

Master of Nursing (Nurse Practitioner)

SNNP02

Charles Darwin University

Information for Prospective Students

Contents

Application Requirements	Page
Clinical Support Requirements	3-4
Role of the Clinical Support Team (CST)	4-5
Clinical mentor requirements and responsibilities	6
CST member requirements and responsibilities	6-7
Role of the education provider	7
Integrated Professional Practice (IPP) requirements	8
Applicant checklist	9

Forms	Page
Letter of support from Healthcare organisation	10
Clinical mentor agreement	11
Clinical support team member 1 agreement	12
Clinical support team member 2 agreement	13
Advanced Practice Reference Form	14-15

Appendices	Page
Appendix 1: Interpretation and explanation of supernumerary integrated professional practice for nurse practitioner students	16-17
Appendix 2: Recommended CV format	18
Appendix 3: Requirements pre commencement of Integrated Professional Practice (IPP) Hours	19
Appendix 4: Australian Advanced Practice Nursing Self Appraisal Tool & peer review	20

Introduction

The Master of Nursing (Nurse Practitioner) course (SNNP02) offered by the Faculty of Health, at Charles Darwin University is accredited by Australian Nursing and Midwifery Accreditation Council (ANMAC) and includes additional clinical entry requirements described below. The course is approved by the Nursing and Midwifery Board of Australia (NMBA) as leading to eligibility for endorsement as a Nurse Practitioner (NP). The NMBA is a National Board under the Australian Health Practitioners Regulatory Agency (AHPRA). Healthcare organisation support is required for a Nurse Practitioner student who applies to the course.

You are required to provide the following information to evidence your eligibility for Master of Nursing (Nurse Practitioner) SNNP02:

- Current registration with AHPRA as a division 1 registered nurse
- Academic transcripts of Bachelor of Nursing and clinically focused Post Graduate qualification AQF 8 or higher.
- A current CV demonstrating:
 - a minimum of two (2) years full-time equivalent (FTE) employment as a registered nurse in the same specified clinical field as your postgraduate qualification PLUS:
 - an additional two (2) years FTE of recent advanced nursing practice in the same clinical field.
- Completion of the 'Australian Advanced Practice Nursing Self Appraisal Tool' & peer review completed
- Reference confirmation of advanced practice

Clinical support requirement forms:

- A Letter of support from your chosen healthcare organisation that agrees to provide:
 - the clinical support team and placement for a minimum of 300 hours of supernumerary integrated professional practice (IPP)
- Complete and signed forms from the Clinical Support Team (CST), comprising of:
 - one Clinical mentor; and
 - two additional members

Your CST will provide support throughout your enrolment in this course, it is important to note that they must be easily accessible to you, ensuring consistent supervision, both direct and indirect, plus mentoring throughout your student journey.

Conditions that the students' as Registered Nurses are to conform by during the course:

1. Students who need to change the supporting healthcare organisation after the application (either before or after course commencement) must submit all required documents from the proposed new organisation to the Faculty via NursePractitioner@cdu.edu.au to be assessed and approved for eligibility. Students who do not conform with this will lose their place in the course.
2. Comply with the National Law by notifying the Australian Health Practitioner Regulation Agency if a student undertaking integrated professional practice has an impairment that may place the public at risk of harm.
3. Specific requirements for right of entry to health services for integrated professional practice experience placements (including, fitness for practice, immunisation, and criminal history), students may be required to show evidence of the above i.e., vaccination, working with children check.
4. Requirements specified in the Nursing and Midwifery Board of Australia's Endorsement as a Nurse Practitioner Registration Standard (please refer to the Nursing and Midwifery Board webpage for up to date guidance).

Role of the Clinical Support Team (CST)

The role of the clinical support team is pivotal in the development of the nurse practitioner (NP) student's expanded practice. The NP student will be working closely with their team to further enhance their clinical skills, critical thinking,

clinical decision-making, diagnostic reasoning, client management, and professional practice. NP's work in close collaboration with other health professionals; hence it is important that this collaboration with a multi-disciplinary clinical support team is present throughout the course with the aim to prepare these students for the role. The CST are to provide direct and indirect supervision, as defined below, during the length of the course.

- Direct: The clinical mentor or support person are physically in the same room or space as the NP student.
- Indirect: The clinical mentor or support person are in close proximity to the NP student, to allow for easy access for support and mentoring. This is most commonly in another consult room, on the same ward or outpatient department. It can in some cases especially in the later part of the program also be that the clinical mentor or support person are on the same hospital campus.

The CST must contain one Clinical Mentor and two additional CST members. The three team members must be comprised of one of each of the roles outlined below to ensure that you have appropriate coverage of support in nursing, medical and pharmacology fields covered in this course:

- A Nurse Practitioner (NP) – preferable within your clinical specialisation:
- A Medical Practitioner - with specialisation in a suitable clinical field (e.g. physician, surgeon, cardiologist, general practitioner);
- A Pharmacist.

All members of the CST should be employed at a minimum of 0.5 full time equivalent (FTE) to be easily accessible for you. Casual staff members are not eligible to be clinical mentors or clinical support team members since consistency in the supervision can be negatively affected.

It is desirable that all CST members have at least one of the following:

- postgraduate qualification in education
- experience from supervision of NP students, registrars or medical students

Clinical Mentor Requirements and Responsibilities

The Clinical Mentor (CM) is an experienced clinician, committed to the education, support and guidance of the NP student in their clinical environment. The CM takes a leading role of the NP student's CST.

The CM will be responsible for the supervision of the NP student but does not have to work for the total specified clinical Integrated professional practice (IPP) hours that the NP student is required to undertake.

The CM must be either:

- A Nurse Practitioner with at least one-year full time experience as a NP in relevant clinical field. OR
- A Medical Practitioner with a specialisation in relevant clinical field.

The responsibilities of the CM are to:

- Provide clinical advice as it applies to the student's context of practice;
- Assist the student with the development of his/her personal clinical goals and competency for expanded practice;
- Provide an assessment to the university of the student's ability and capability to be safe and competent in their expanded practice;
- Participate in assessment in the clinical setting of the student as required by the specific unit/s.

CST Member Requirements and Responsibilities

In addition to a CM, the CST must have two (2) additional members. The CST takes a multi-disciplinary approach and must consist of the following:

- Nurse Practitioner or Medical Practitioner, this should be whichever is not your CM; and
- A pharmacist

The responsibilities of the CST, are to assist the NP student in the following ways:

- Being accessible to the student.

- Conducting regular case reviews with the NP student.
- Discussion and assessment of clinical decisions
- Recommendations for future patient care.
- Supporting the student to develop the NP role in their clinical environment.
- Encouraging a reflective approach as the student works into the role of NP.
- Working with the NP student to identify learning needs and suitable resources.
- Clinical teaching.
- Patient management in collaboration with the NP student.
- Providing ongoing formative feedback.
- Assessment in collaboration with the University.

The above will be covered whilst handling case management, patient assessment, diagnostic procedures including radiology, pharmacological management of patients and ongoing care of patients and their families.

The SNNP02 course uses the Subjective, Objective, Assessment and Plan (SOAP) format for all patient documentation and case study presentations/Vivas, therefore it is expected that students would become familiar with discussing and presenting patients using SOAP.

Role of the Education Provider

The Course Coordinator for the Master of Nursing (Nurse Practitioner) (SNNP02) monitors the academic progress of each NP student. The responsibilities of the unit coordinator and course coordinator are to support the CST and CM by:

- Providing ongoing support for the student, CM and CST in the clinical setting through regular contacts.
- Working with student to develop learning approaches as they work into the expanded role.
- Identification of learning needs with student.
- Planning learning activities with student.
- Collaborating with the mentor and CST to identify an 'at risk' student.
- Planning and supporting the CM and CST with assessment of a student.

Integrated Professional Practice (IPP) Requirements

It is common that most NP students will continue working in their clinical area of specialty while undertaking their studies. The course requires a minimum of 300 hours supernumerary* IPP be undertaken by each student. These hours will provide the student opportunity to further develop their skills and professional practice in order to grow into the expanded role of an NP with the guidance of their CST and CM. The required minimum of 300 hours has been spread over their whole course (see below) to support the student in their professional growth.

Year 1:	Semester 1: 50 hours	Semester 2: 100 hours
Year 2:	Semester 1: 20 hours	Semester 2: 130 hours

Total 300 hours

*Definition Appendix 1 (Page 16-17)

Most students will be combining part-time study with work and the clinical requirements of the units in which they are enrolled. Because of their previous work experience, students will have varying levels of expertise in different aspects of the course. This means that some units in the course may be relatively easy and others less if the material differs from their usual practice. The CST along with the unit coordinator should be ready to assist, therefore students are encouraged not to delay the identification of any difficulties with content, clinical application, or time management.

If at any time a student has difficulty in meeting the clinical requirements of the course, it is their responsibility to raise this as soon as practical with the course coordinator so that a resolution to any issues can occur with the relevant clinical area.

Applicant Checklist

This following checklist must be completed and provided alongside the below required documents. Incomplete applications will not be assessed, making it crucial that applicants ensure all documentation outlined below is included prior to submitting. Copies of the following documentation, proof of eligibility, academic transcripts and statements of service, must be certified by a Justice of the Peace or similar.

Applicant Checklist (please return this checklist with your application):

Documents to be submitted	Completed Yes/No
Proof of eligibility as domestic student (i.e. passport)	<input type="checkbox"/> Yes <input type="checkbox"/> No
AHPRA registration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Academic transcripts <ul style="list-style-type: none"> • Bachelor of nursing • AQF level 8 (or above) Clinically focused post graduate qualification related to your chosen specialty 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Current detailed CV demonstrating (Appendix 2) <ul style="list-style-type: none"> • Two years full time equivalent as a registered nurse in your clinical field; PLUS • Two years of advanced practice in the same clinical field outlining how you meet each of the following: <ul style="list-style-type: none"> ○ Clinical practice ○ Education ○ Research ○ Leadership ○ Support of systems 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Completion of the Australian Advanced Practice Nursing Self Appraisal Tool & Peer Appraisal (Appendix 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed statements of service including roles, dates & total hours worked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of support from healthcare organisation signed by an Executive Director of Nursing (or equivalent) (pg. 10)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference confirmation of advanced practice (signed by nurse practitioner or medical practitioner) (pg. 14-15)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical mentor agreement (plus abbreviated CV) signed by either a Nurse Practitioner or Medical Practitioner (pg. 11)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical support team (CST) agreement 1 (pg. 12) Clinical support team (CST) agreement 2 (pg. 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name: _____

Applicant Signature: _____ Date: _____

Letter of Support from Healthcare Organisation

This form is to be completed by the Executive Director of Nursing (or equivalent) at the healthcare organisation at which you will be undertaking your Integrated Professional Practice (IPP) requirements.

I,

In the position of:

On behalf of:

Agree to support:

In the undertaking of the Master of Nursing (Nurse Practitioner) course with Charles Darwin University should they be accepted.

I acknowledge that I have read the Clinical requirements including Integrated Professional Practice and the course information. I confirm that the organisation is committed to supporting the studies of this student by providing them with the opportunities for a minimum of 300 hours of supernumerary Integrated Professional Practice during the program.

☐ I certify that I have kept a copy of this document for my records.

Signature:

Date:

Address:

Phone:

Email:

Will the above-named applicant be employed within a transitional/candidate nurse practitioner position during the course: Yes No

Professional Experience Agreement

Name and contact details for the person within your organisation who manages student placement agreements.

Name:

Email:

Phone:

Address:

Clinical Mentor Agreement

Section 1: Student Applicant to complete:

Name:

Employer:

Specialty:

Email:

Phone:

Section 2: Clinical Mentor to complete:

I,

registered with Australian Health Practitioner Regulatory Agency (AHPRA), hereby state that I have read the provided documentation regarding the role and responsibilities of the Clinical Mentor (CM) for a Nurse Practitioner student.

I agree to be the Clinical Mentor for the above-named applicant whilst they are undertaking the Master of Nursing (Nurse Practitioner) with Charles Darwin University for the duration of their enrolment in the course.

Signature:

Position:

Date:

AHPRA registration No:

Organisation:

Address:

Email:

Phone:

- ☐ I have attached a copy of my **abbreviated curriculum vitae** outlining clinical experience and educational qualifications in mentoring NP or medical students/registrars

Clinical Support Team Member Agreement 1

Section 1: Student Applicant to complete:

Name:

Employer:

Specialty:

Email:

Phone:

Section 2: Clinical Support Member to complete:

I,

registered with Australian Health Practitioner Regulatory Agency (AHPRA), hereby state that I have read the provided documentation regarding the role and responsibilities of the Clinical Support Team Member (CST) for a Nurse Practitioner student.

I agree to be a Clinical Support Team Member for the above-named applicant whilst they are undertaking the Master of Nursing (Nurse Practitioner) with Charles Darwin University for the duration of their enrolment in the course.

Signature:

Position:

Date:

AHPRA registration No:

Organisation:

Address:

Email:

Phone:

- ☐ I have attached a copy of my **abbreviated curriculum vitae** outlining clinical experience and educational qualifications in mentoring NP or medical students/registrars

Clinical Support Team Member Agreement 2

Section 1: Student Applicant to complete:

Name:

Employer:

Specialty:

Email:

Phone:

Section 2: Clinical Support Member to complete:

I,

registered with Australian Health Practitioner Regulatory Agency (AHPRA), hereby state that I have read the provided documentation regarding the role and responsibilities of the Clinical Support Team Member (CST) for a Nurse Practitioner student.

I agree to be a Clinical Support Team Member for the above-named applicant whilst they are undertaking the Master of Nursing (Nurse Practitioner) with Charles Darwin University for the duration of their enrolment in the course.

Signature:

Position:

Date:

AHPRA registration No:

Organisation:

Address:

Email:

Phone:

- ☐ I have attached a copy of my **abbreviated curriculum vitae** outlining clinical experience and educational qualifications in mentoring NP or medical students/registrars

Advanced Practice Reference Form (Pg. 1)

Applicants are to provide a completed advanced practice reference form from a nurse practitioner or medical specialist with their application submission

Section 1: Student Applicant to complete:

Name:

Employer:

Specialty:

Email:

Phone:

Section 2: Referee to complete

I,

In the role of:

can confirm that the above-named applicant has completed 2 years of advanced practice within the following specialty:

Signed:

Date:

Appendix 1



www.anmac.org.au

EXPLANATORY NOTE

Interpretation and explanation of supernumerary integrated professional practice for nurse practitioner students

This explanatory note has been prepared to help education providers, professional practice providers and students of nurse practitioner programs of study understand the interpretation of supernumerary integrated professional practice in the context of nurse practitioner education. This explanatory note provides clarification relating to the interpretation of supernumerary for integrated professional practice as it must apply in nurse practitioner programs of study.

The *Nurse Practitioner Accreditation Standards* (2015) define supernumerary as:

Where the student undertakes supervised practice outside their employed position or when they are not counted in the staffing roster.

Integrated professional practice

Integrated professional practice in the context of nurse practitioner students is undertaken:

- by registered nurses who are either employed or self-employed and are required to undertake 300 hours of professional practice to enable learning and demonstrate achievement of the Nursing and Midwifery Board of Australia's *Nurse practitioner standards for practice*
- in preparation and practice for their future role as a nurse practitioner, the students apply advanced levels of knowledge, skills and experience to perform clinical skills or episodes of care considered to be advanced practice
- under supervision of an appropriately qualified and experienced supervisor and for the duration of the integrated professional practice event, the student is supernumerary.

Integrated professional practice should provide a supported learning environment for the development of clinical skills and capability in episodes of care, including but not limited to those described in the *Nurse practitioner standards for practice*:

1. Assesses using diagnostic capability
2. Plans care and engages others
3. Prescribes and implements therapeutic interventions
4. Evaluates outcomes and improves practice

Supernumerary in context of integrated professional practice

Nurse practitioner students can obtain supernumerary integrated professional practice in one, or a combination of three ways:

- 1. Undertaking scheduled and supervised integrated professional practice in the clinical setting where they are employed, but not rostered at that time.**

Nurse practitioner students undertaking supernumerary integrated professional practice in the clinical setting where they are employed do so with supervision for the tasks they are undertaking and are in addition to the usual complement of staff in the healthcare setting. The service provided in the healthcare setting could continue to be delivered without the nurse practitioner student's presence.

- 2. Undertaking unscheduled, opportunistic and supervised integrated professional practice in the clinical setting where they are employed and counted in the roster of the clinical setting.**

During a rostered shift there may be an opportunity for the nurse practitioner student to become supernumerary. If the clinical workload at the time allows them to undertake the advanced practice under supervision, this can be counted as integrated professional practice time. In this circumstance the normal provision of rostered duty care cannot be compromised.

- 3. Undertaking supervised practice in a clinical setting where they are not employed.**

Nurse practitioner students may visit another clinical setting within their own employment setting or health service or visit another clinical facility to undertake supernumerary integrated professional practice.

Management of supernumerary integrated professional practice

In principle, the duration of each block of supernumerary practice can vary and should be organised into periods that are manageable by the student and the health care provider. The sessions should be of sufficient duration to comprehensively develop skills and capabilities required of a nurse practitioner. The full 300 hours of supervised integrated professional practice is documented to provide evidence the student has achieved the *Nurse practitioner standards for practice* as approved by their clinical supervisor(s) and education provider.

The nurse practitioner student is responsible for negotiating a plan to meet their integrated professional practice requirements in a way that minimises disruption to the clinical setting.

Version number	Date	Short description of amendment
V1.0	April 2018	First explanatory note

Accreditation Services
17 April 2018

Appendix 2

Recommended Curriculum Vitae Format

A detailed curriculum vitae is to be provided with this application. As well as detailing your nursing career it should be able to demonstrate alignment with the Nurse Practitioner Standards for Practice as defined by the Nursing & Midwifery Board of Australia (2021).

It should contain the following:

- Name and contact details
- Qualifications
- Work/practice history (in date order)
 - Dates including total hours worked
 - Position title
 - Facility
 - Responsibilities
- Outline any gaps in work history
- Specific attention to competency in the following areas:
 - Clinical practice
 - Education
 - Research and quality improvement
 - Leadership
 - Support of systems
- Declaration: Please include the following statement and your signature:
‘This curriculum vitae is true and correct as at (insert date)’

Appendix 3

Integrated Professional Practice (IPP) Requirements

If your application is successful, you will be required to submit the following evidence on orientation week of semester one and prior to your integrated professional practice hours:

- National police check (completed within the last 12 months)
- First aid and CPR competencies (completed within the last 12 months)
- Working with children check (or state/territory equivalent)
- Completed full immunisation schedule (As per local state/territory requirements)
- Any additional specific employer related checks

Appendix 4

The Australian Advanced Practice Nursing Self-Appraisal Tool (ADVANCE) is used to evaluate your practice against advanced practice criteria. Please complete the ADVANCE tool and submit as part of this application process.

Ensure that **all** the following components have been addressed:

- Part A: Self-assessment
- Part B: Justification and Evidence
- Manager/Peer Review Evaluation

Source:

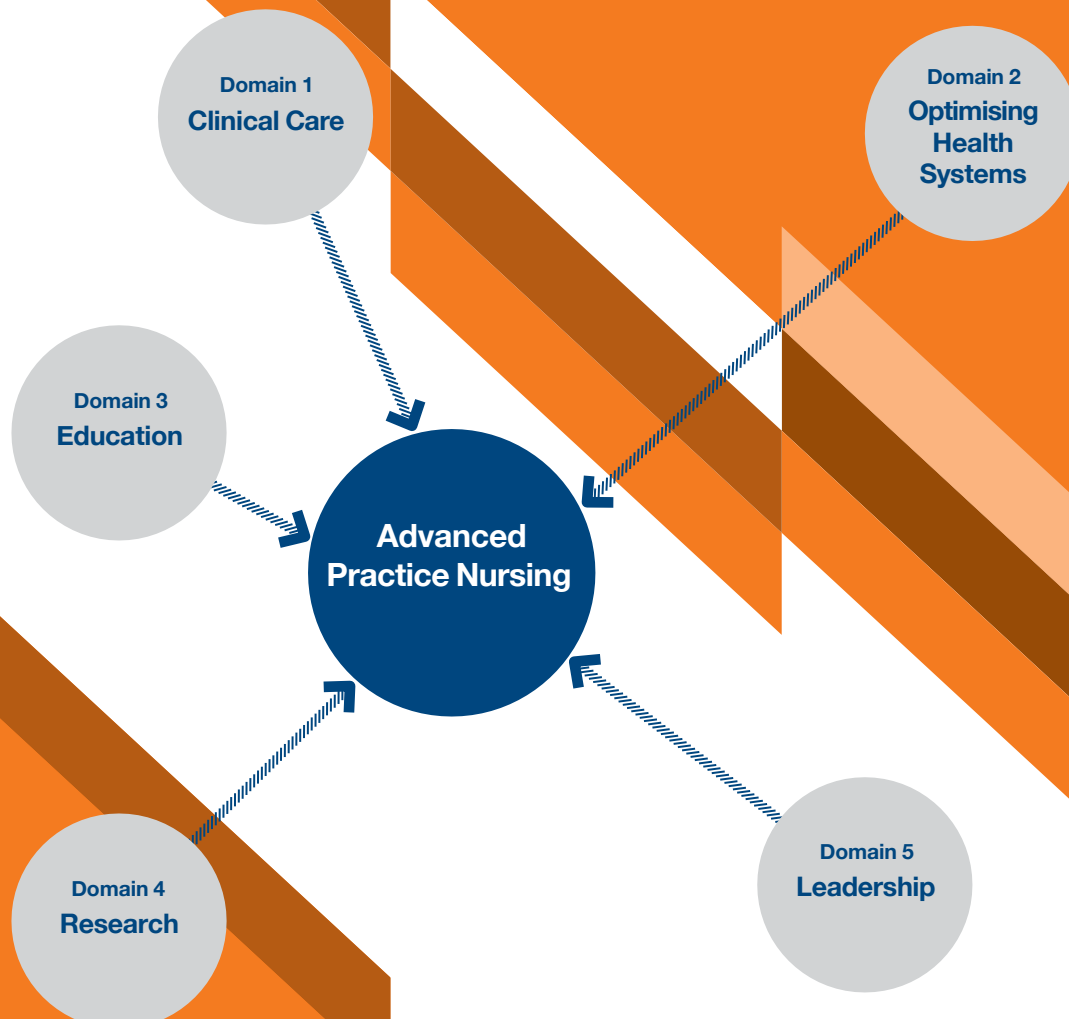
Gardner G., Duffield C., Gardner A., Batch M. (2017). The Australian Advanced Practice Nursing Self-Appraisal Tool DOI: 10.6084/m9.figshare.4669432

You can find the ADVANCE tool in the subsequent pages of this package.



The Australian Advanced Practice Nursing Self-Appraisal Tool

The ADVANCE Tool



Overview

Advanced practice in nursing is a level and type of practice rather than a designation of specific titles and roles. Having the tools to identify advanced practice is important and has implications for the nursing profession and the broader healthcare system.

The Australian Advanced Practice Nursing Self-Appraisal (ADVANCE) tool provides a standardised understanding of advanced practice that will support health service planning and cross-discipline team development. Furthermore, the facility to demonstrate achievement of practice at this level is necessary for nurses' individual career planning, succession planning, and can inform postgraduate nursing education curricula.

This tool will be useful **for nurse clinicians to:**

- Supply evidence of advanced practice experience in application for entry to Nurse Practitioner masters courses
- Support an application for any positions that require advanced practice nursing.

The tool will be useful **for service managers in:**

- Designing advanced practice nursing positions
- Determining the most appropriate use of advanced practice nurses in service planning and delivery
- Measuring cost effectiveness of advanced practice nursing
- Budget planning and resource allocation.

The Advanced Practice Nursing Self-Appraisal Tool is grounded in evidence and is one of the deliverables from a ten-year program of research. Other outcomes of this research program include:

- Identifying a model of advanced practice nursing relevant to the Australian context¹.
- Development/amendment and validation of a survey instrument to measure advanced practice^{2,3}.
- Delineating the practice profile of advanced practice nursing from other levels of practice⁴.
- Identifying advanced practice nursing in Australia⁵.
- Standardisation of Australian nursing titles⁶.
- Providing an evidence base for international discussion about advanced practice nursing.

The Tool

The ADVANCE Tool was developed from a survey tool drawn from the Strong Model of Advanced Practice^{7,8}. The Strong Model is an advanced practice nursing framework developed in the USA by a group of advanced practice nurses and academics at Strong Memorial Hospital, University of Rochester Medical Centre^{7,8}. With permission from the original authors, the model has been amended and validated to accommodate contemporary nursing practice in Australia and the Australian health service context^{2,3,9}.

The ADVANCE tool includes five domains of nursing practice namely: **Clinical Care, Optimising Health Systems, Education, Research and Leadership**.

For each domain there is a definition and description of the activities relating to that domain. Our research has shown that nursing practice at an advanced level achieves relatively high scores across all domains. This is practice informed by layers of knowledge underpinned by academic preparation and clinical experience. Nursing activities at this level, whilst seemingly manifest are often structured in complexity.

As a consequence of this complexity some advanced practice nursing activities are clearly observable and others are not. The latter may be practice activities that include higher-order problem solving, advanced planning, critical thinking, ethical decision making and other complex actions. Clinical care activities may be performed in conjunction with related but non-observable activities such as watchful patient response monitoring, reflection on relevant research or planning a potential staff development session. Furthermore, a nurse practising at an advanced level is likely to engage in work-related activities of research, leadership and or education outside of clinical work hours.

Hence, each of the advanced practice domains include observable and non-observable activities which may be practised simultaneously.

How to use this tool

First, take time to carefully read and familiarise yourself with navigating through the tool. Note the five domains and the definition and the activities related to each. The domains are set out consecutively and for each domain there is two parts: Part A – Activity scoring & domain score; Part B – Justification & evidence.

Then complete each domain section as follows:

Part A: Consider each activity. Use the Likert scale (4 to 0) to select the score that indicates the extent to which you engage in that activity. Calculate and enter the average score for that domain (*to obtain the average score add all domain activity scores then divide by the number of activities*).

Part B: Provide justification of your domain score with descriptions and examples from your current practice. This section is a narrative validation of your own measurement of your level of nursing practice in the domain. Your manager or peer will review and evaluate your domain score justification.

Based on research, the minimum mean scores for all domains to indicate advanced practice are as follows:

DOMAIN 1: CLINICAL CARE	DOMAIN 2: OPTIMISING HEALTH SYSTEMS	DOMAIN 3: EDUCATION	DOMAIN 4: RESEARCH	DOMAIN 5: LEADERSHIP
2	2	2	1.7	1.7

Domain 1 Clinical Care

Part A: Activity scoring

Definition: Practice in this domain includes activities carried out on behalf of individual patients/clients focusing on specific needs, including procedures, assessments, interpretation of data, provision of physical care and counselling. Clinical Care also includes care coordination, care delivery, and guidance and direction to others relevant to a specific patient population.

Following is a list of activities that are components of Clinical Care. For each of the activities, please indicate the extent of time, in your current position, that you would spend on each one, by recording a number from 4 to 0 against each Activity

Activities

4 = very great extent 3 = great extent 2 = some extent 1 = little extent 0 = not at all

- | | |
|--|-------|
| 1.1 Conduct and document patient history and physical examination | _____ |
| 1.2 Assess psychosocial, cultural and religious factors affecting patient needs | _____ |
| 1.3 Identify and initiate required diagnostic tests and procedures | _____ |
| 1.4 Gather and interpret assessment data to formulate plan of care | _____ |
| 1.5 Perform specialty-specific care and procedures | _____ |
| 1.6 Assess patient/family response to therapy and modify plan of care based on response | _____ |
| 1.7 Communicate plan of care and response to patient and/or family | _____ |
| 1.8 Provide appropriate education (counselling) to patient & family | _____ |
| 1.9 Document appropriately on patient record | _____ |
| 1.10 Serve as a consultant in improving patient care and nursing practice based on expertise in area of specialisation | _____ |
| 1.11 Facilitate the process of ethical decision making in patient care | _____ |
| 1.12 Coordinate inter/intra disciplinary plan for care of patients | _____ |
| 1.13 Collaborate with other services to optimise patient's health status | _____ |
| 1.14 Facilitate efficient movement of patient through the healthcare system | _____ |



Domain 1 Clinical Care

Part B: Justification and evidence

(attach additional pages if necessary)

Supporting Statements: Provide a rationale for your overall domain 1 score drawing upon examples and descriptions of your current practice with reference to the activities of the domain and the domain definition. Specific activities, projects, portfolios you are involved in may be emphasised.

Justification for domain score:

Manager/Peer Review Evaluation:

Yes Agree

No Disagree

Rationale for evaluation outcome:

Domain 2 Optimising Health Systems

Part A: Activity scoring

Definition: This domain includes activities that contribute to effective functioning of health systems and the institutional nursing service including role advocacy, promoting innovative patient care and facilitating equitable, patient-centred health systems.

Following is a list of activities that are components of Optimising Health Systems. For each of the activities, please indicate the extent of time, in your current position, that you would spend on each one, by recording a number from 4 to 0 against each Activity.

Activities

4 = very great extent 3 = great extent 2 = some extent 1 = little extent 0 = not at all

- | | |
|---|-------|
| 2.1 Consult with others regarding conduct of projects or presentations | _____ |
| 2.2 Contribute to, consult or collaborate with other health care personnel on recruitment and retention activities | _____ |
| 2.3 Participant in strategic planning for the service, department or hospital | _____ |
| 2.4 Provide direction for and participate in unit/service quality improvement programs | _____ |
| 2.5 Actively Participate in assessment, development, implementation and evaluation of quality-improvement programs in collaboration with nursing leadership | _____ |
| 2.6 Provide leadership in the development, implementation, and evaluation of standards of practice, policies and procedures | _____ |
| 2.7 Serve as a mentor | _____ |
| 2.8 Advocate the role of the nurse | _____ |
| 2.9 Serve as a spokesperson for nursing and the health facility when interacting with other professionals, patients, families and the public | _____ |



Domain 2 Optimising Health Systems

Part B: Justification and evidence

(attach additional pages if necessary)

Supporting Statements: Provide a rationale for your overall domain 2 score drawing upon examples and descriptions of your current practice with reference to the activities of the domain and the domain definition. Specific activities, projects, portfolios you are involved in may be emphasised.

Justification for domain score:

Manager/Peer Review Evaluation:

Yes Agree

No Disagree

Rationale for evaluation outcome:

Domain 3 Education

Part A: Activity scoring

Definition: These are activities that involve enhancement of caregiver, student and public learning related to health and illness. This also includes aiding patients and families to manage illness and to promote wellness, informal staff development and formal presentations to healthcare professionals

Following is a list of activities that are components of Education. For each of the activities, please indicate the extent of time, in your current position, that you would spend on each one, by recording a number from 4 to 0 against each Activity.

Activities

4 = very great extent 3 = great extent 2 = some extent 1 = little extent 0 = not at all

- | | |
|--|-------|
| 3.1 Evaluate education programs and recommend revision as needed | _____ |
| 3.2 Serve as educator and clinical preceptor for nursing, medical students, staff, and/or others | _____ |
| 3.3 Identify learning needs of various populations and contribute to development of education programs/resources | _____ |
| 3.4 Serve as informal educator to staff while providing direct care activities | _____ |
| 3.5 Facilitate professional development of nursing staff through education | _____ |
| 3.6 Provide appropriate patient and family education | _____ |



Domain 3 Education

Part B: Justification and evidence

(attach additional pages if necessary)

Supporting Statements: Provide a rationale for your overall domain 3 score drawing upon examples and descriptions of your current practice with reference to the activities of the domain and the domain definition. Specific activities, projects, portfolios you are involved in may be emphasised.

Justification for domain score:

Manager/Peer Review Evaluation:

Yes Agree

No Disagree

Rationale for evaluation outcome:

Domain 4 Research

Part A: Activity scoring

Definition: Activities that support a culture of practice that challenges the norm, that seek better patient care through scientific inquiry and promote innovative problem solving to answer clinical questions. This includes conducting clinical research, identifying funding sources and using evidence to guide practice and policy.

Following is a list of activities that are components of Research. For each of the activities, please indicate the extent of time, in your current position, that you would spend on each one, by recording a number from 4 to 0 against each Activity.

Activities

4 = very great extent 3 = great extent 2 = some extent 1 = little extent 0 = not at all

- | | |
|--|-------|
| 4.1 Conduct clinical research | _____ |
| 4.2 Participate in investigations to monitor and improve quality of patient care practices | _____ |
| 4.3 Identify funding sources for the development and implementation of clinical projects/programs | _____ |
| 4.4 Uses research and integrates theory into practice and recommends policy changes | _____ |
| 4.5 Identify clinical data necessary for inclusion in information systems for nursing research and quality assurance projects | _____ |
| 4.6 Collaborates with Information specialists in the design of data systems for research and quality assurance projects in nursing | _____ |



Domain 4 Research

Part B: Justification and evidence

(attach additional pages if necessary)

Supporting Statements: Provide a rationale for your overall domain 4 score drawing upon examples and descriptions of your current practice with reference to the activities of the domain and the domain definition. Specific activities, projects, portfolios you are involved in may be emphasised.

Justification for domain score:

Manager/Peer Review Evaluation:

Yes Agree

No Disagree

Rationale for evaluation outcome:

Domain 5 Leadership

Part A: Activity scoring

Definition: Activities and attributes that allow for sharing and dissemination of knowledge beyond the individual's institutional setting. These activities promote nurses, nursing and healthcare and include disseminating nursing knowledge, serving in professional organisations, and acting as a consultant to individuals and groups. Leadership also includes setting directions and modelling standards towards optimising population and patient care outcomes.

Following is a list of activities that are components of professional Leadership. For each of the activities, please indicate the extent of time, in your current position, that you would spend on each one, by recording a number from 4 to 0 against each Activity.

Activities

4 = very great extent 3 = great extent 2 = some extent 1 = little extent 0 = not at all

- | | |
|--|-------|
| 5.1 Disseminates nursing knowledge through presentation or publication at local, regional, national or international levels | _____ |
| 5.2 Serve as a resource or committee member in professional organisation | _____ |
| 5.3 Serve as a consultant to individuals and groups within the professional/lay communities and other hospitals/institutions | _____ |
| 5.4 Represent nursing in institutional/community forums on the educational needs of populations | _____ |
| 5.5 Represents a professional nursing image at institutional and community forums | _____ |
| 5.6 Collaborates with other healthcare professionals to provide leadership in shaping public policy on healthcare | _____ |



Domain 5 Leadership

Part B: Justification and evidence

(attach additional pages if necessary)

Supporting Statements: Provide a rationale for your overall domain 5 score drawing upon examples and descriptions of your current practice with reference to the activities of the domain and the domain definition. Specific activities, projects, portfolios you are involved in may be emphasised.

Justification for domain score:

Manager/Peer Review Evaluation:

Yes Agree

No Disagree

Rationale for evaluation outcome:

Definition of terms

Understanding the meaning and usage of *advanced* in the nursing profession has been constrained by the multiple descriptions, roles and titles that are used interchangeably and ambiguously in relation to a type of nursing and a level of practice. There is a vast body of literature reporting confusion internationally about definitions and titles related to advanced *nursing* practice and advanced *practice* nursing.

Some writers^{10, 11} have clarified this issue by questioning what is being described or qualified by the term advanced. If it is practice that is advanced (as in *advanced practice*), this signifies the performance or the work of nursing. If it is nursing that is advanced (as in *advanced nursing*), this signifies the discipline of nursing.

Drawing on these insights and in order to inform appropriate application of this tool the following evidence-informed definitions are provided for these commonly used terms.

Advanced Practice Nursing

Advanced practice nursing is the experience, education and knowledge to practice at the full capacity of the registered nurse practice scope. It is a level and type of clinical practice that involves cognitive and practical integration of knowledge and skills from the clinical, health systems, education and research domains of the discipline and positions the advanced practice nurse as a leader in nursing and health care. Practice at this level is enabled through master level education.

Advanced Nursing

Advanced nursing is promotion of the nursing discipline through innovation, generation, and expansion of the knowledge, science, education and service models of nursing. Advanced nursing supports interaction between the Discipline and the Profession of nursing.

Nurse Practitioner

Nurse practitioner is an advanced practice nurse endorsed by the NMBA who has direct clinical contact and practises within their scope under the legislatively protected title 'nurse practitioner' under the National Law. (Nursing and Midwifery Board of Australia. 1 June 2016). <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

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Reference to the Strong Model of Advanced Practice to be attributed to reference # 7 above
Reference to the original advanced practice survey tool to be attributed to reference # 8 above

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