. Please request to view the students log of clinical practice hours before confirming the hours as completed.

NURS9027

This topic is the first of the two SIPP topics. The assessment activities supervisors are engaged in are:

1. Setting learning goals and reviewing during the placement
2. Working with students to complete 10 clinical case studies
3. Assessment of Professional Practice during SIPP
4. Assessment of clinical performance (case studies)

NURS9029

This is the final SIPP topic; a three-way oral examination of the student's clinical practice is conducted by the supervisor and topic coordinator and is the formative assessment of the student's clinical progress. This is a mechanism for the student and their supervisor to collaboratively construct feedback about their performance and to update their learning contract/set any additional goals for the second half of the placement.

The assessment activities that the supervisors are engaged in are:

1. Setting learning goals and reviewing during the placement
2. Viva Voce clinical examination
3. Working with the student to complete 10 clinical case studies
4. Assessment of clinical performance (case studies)
5. Assessment of professional practice during SIPP

The viva voce clinical examination requires students to prepare a case presentation from their first case study that demonstrates their development across the required standards, competencies, and capabilities. The viva voce is conducted at the placement site with the topic coordinator or course coordinator and the supervisor(s) viewing the presentation via Microsoft teams.

Supporting students and establishing the depth of their knowledge.

Supervisors should immerse students in the clinical experience and take the student from student to practitioner. Allow the student to have an active role, where possible supervise at a distance. Allow students to practice within their scope and be there to provide support and direction when they need to extend their scope. Treat students as colleagues, support them to make effective use of their time. Help them make complex health care decisions and share with them your clinical and diagnostic decisions, helping them to understand your thought processes. Provide regular constructive formative feedback. Be specific about where they can improve and be sure to celebrate what they do well.

Students are required to conduct 10 episodes of care per SIPP topic and document them in the case studies assessment template. It is expected that the supervisor(s) will be actively involved in these episodes of care and review the written case studies. During the episode of care challenge the students clinical and diagnostic reasoning:

1. Get A Commitment

- *“What do you think is going on with this patient?”*
- *“What laboratory tests are indicated?”*

2. Probe for supporting evidence

- *“What are the major finding that led to your diagnosis?”*
- *“Why did you choose that particular medicine?”*

3. Teach general rules

- *Refer to, and direct students to, medical/nursing references*

4. Reinforce what was done right

- *“You did not jump to conclusions you kept an open mind?”*
- *“When prescribing the medication you appropriately considered the age of the patient and the prolonged half-life of its active metabolites in the elderly.”*

5. Correct mistakes

- *“In spite of a normal pap smear two months ago, it is important to biopsy any lesion of the cervix. Pap smears are not 100% sensitive and can sometimes be normal in cases of high grade malignancy.”*

Student progress and performance

During the SIPP placement, if concerns are expressed by yourself or the student, the topic coordinator will organise a student progress meeting via tele/video conference to discuss these concerns with the supervisor(s) and the student as appropriate. A learning plan that documents these concerns and the student's practice goals for the remainder of the placement will be written and signed by the topic coordinator, the student and the supervisor, and a review date to determine progress against the learning plan and the Nurse Practitioner Standards will be set. Note that the period for review is variable, in accordance with the schedule of the SIPP and the judgment of the topic coordinator about the nature of the concerns.

Assessment of the clinical case studies

NURS9027 Integrated Professional Practice 1 and NURS9029 Integrated Professional Practice 2 are clinically focused topics, as the Master of Nurse Practitioner course is offered externally, the university must ensure the highest standard of assessment so that students are provided with the opportunity to practice and develop capability as an advanced practitioner.

To achieve this the students are required to complete *20 clinical case studies overseen by the clinical supervisory team* this will provide evidence of the successful completion of the advanced clinical practice component of this degree and the case studies will be retained by the university as evidence of engagement in clinical practice and it will be a legal document.

Summary of roles

The role of the **student** is to:

1. Initiate and implement their clinical learning experiences
2. Maintain liaison with their supervisors, venues, and the university
3. Lead negotiations among the interested parties and facilitate successful completion of the negotiated program of study
4. Monitor their progress, identify potential areas of concern and initiate strategies to address arising concerns within the framework established by the Master of Nurse Practitioner degree.
5. Contact the topic coordinator and/or course coordinator if there are any changes to the adequacy of support or opportunity for SIPP, issues with their supervisor, barriers to effective documentation, and ability of the supervisor to attend the viva voce clinical examination.

The role of the **Clinical Supervisor** is to:

1. Facilitate, assist, guide, and assess students in their clinical development, for example, patient interview and examination, specialised physiology and pathophysiology, diagnostic tests, therapeutics including pharmaco-therapeutics, and other areas relevant to the clinical speciality.
2. Serve as a contact for other members of the healthcare team, providing information about the students learning needs and act as an advocate for the student as they develop their advanced clinical skills
3. Assess the students clinical practice taking into consideration the students' scope of practice, expectations of the topic and differences in professions
4. Provide relevant progress information to the university topic coordinator about the student's progress in the SIPP through contact emails initiated by the topic coordinator at the beginning, midway and end of the placement, and to initiate contact with the topic coordinator if any concerns or issues related to the student or their progress arise during the placement.

The role of the **University** is to:

1. Work with students, supervisors, and clinical venues to assist the student in developing the knowledge and skills needed as an advanced practitioner
2. Ensure the clinical program meets the requirements of clinical settings, regulatory bodies, and the university
3. Establish and maintain credible and equitable learning and evaluation frameworks
4. Assessment in the SIPP topics are conducted by both the supervisor and topic coordinator. The topic coordinator has overall accountability and responsibility for awarding student's final grade

Assessment: case study

Clinical case study for NURS9027 Appendix for Essay

Instructions:

Students are to complete all ten (10) clinical case studies of patients they have seen during the semester. Completing the 10 clinical case studies is the placement assessment requirement. One (1) clinical case study is to be uploaded as an appendix to assignment one, the essay. On completion of all 10 case studies your supervisor will complete the form **Supervisor Assessment of Clinical Logs**. A score of 3, 4 or 5 must be achieved for each area to pass the supervisors assessment of your performance on placement (see supervisors marking guide for SIPP). Your supervisor will also assess your clinical professional practice using the form **Supervisors Assessment of SIPP**. A score of 3, 4 or 5 must be achieved for each area to pass the supervisors assessment of your professional performance against the Nurse Practitioner Standards for Practice, and National Prescribing Competencies (see supervisor marking guide for SIPP). Three (3) of the ten (10) clinical case studies (not including the first submitted for assignment one) submitted in this document will be randomly selected, assessed, and graded by the university tutor for the topic against the marking guide. (see university tutors' marking guide for assessment of clinical case studies).

KEY:



Criteria highlighted in green should be a brief overview.

Criteria highlighted in blue should be detailed and referenced.

Student's name:

Student ID:

Topic: NURS9027

Specialty:

Supervisor's name:

Report covers period from:

to:

Client no. 1	
Criteria History and diagnosis	Description and comments (include your rationale) AND when relevant how each section relates to the Nurse Practitioner Standard for Practice and the National Prescribing Competencies by referencing those documents i.e. (NPS 1.2) Use literature to support your rationale for differentials and diagnostics
Assessment Chief complaint History of complaint Past medical, surgical, mental health, medication history, social history	
Physical assessment – relevant to the case, comprehensive and detailed Consider the use of a framework to organise clinical thoughts and process. Explain your physical assessment, relevant screening tools etc used to inform and develop differentials. Include vital signs and/or mental health observations (mood attention etc) where relevant.	
Differential Diagnosis Generate, refine and explain your differential diagnoses in detail, related to your assessment. Organise in a manner that reflects and conveys your thought process – ie most likely, not to miss.	
Diagnostics List diagnostic tests / screening tools etc used to include or exclude each of your differential diagnosis. e.g. History, physical assessment tools, blood tests, radiology, mental health screening tools etc. Identify which differential you are trying to include or exclude using your diagnostic test. Explain the validity and reliability of each test e.g. specificity and sensitivity, potential for this test(s) to give false positives or false negatives.	References:
Results Analyse the results of the tests that you used. How do the results inform your diagnosis? How do they include or exclude your differentials. Explain your understanding of these results in relation to your patient presentation.	References:
State your working diagnosis (be sure to have excluded all of your listed differentials to arrive at your diagnosis) OR explain your provisional diagnosis if more testing is still required e.g. your diagnosis is "somatic symptoms and related disorders" as your investigations have not identified a single cause as yet due to a cluster of functional syndromes	
Diagnostic "time out" Use this time to consult with your supervisor. Provide a short reflection identifying any cognitive errors in your reasoning.	

<ul style="list-style-type: none"> • How did I arrive at this diagnosis? • Did I consider all the alternatives? • Did I settle too early on a diagnosis? • Did I accept someone else's diagnosis without question? • And for admitted patients: does the diagnosis still fit the clinical picture? 	
<p>Aboriginal and Torres Strait Islander Reflecting on this particular presentation, critically analyse how you progressing towards achieving the cultural capabilities for Aboriginal and Torres Strait Islander people? Consider:</p> <ul style="list-style-type: none"> • respect • communication • advocacy • safety <p>N.B. If this client was not of Aboriginal and Torres Strait Islander background, please be specific to the facts of this particular case presentation. Analyse how your care and patient management could address the cultural capabilities listed.</p>	References:
<p>Management/treatment plan Summarise briefly your management plan for this patient including non-pharmacological interventions.</p> <p>Provide a comprehensive analysis of the literature demonstrating your rationale for this plan.</p>	References:
<p>Plan of care State members of the inter- and intra-professional team you will engage for this patient. State referrals required.</p> <ul style="list-style-type: none"> • List referrals made, eg specialist, GP, allied health. <p>Is the patient/client involved in shared decision making? How? https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making</p>	
<p>Pharmacology Briefly identify medications prescribed or changes made within this treatment plan. Consider additional prescriptions or any deprescribing Identify how you applied the National Prescribing Competency Areas within this presentation? https://www.nps.org.au/prescribing-competencies-framework</p>	
<p>Documentation. Brief discussion re documentation management.</p>	
<p>Patient Education Brief discussion re patient education provided to patient/ family/ carer/ significant other by MNP student</p>	

HEALTH CARE CONTEXT

Demonstrate your understanding of the care that your client would ideally receive at different levels of care as part of their journey through the health care system and identify essential elements of collaboration (information provided by you, and information that you need to request) that will ensure a smooth transition across these levels of care for your client. Indicate the level of care that you are providing by inserting "my practice" at the relevant level.

SETTING		INTEGRATED CARE PLANNING – Information exchange between the NP and other health professionals and carers to coordinate care with other health, disability and aged-care providers, agencies and community resources	
		Anticipated care required	Information to be exchanged
Tier 4a	Tertiary Care: Hospital based Care		
Tier 4:	Secondary Care: Sub-acute Hospital Based Care (E.g palliative care, rehabilitation and geriatric evaluation management (GEM) care, dedicated sub-acute units within acute hospitals, outpatient and community subacute programs including but not limited to wound management, dialysis, cardiac rehab)		
Tier 3:	Community Care: Specialist Care A consultant led team providing specialist services within the community (Integrated health care practice centres that include the range of allied health specialties, specialty medical practitioners, specialist nursing. E.g. Chronic disease management)		
Tier 2	Primary Health Care/Home Care (Enhanced Essential Care) GP or Allied Health Clinics that provide a range of care with some		

	specialist services (e.g. Primary Health Care Centres)		
Tier 1	Essential Care: Primary Health Care (single practitioner practice)		

Tier 3:	Community Care: Specialist Care A consultant led team providing specialist services within the community (Integrated health care practice centres that include the range of allied health specialties, specialty medical practitioners, specialist nursing. E.g. Chronic disease management)		
Tier 2	Primary Health Care/Home Care (Enhanced Essential Care) GP or Allied Health Clinics that provide a range of care with some specialist services (e.g. Primary Health Care Centres)		
Tier 1	Essential Care: Primary Health Care (single practitioner practice)		

Supervisors Signature:	Feedback / comment
Supervisors Name and Designation:	
Date:	

Marking Rubric

Level		Meaning
5	Autonomous extended practice	<p>Always demonstrates application of NP Standards.</p> <p>https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx</p> <p>Very coordinated, logical, proficient, and confident clinical practice. Engages with others to plan care, manage/treat and discharge. Demonstrates sound diagnostic reasoning. Justifies decisions based on best practice.</p> <p>Clear demonstration of patient centred communication. Engages team members to provide continuity of care - concerned with the quality of care over time. Proficient in synthesizing theory and practice with minimal prompts. Very well-developed clinical reasoning skills. Expert understanding of pharmacology and prescribing needs relevant to specialty area. Insight into clinical performance demonstrating reflexive practice.</p>
4	Mostly autonomous extended performance	<p>Usually or frequently demonstrates (85- 95% of the time) application of NP Standards.</p> <p>https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx</p> <p>Coordinated, proficient, and confident clinical practice. Engages with others to plan care, manage/treat and discharge.</p> <p>Demonstrates sound diagnostic reasoning with minimal support. Justifies decisions based on best practice.</p> <p>Patient centred communication is not always clearly demonstrated. Engages team members to provide continuity of care - concerned with the quality of care over time, however, some minor omissions. Proficient in analysing theory and practice with minimal prompts. Well-developed clinical reasoning skills.</p> <p>Working knowledge of pharmacology and prescribing needs relevant to specialty area. Insight into clinical performance demonstrating reflexive practice.</p>
3	Assisted & Advanced Practice	<p>Demonstrates (50% of the time) application of NP Standards.</p> <p>https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx</p> <p>Coordinated, proficient, clinical practice. Confidence is still needed in some areas. Engages with others to plan care and seeks support and direction from others. Demonstrates sound clinical practice, however, diagnostic reasoning requires support.</p> <p>Justifies most decisions based on best practice. Patient centred communication is not always clearly demonstrated. Engages team members to provide continuity of care - concerned with the quality of care over time, however, some omissions and prompts required. Can describe the theory and not always clear on how it links to practice. Developed clinical reasoning skills. Understanding of pharmacology and prescribing needs is not at the level required for autonomous practice. Some insight into clinical performance, reflection evident.</p>
2	Frequently assisted performance	<p>Seldom demonstrates (<50% of the time) application of NP Standards.</p> <p>https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx</p> <p>Requires context specific verbal and/or physical prompts and direction. Deficit in knowledge underpinning practice and needs support. Requires frequent prompting to elicit knowledge. Hesitant, unconfident and/or lacks proficiency in technical skills.</p> <p>Requires direction to consult appropriate resources when asking for assistance. Requires frequent prompting and support to always synthesise theory and practice. Professional and evidence-based practice. Appropriate interpersonal communication skills at all times. Safe understanding of pharmacology, unable to suggest appropriate medications to address current health needs of the patient. Limited insight into clinical performance, reflection evident.</p>

1	Registered Nurse not at the APN	Dependent/unsatisfactory performance	<p>Rarely or does not demonstrate (<10% of the time) application of NP Standards. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx</p> <p>Requires ongoing verbal and physical prompts and direction. May be performing beyond scope of practice without underpinning knowledge and skills. Requires ongoing prompting to elicit knowledge underpinning practice. Uncoordinated, unconfident and lacks proficiency in technical skills. Professional conduct and evidence-based decision making not consistently demonstrated, or not consistent with practice. Frequently demonstrates ineffective interpersonal communication skills. Inability to synthesise theory and practice even with frequent prompting and support. Poor understanding of pharmacology. No insight into clinical performance, no reflection evident.</p>
SUPERVISOR COMMENTS:			
Signed:		Date:	

Note: In order to meet the criteria for successful completion of the Master of Nursing: Nurse Practitioner, the candidate needs to achieve a minimum score of 3 in each category for the topics NURS9027 and 4 in each category for NURS9029. Adapted from Bondy, KN. 1984, 'Clinical evaluation of student performance: The effects of criteria on accuracy and reliability. *Research in Nursing & Health*, vol 7, no 1, pp. 25-33

Supervisors' assessment of clinical case studies

Student's name: _____ Student ID: _____

Specialty: _____ Topic: _____ NURS9027 or NURS9029

Report covers period from: _____ to: _____

Supervisor Name: _____

Criteria	Autonomous extended practice	Mostly autonomous extended performance	Assisted & Advanced practice	Frequently assisted performance	Dependent unsatisfactory performance
<i>Please refer to the marking guide and indicaterating by ticking a box for each criterion.</i>	Student's clinical performance is demonstrating advanced extended practice transitioning to a novice Nurse Practitioner		Performance is at the level of a specialty emerging advanced practice registered nurse	Performance is at the level of a Registered nurse/novice advanced practitioner	Unsatisfactory performance. Not at the level of advanced practice
Rating	5	4	3	2	1
Patient assessment and care					
History taking of complaint incl. past medical history, mental health history, socioeconomic and other appropriate data					
Physical assessment Observations Inspection Systems examination					
Formulation of differential diagnosis and identifies red flags					
Types of test used are appropriate to presenting cases. Understands specificity and sensitivity of tests and requirement for additional testing if where relevant.					
Rationale for requesting the tests					
Understanding of normal physiology and disease processes.					
Accurately interpreting diagnostics tests used					
Arrives at an accurate diagnosis					
Formulates a management plan					
Accurate and appropriate records/referrals and reports are managed					
Professional communication					
Patient relationships					
Team relationships					
Advanced, detailed knowledge of clinical specialty relevant					
Pathophysiology					
If applicable mental health presentations and appropriate assessments					
Pharmacology					
<p>Has the student completed a minimum of 150 hours of professional experience placement (clinical placement) during this semester?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you consider that this candidate has achieved the required level of clinical competence for the advanced extended clinical practice role and is capable of transitioning to the role of Nurse Practitioner in the current clinical specialty area?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please fill in the comments section below and sign the document. Thank you</p>					

Supervisor Assessment of SIPP against the NPS, NCP and Aboriginal & Torres Strait Islander Health Curriculum Framework.

Student name: _____ Student ID: _____

Specialty area: _____ Topic: NURS9027

Report covers period from: _____ to: _____ Supervisor Name: _____

KEY: **Nurse Practitioner Standards for Practice (NPS)**
<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx>

 National Prescribing Competency Framework (NPC)
<https://www.nps.org.au/prescribing-competencies-framework>

 Aboriginal and Torres Strait Islander Health Curriculum Framework
<https://www.health.gov.au/sites/default/files/documents/2020/12/aboriginal-and-torres-strait-islander-health-curriculum-framework.pdf>

Criteria	Autonomous extended practice	Mostly autonomous extended performance	Assisted & Advanced practice	Frequently assisted performance	Dependent unsatisfactory performance
<i>Please refer to the marking guide below and indicate rating by ticking a box for each criterion.</i>	Student's clinical performance is demonstrating advanced extended practice transitioning to a novice Nurse Practitioner		Performance is at the level of a specialty emerging advanced practice registered nurse	Performance is at the level of a Registered nurse/novice advanced practitioner	Unsatisfactory performance. Not at the level of advanced practice
Rating	5	4	3	2	1
Demonstrates complex and critical thinking to conduct comprehensive, relevant, and holistic health assessments (NPS 1.1)					
Demonstrates accountability in the timely and considered use of diagnostic investigations to inform clinical decision making (NPS 1.2)					
Integrates theoretical and practical knowledge to apply diagnostic reasoning to formulate diagnoses (NPS 1.3)					
Understands the person and their needs (NPC 1)					
Critically and ethically translate and integrate evidence-based knowledge into planning care (NPS 2.1)					
Educates and supports others to enable their active participation in care (NP 2.2)					
Considers quality use of medicines and therapeutic interventions using their comprehensive knowledge when planning care (NPS 2.3)					
Understands the management options (NPC 2)					
Collaborates and consults with others for care decisions to obtain optimal outcomes for the person receiving care (NPS 2.4)					
Agrees on a plan for medicines with the patient (NPC 3)					
Prescribes medications (within scope of practice) and communicates the agreed treatment decision (NPC 4)					
Prescribes indicated non- pharmacological and pharmacological interventions (NPS 3.1)					
Manages episodes of care, establishing and maintaining respectful relationships with people at the centre of care (NPS 3.2)					

Recognises their duty of care and practise in accordance with federal, state and territory legislation and professional regulation governing NP practice (NPS 3.3)					
Engages in reflective practice and evaluates the outcomes of their practice (NPS 4.1)					
Advocates for, participate in, or lead systems that support safe care, partnership and professional growth (NPS 4.2)					
Reviews the outcome of treatment (NPC 5)					
Prescribes safely and effectively (within scope of practice) Prescribes professionally – as per codes, standards and guidelines (NPC 6 & 7)					
Demonstration of cultural capabilities:					
the following articulate the required attitudes, values, skills, and knowledge that students should possess to demonstrate and develop their cultural capabilities in clinical practice. Please indicate the students progress towards cultural capability.					
Criteria	INDICATE level 4 or 5 if student has demonstrated ability to act on cultural knowledge and cultural awareness in clinical practice. INDICATE level 2 or 3 if student has demonstrated cultural competence, aware of their own culture and sensitivity towards others cultural beliefs INDICATE level 1 is the student has no cultural awareness of Aboriginal or Torres Strait Islander people's values, beliefs, practices, or experiences and/or understanding of cultural safety in health service delivery.				
RESPECT Recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health care practice. (1.1,1.2,1.3,1.4)					
COMMUNICATION Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples. (2.1, 2.2)					
SAFETY & QUALITY Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care. (3.1, 3.2)					
REFLECTION Examine and reflect on how one's own culture and dominant cultural paradigms, influence perceptions of and interactions with Aboriginal and Torres Strait Islander peoples. (4.1, 4.2, 4.3)					
ADVOCACY Recognise that the whole health system is responsible for improving Aboriginal and Torres Strait Islander health. Advocate for equitable outcomes and social justice for Aboriginal and Torres Strait Islander peoples and actively contribute to social change. (5.1, 5.2)					