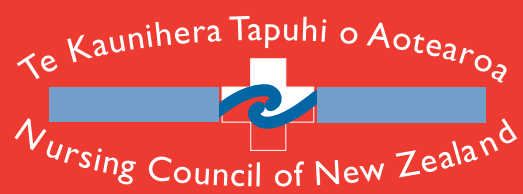


# NURSE PRACTITIONER™ ENDORSEMENT

GUIDELINES FOR APPLICANTS



SEPTEMBER 2002

# **NURSE PRACTITIONER™ ENDORSEMENT**

**GUIDELINES FOR APPLICANTS**





# CONTENTS

	<b>Page</b>
Message from the Chair	5
Introduction	7
Overview of the Assessment Process	7
Applications	9
• Application Criteria	9
• Tips for Portfolios	9
• Content	10
Desk Audit	12
Educational Equivalence	12
Preparation for Panel Assessment	14
Panel Assessment	15
Nursing Council Decision	16
• Review process	16
<b>Appendices</b>	
• Appendix 1: Application Process: Detailed Flow Diagram	17
• Appendix 2: Nurse Practitioner™ Competencies	19
• Appendix 3: Application Form	22
• Appendix 4: Evidence Record (excerpt)	23





## MESSAGE FROM THE CHAIR

New Zealand's first nurse practitioners have now been recognised by the Nursing Council, transforming a policy direction into a new reality of health service delivery.

Our new nurse practitioners join the tradition of innovation in New Zealand nursing. Council acknowledges the courage of these first applicants in being prepared to put themselves forward and in taking on a challenging new role. Council has no doubt that these expert nurses and their future colleagues will add to the growing body of evidence internationally that nurse practitioners achieve improved health outcomes for their client populations.

The regulatory framework for nurse practitioners has been developed to support Council in meeting its public safety mandate under the Nurses Act 1977, ensuring that New Zealanders receive safe health care from registered nurses. With the endorsement of our first successful applicants, Council has taken the opportunity to further develop policy supporting the assessment process for nurse practitioner™ applicants. These guidelines reflect this development and are designed to inform and assist applicants through the assessment process.

A handwritten signature in black ink, reading "Annette Huntington". The signature is fluid and cursive, with a prominent initial 'A'.

**Annette Huntington**  
*Chair*  
*Nursing Council of New Zealand*





# INTRODUCTION

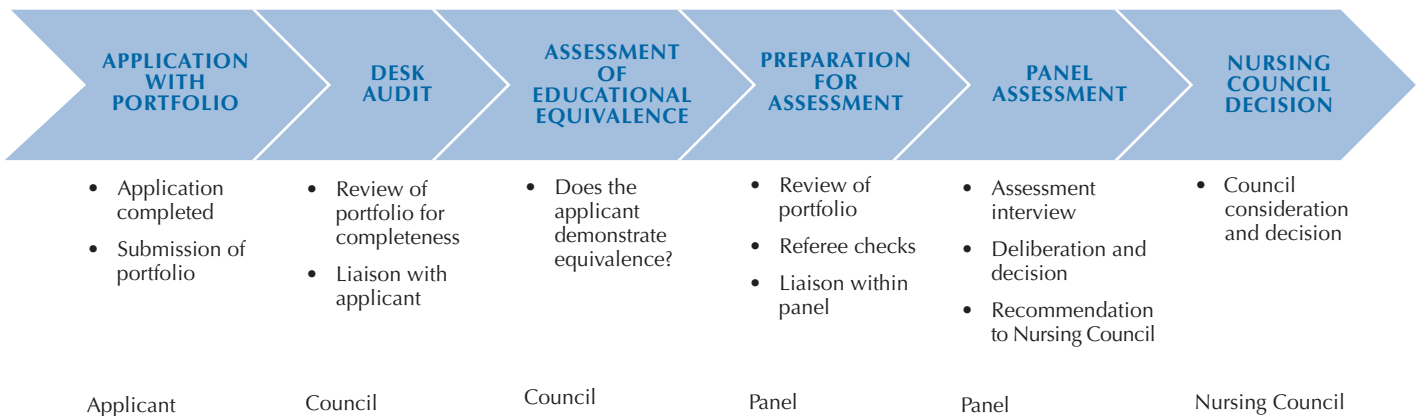
These guidelines have been developed to assist nurses who are considering making an application to become a nurse practitioner™. The guidelines provide information about submitting an application and the process of assessment for nurse practitioner™ endorsement.

Intending applicants should also read 'The Nurse Practitioner™: Responding to Health Needs in New Zealand' (September 2002) for further information on nurse practitioners in New Zealand.



# OVERVIEW OF ASSESSMENT PROCESS

The flow diagram below outlines the application and assessment process for nurse practitioner™ endorsement<sup>(1)</sup>



<sup>(1)</sup> A detailed diagram of the assessment process is attached as Appendix 1.

The aim of the assessment process is to provide for streamlined peer evaluation of the applicant's nursing practice. The key question addressed by the assessment process is:

***'Does the applicant meet the criteria and defined competencies for a nurse practitioner™?'***

The competencies required of nurse practitioners are included as Appendix 2.

The role of the Nursing Council in approving nurse practitioner™ endorsements is to protect public safety by ensuring that the assessment process conforms to set standards, including the requirements of the Medicines Act 1981 for those applicants seeking prescribing rights. The Council also facilitates the process of assessment for both applicant and assessment panel.

Assessment panels have the key role of undertaking a peer evaluation of an applicant's practice and making a recommendation to Nursing Council based on their assessment of an applicant's practice.

Assessment panels are drawn from nominations by the nursing profession and may also, if appropriate, include a consumer or other health professional working in an area of practice closely aligned to the applicant's defined scope of practice.

### **Applicants Seeking Prescribing Rights**

The overall assessment process for applicants seeking prescribing rights is the same as for those applying to become nurse practitioners who do not wish to be able to prescribe.

However, applicants seeking prescribing rights will have to demonstrate that they meet all nurse practitioner™ competencies related to prescribing and all relevant regulatory and educational requirements.

Nurse practitioners who later decide to apply for prescribing rights will not be required to re-submit their portfolios but will undertake an approval process related to the competencies for prescribing only.

To apply you must complete the official application form, which includes a statutory declaration (Appendix 3).

A portfolio describing and verifying your practice must accompany your application. The purpose of the portfolio is to ensure that:

- Your application is ready for formal review by the assessment panel
- The assessment panel has all the information it needs to assess your application.

There is also an application fee of \$200. This fee has been set for the 2002/03 year and is likely to change annually.

## ■ Application Criteria

The following are the minimum criteria that must be met by all applicants applying for nurse practitioner™ endorsement:

- Registration as a nurse in New Zealand appropriate to the intended scope of practice
- Possession of a current annual practising certificate
- Good professional and personal standing
- At least four years post registration experience within the nominated scope
- Completion of the application form/statutory declaration
- Payment of the prescribed fee
- Submission of a practice portfolio to the Nursing Council of New Zealand.

In addition to the above, the 2 key areas on which assessment of applications is based are that the applicant:

- Holds a Clinical Masters degree or recognised equivalent , and
- Demonstrates the competencies for advanced practice.

## ■ Tips for Portfolios

The portfolio is your opportunity to describe and provide evidence of your nursing practice.<sup>(1)</sup> There is no set format. However, information should be clearly presented in sections, divided by tabbed inserts. Use an index and page numbering. Remember that assessment panels will need to be able to easily find information within the portfolio.

Documents included in your portfolio as examples of your practice should be signed by yourself and by a second party to verify their accuracy (for example, a colleague, client/patient or manager as appropriate). Verification of content by a second party assists you to evidence that your portfolio accurately reflects your practice.

### Will I Apply?

The Nursing Council welcomes inquiries from nurses wanting to know more about how to apply.

Just contact the Registrations Adviser at the Nursing Council on:

Phone: (04) 802 0242

E-mail: [admin@nursingcouncil.org.nz](mailto:admin@nursingcouncil.org.nz)

<sup>(1)</sup> Assembling a portfolio is similar to the process required for Clinical Career Pathway/Professional Development Path assessment or as part of your preparation for competency based practising certificates.

When you forward your portfolio, please do not include original documents – use photocopies that have been verified as copies of originals.

Portfolios should be assembled with the need for photocopying in mind. This means that plastic sleeves (page protectors) should not be used and no spiral or other binding apart from a sturdy ring binder.

## ■ Content

Core areas of documentation to be included in your portfolio include:

- **Application:** The completed Nursing Council application form which includes a statutory declaration verifying your professional standing.
- **A statement of your scope of practice:** This should include identification of the range and parameters of your practice and your area of specialty/subspecialty if applicable. The scope should reflect the dynamic nature of health care and nursing and advanced practice competencies. It should reflect collaboration with nursing and other colleagues working in the same scope. You should also identify strategies that you have in place to maintain and develop your competence within your scope of practice.
- **Referees:** The names and contact details of 2 confidential referees able to comment on your current nursing practice must be provided. You may also wish to include written letters of support/references supporting your application. This is a good idea but does not replace the requirement for names of confidential referees with an up to date knowledge of your nursing practice.

**Note:** If you include an established scope statement developed by a group of nursing colleagues (for example, those developed for nurse prescribing), you should describe how your own practice relates to this scope.
- **Ongoing development:** The outcomes of professional performance review/peer evaluations (optional).
- **Educational qualifications:** This must include evidence of programmes completed:
  - If you have completed an approved Clinical Masters Programme you will need to forward a verified certificate and transcript. You may also wish to include evidence of other programmes undertaken relevant to your practice.
  - If you are seeking recognition of educational equivalence you will need to forward verified certificates of programmes undertaken, information about the approval status of programmes; their length and content (course outlines), the qualifications of teaching staff etc.
- **A curriculum vitae outlining your work history:** Where your practice has developed over a range of nursing positions held, it is helpful for assessment purposes if the curriculum vitae summarises key achievements in individual positions (and related to the competencies for nurse practitioners) to highlight the development of practice over time and with cumulative experience.

- **Documents illustrating the development, depth and scope of your practice:**  
Examples of these might include:

- Case studies
- Exemplars
- Quality development initiatives including policies developed
- Client case notes (including annotated interpretation of content as appropriate)
- Educational programmes delivered
- A diary of a typical working week, outlining your range of activities etc.

#### **Reminder!**

You should sign these items and have them verified by a second person able to attest to their accuracy.

#### **Note**

Verifications should include the signature of the person verifying the content, their role (e.g. colleague, patient etc) and the date.

When developing the above, you should include analysis indicating reflective practice and knowledge of legal and professional requirements.

- **Examples of scholarly activities. These might include:**

- Publications including bibliographical references
- Research: A synopsis of research undertaken, including the proposal, design, results and outcomes
- Presentations/teaching activity including details of the contexts in which presentations were delivered.

- Membership and involvement in professional organizations and activities (for example working parties, local regional or national committees etc). Include information that describes your contribution to professional organizations.

#### **Labelling Your Portfolio Content**

Labelling is important! The content of your portfolio should be referenced so that the assessment panel can understand how a particular item relates to your practice. For instance, if you include a policy or protocol, attach a reference that describes how/when it was developed and your role in its development.

- **Evidence of Professional Credentials**

- Current practising certificate
- Qualifications achieved
- Where relevant, outcomes of other professional credentialing processes e.g. PND/ CCP level.

Please note that a nursing focus must be evident within the portfolio. This includes reflection of nursing values and beliefs, and nursing perspectives rather than just a task or skill based approach.

### **Need Help with your Application?**

The four major professional nursing organisations which make up NPAC-NZ are available to support nurse practitioner™ applicants:

- College of Nurses Aotearoa
- New Zealand Nurses Organisation
- Australia, New Zealand College of Mental Health Nurses
- National Council of Maori Nurses

NPAC-NZ (the Nurse Practitioner Advisory Committee of New Zealand) is a new group that will undertake a leadership role for the strategic development of the nurse practitioner™ role in this country. The group will also have an important role in advising Nursing Council on the development of supporting processes for nurse practitioner™ endorsement and in research and evaluation related to implementation of the nurse practitioner™ model.



Once completed applications and portfolios are received by the Nursing Council, a desk audit is completed by Council staff. The purpose of the desk audit is to carry out a preliminary assessment of the portfolio to:

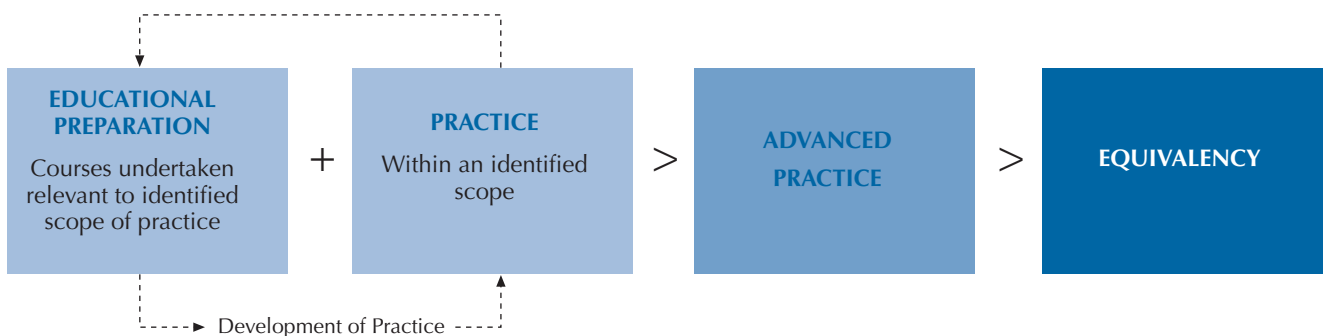
- Confirm the good professional standing of the applicant
- Assist applicants to provide all required information for review by the assessment panel
- Confirm that the applicant’s practice appears to meet the competencies for advanced practice
- Confirm that the applicant’s clinical educational preparation is at Masters or equivalent level.

Initially, the submitted portfolio is checked for completeness by Council staff. This stage of the assessment process may involve some ongoing dialogue between yourself and Nursing Council staff as you work to finalise presentation of your practice for formal panel assessment.



Educational equivalence is assessed by the Education Committee of the Nursing Council.

The process for determining educational equivalence recognises that nurses may achieve advanced practice through other pathways than via formal Masters preparation. Equivalence may be demonstrated by applicants who have completed other education programmes and achieved nurse practitioner™ competencies in other ways. The process is outlined in the diagram below and seeks to minimise barriers for nurses practising at an advanced level who have not yet had the opportunity to complete a formal clinical masters programme.



In summary, the concept of educational equivalence acknowledges the development of practice to an advanced level via a mix of clinical experience, educational programmes undertaken and reflection on practice.

When assessing educational equivalence, evidence is required of the applicant's ability to integrate theory, research and practice. The applicant must be able to demonstrate the application of nursing frameworks to her/his practice and the application of critical thinking and evidence as the basis of clinical decision making.

**These are the sorts of questions education reviewers might ask when assessing educational equivalence:**

Has the applicant completed an approved Clinical Masters programme. Does this relate to her/his current scope of practice?

Has the applicant completed another Masters Programme? Is the applicant's Masters degree directly relevant to her/his scope of practice?

Has the applicant developed her/his practice through a mix of attending relevant postgraduate education programmes/experience and reflection on practice? Has the applicant been involved in other activities such as participation in research? Is the outcome a practitioner who is practising at an advanced level?

Any Masters Programme with direct relevance to an applicant's scope of practice can be considered as part of equivalency.

YES

Equivalence!

If Nursing Council's requirements at desk audit and educational equivalence assessment are not met, your portfolio will be returned.

You will have a right to request that this decision is reviewed (see page 16).

# PREPARATION FOR PANEL ASSESSMENT

APPLICATION WITH PORTFOLIO

DESK AUDIT

ASSESSMENT OF EDUCATIONAL EQUIVALENCE

PREPARATION FOR ASSESSMENT

PANEL ASSESSMENT

NURSING COUNCIL DECISION

When all required documentation is present and an applicant has established her/his readiness for formal assessment, an assessment panel is convened.

The role of the assessment panel is to fully evaluate applications against the competencies for a nurse practitioner™. To do this the panel works through a number of tasks prior to the assessment interview including:

- **Portfolio Review:** Full review of the applicant's portfolio. Panels may request additional information from applicants.
- **Reference checks:** Confidential referee's reports from individuals nominated by the applicant. The panel may also request permission to seek further references.
- **Site visits:** A nominated panel member may undertake a visit to the applicant's workplace before and/or following the assessment interview. The panel will decide if a site visit is necessary. The purpose of site visits is to observe the applicant's scope of practice in her/his usual practice setting.

## Assessment Panels

Each assessment panel may include members with the following roles:

- A professional nurse leader with national/international understanding of advanced nursing practice
- A nurse with expertise in education, experienced in the assessment of advanced competencies
- A nurse practising at advanced level with ability to critique practice
- A peer from the same clinical scope as the applicant, not necessarily a nurse
- Another member as appropriate, for example, a consumer.

**Note:** Up to 2 Nursing Council staff will also be present at panel assessments to provide administrative support and to ensure consistency.

Generally panels will have around four members. Some roles may be combined. For example, the advanced practice nurse may also be from the same scope of practice as the applicant.

## Right of Appeal:

You may elect to challenge a panel member if you believe that (s)he may have a conflict in relation to your application

The purpose of the assessment interview is to give you an opportunity to present your practice and your achievement of nurse practitioner™ competencies. The interview also allows the panel to explore with you the content of your portfolio and to clarify in more depth your scope of nursing practice. Key areas of focus within the interview may include:

- Defining your scope of practice (independent and collaborative) including boundaries and how you bring the unique perspective of nursing to your practice
- Strategies used for assessment of client/patient health needs (groups/individuals)
- Application of nursing knowledge and evidence based practice
- Reflective practice
- Innovation in practice and development of new nursing knowledge
- Cultural safety
- Clinical judgement and management of complex situations
- Professional leadership, teaching and role modelling
- Engagement with and contribution to the wider profession and health sector
- Your strategies for maintaining and developing nurse practitioner™ competencies
- Competencies related to prescribing for applicants seeking prescribing rights.

## Support for Applicants

You are welcome to bring a support person to your assessment interview. Usually the role of the support person is that of support for the applicant rather than taking an active role in the interview process.

However, should you wish to do so, you may formally request that your supporter(s) may address the assessment panel prior to the commencement of the panel interview.

A date is set for the assessment interview, in consultation with the applicant, once the panel's preparatory work is complete. You should expect the formal panel interview to take about two hours.

The panel will tailor interview questions around the competencies for a nurse practitioner™, so as to be able to explore in depth the various aspects of your clinical practice. You may be asked to present a particular aspect of your practice and to respond to simulated scenarios related to your scope of practice. You may also request the opportunity to present an area of your practice to the panel, for example, a research project that you have undertaken.

## Evidence Record

The evidence record is the tool used by assessment panels to evaluate whether an applicant has demonstrated achievement of advanced nursing competencies.

The tool outlines possible sources of evidence relating to each competency. For instance, a competency may be demonstrated through responses at interview and/or through written evidence in a portfolio and/or via referee's reports.

To illustrate the process, part of the evidence record used by assessment panels is included as Appendix 4.

Following completion of the assessment interview, the assessment panel completes its formal evaluation using the evidence record which is based on defined nurse practitioner™ competencies. If panel members are not satisfied that they have enough

information to complete their evaluation, they may request the applicant to provide further information and/or complete further reference checking and/or a site visit.

When the assessment panel has completed its deliberations, the outcome of the assessment is documented in a report and a recommendation is made for the consideration of the Nursing Council.



The report of the assessment panel will be considered by the Nursing Council at its next meeting.

Successful applications will be granted nurse practitioner™ endorsement with either

- Nurse Practitioner™ (scope of practice) entered against their registration
- Nurse Practitioner™ (scope of practice) with endorsement for prescribing entered against their registration.

A certificate denoting nurse practitioner™ endorsement will be issued.

An updated practising certificate with nurse practitioner™ endorsement will be issued on return of a current practising certificate.

The endorsement will normally be valid for five years. Nurse practitioners will be required to maintain an up to date portfolio for five yearly review and will also be subject to random audit once competency based practising certificates are introduced.

## ■ Review process

Unsuccessful applicants will be given the opportunity to request a review of the assessment decision.

Reviews will be heard by the Nurse Practitioner™ Review Panel, an independent panel established by the Nursing Council.

Grounds for a review include:

- That there are issues of justice and fairness related to the assessment process
- That the decision is clearly incorrect in fact.

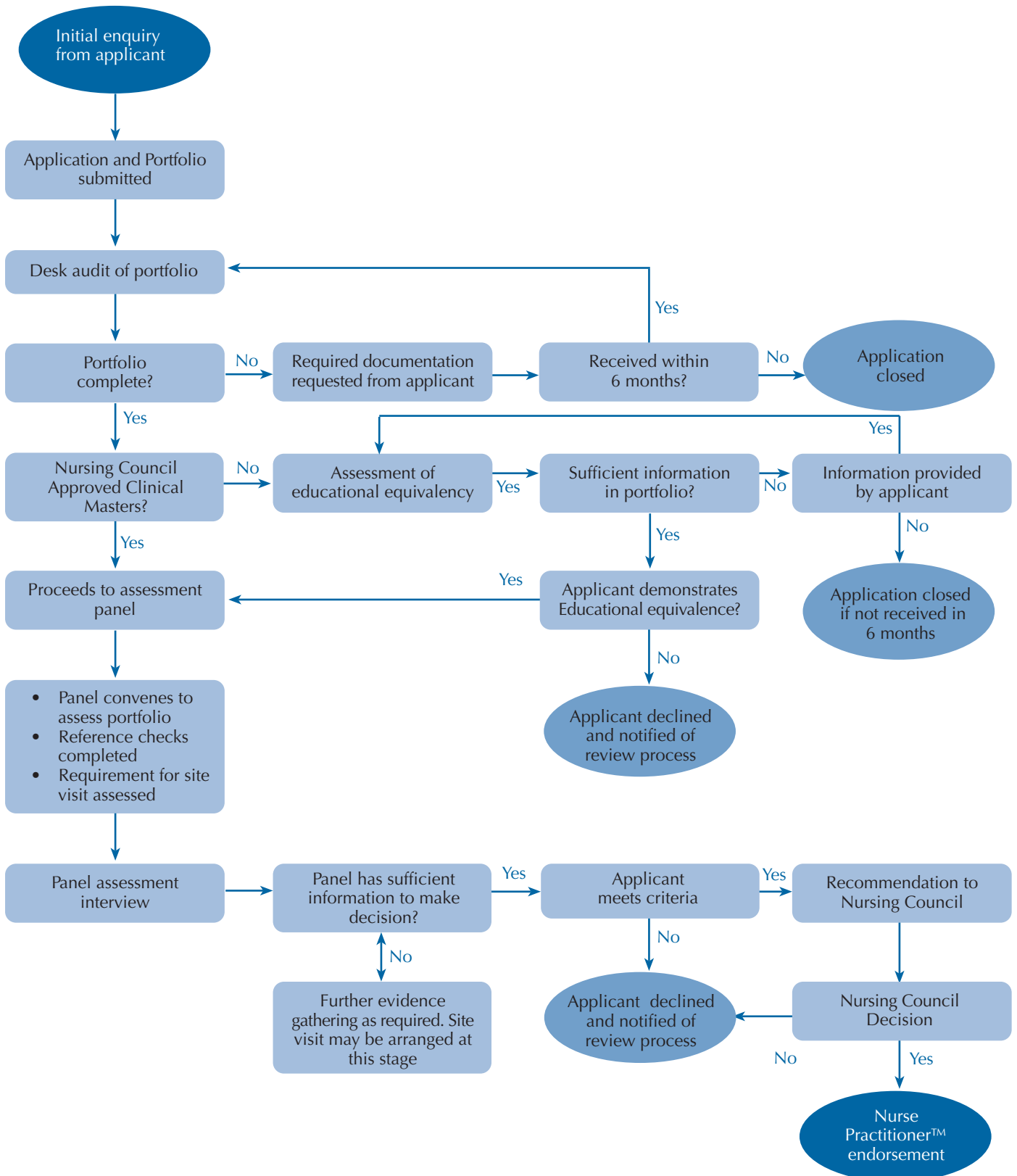
Applicants must notify their intention to seek a review within 28 days of being notified by Council that they were unsuccessful. A fee of \$50.00 is payable to the Nursing Council.

Review submissions may be presented in writing or in person by the applicant. Reviews may not be based on presentation of new information related to an applicant's practice. If a candidate would like new information to be considered in support of their application, this becomes part of a new application process.

The Nurse Practitioner™ Review Panel reports its decision to the Nursing Council who will formally notify the applicant of the outcome.

# APPENDIX 1.

## NURSE PRACTITIONER™ PROCESS DETAILED FLOW DIAGRAM





### Nurse Practitioner™ Competencies

#### ■ 1.0 Articulates scope of nursing practice and its advancement

The nurse practitioner™ is able to:

- define the scope of independent/collaborative nursing practice in health promotion, maintenance and restoration of health, preventative care, rehabilitation and/or palliative care
- describe diagnostic enquiry processes, respond to actual and potential health needs and characteristics of the particular population group
- explain the application/adaptation of advanced nursing knowledge, expertise and evidence based care to improve the health outcomes for clients across the care continuum within the scope of practice
- generate new approaches to the extension of nursing knowledge and delivery of expert care with the client groups in different settings.

#### ■ 2.0 Shows expert practice working collaboratively across settings and within interdisciplinary environments

The nurse practitioner™:

- demonstrates culturally safe practice
- uses professional judgement to:
  - assess the client's health status
  - make differential diagnoses/implement nursing interventions/treatments
  - refer the client to other health professionals
- develops a creative, innovative approach to client care and nursing practice
- manages complex situations
- rapidly anticipates situations
- models expert skills within the clinical practice area
- applies critical reasoning to nursing practice issues/decisions
- recognises limits to own practice and consults appropriately, facilitating the client's access to appropriate interventions and therapies
- uses and interprets laboratory and diagnostic tests
- operates within a framework of current best practice and applies knowledge of pathophysiology, pharmacology, pharmacokinetics and pharmacodynamics to nursing practice assessment/decisions and interventions
- accurately documents and administers assessments, diagnosis, intervention, treatments and follow-up within legislation, codes and scope of practice
- evaluates the effectiveness of the client's response to prescribed interventions, appliances, treatments and medications and monitors decisions, taking remedial action and/or referring accordingly
- collaborates and consults with the client, family and other health professionals providing accurate information about relevant interventions, appliances and treatments.

### 3.0 Shows effective nursing leadership and consultancy

The nurse practitioner™:

- takes a leadership role in complex situations across settings and disciplines
- demonstrates skilled mentoring/coaching and teaching
- leads case review and debriefing activities
- initiates change and responds proactively to changing systems
- is an effective nursing resource
- participates in professional supervision.

### 4.0 Develops and influences health/socio-economic policies and practice at a local and national level

The nurse practitioner™:

- contributes to and participates in national and local health/socioeconomic policy
- demonstrates commitment to quality, risk management and resource utilisation
- challenges and develops clinical standards
- plans and facilitates audit processes
- evaluates health outcomes and in response helps to shape policy.

### 5.0 Shows scholarly research inquiry into nursing practice:

The nurse practitioner™:

- evaluates health outcomes, and in response helps to shape nursing practice
- determines evidence-based practice through scholarship and practice
- reflects and critiques the practice of self and others
- influences purchasing and allocation through utilising evidence-based research findings.

## 6.0 Prescribes interventions, appliances, treatments and authorised medicines within the scope of practice.

The nurse practitioner™ seeking prescribing rights:

- uses professional judgement to prescribe
- collaborates and consults with, and provides accurate information to, the client, the client's family and other health professionals about prescribing relevant interventions, appliances, treatments or medications
- prescribes and administers medications within legislation, codes, scope of practice and according to the established prescribing process and guidelines
- understands the use, implications, contra-indications, and interactions of prescription medications with each other and with alternative/traditional/complementary medicine and over-the-counter medications/appliances
- understands the age-related implications of prescriptive practice on clients within the particular scope
- evaluates the effectiveness of the client's response to prescribed medications, and monitors decisions about prescribing, taking remedial action and/or referring accordingly
- demonstrates an ability to limit and manage adverse reactions/emergencies/crises
- recognises situations of drug misuse and acts appropriately
- understands the regulatory framework associated with prescribing, including the legislation, contractual environment, subsidies, professional ethics, and roles of key government agencies.



## APPENDIX 3

### ■ Application for Nurse Practitioner™ Endorsement

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(h): \_\_\_\_\_ Phone(w): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Registration Number: \_\_\_\_\_

#### **Purpose of Application/Declaration:**

*This application and declaration below must accompany your portfolio.*

I declare that:

- a) the information given by me in support of my application for Nurse Practitioner™ endorsement is true and correct; and
- b) that I am in good professional standing as a registered nurse; and
- c) that I am not currently subject to any charge(s) including professional misconduct and/or been convicted of any offence against the law (apart from minor traffic convictions).

If you are subject to any of the above, please provide details below:

\_\_\_\_\_  
\_\_\_\_\_

I also give my authorisation to the Nursing Council to seek further information as to my standing within my scope of practice, if this is considered necessary. **Yes/No**

#### **Declaration**

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at \_\_\_\_\_ this day \_\_\_\_\_ of \_\_\_\_\_ 2002

And signed by me \_\_\_\_\_

In the presence of \_\_\_\_\_

*Justice of the Peace, Solicitor, Notary Public, Registrar of the Court, or other officer authorised to take Statutory Declarations (please indicate category).*

\_\_\_\_\_  
In accordance with the Privacy Act 1993, the personal information collected by the Nursing Council of New Zealand is confidential to the Council and is used for the purpose of processing an application for endorsement of the title Nurse Practitioner under Section 24 of the Nurses Act 1977 and Nurses Regulations 1986. The Council may disclose the information to a third party for processing/administrative purposes. The applicant has the right of access to and correction of personal information held by the Nursing Council.

Performance Criteria The Nurse Practitioner is able to:	Evidence Source (Where you expect to find the evidence eg: exemplar, performance appraisal etc)	Judgement (Qualitative and quantitative requirements eg how many examples required, if third party evidence critical, key points in expected answers etc)	Evidence Notes (Record what you saw, heard, checked or felt)	Met or Not Met X ✓
<p>1.1 Define the scope of independent collaborative nursing practice in health promotion, maintenance and restoration of health, preventative care, rehabilitation and/or palliative care. Ref: 2.2, 2.6, 2.8, 2.12, 6.2</p> <p>1.2 Describe diagnostic enquiry processes in response to actual and potential health needs and characteristics of the particular population group Ref: 2.1, 2.2, 2.4, 2.5, 2.9, 2.10, 2.11, 2.12, 6.4, 6.5, 6.6, 6.7</p> <p>1.3 Explain the application/adaptation of advanced nursing knowledge, expertise and evidence based care to improve the health outcomes for clients across the care continuum within the scope of practice. Ref: 2.7, 2.10, 4.3, 4.5, 5.2</p> <p>1.4 Generate new approaches to the extension of nursing knowledge and delivery of expert care with the client groups in different settings. Ref: 2.3, 3.1, 3.4, 4.1, 5.1</p>	<p>Oral questions or academic publications or personal written statement with description of practice (3rd party verified)</p> <p>Case Studies or exemplars and oral questions or academic publications or personal statement re scope of practice</p> <p>Exemplar or care plans or journal article and oral questions or personal statement re scope of practice</p> <p>Conference paper or journal article and performance appraisal or involvement in research/project work (3rd Party)</p>	<p>Defines and describes own role, including scope of practice, patient group, key tasks &amp; responsibilities, patient outcomes, patient interventions, specific competencies. May include examples of making own decisions (eg ordering interventions), being integral/complementary to a health care team, managing a patient group in specific contexts.</p> <p>Descriptions must include: patient problem, provisional diagnoses, ordering interventions and evaluation of care. Must cover possible variations in the client population group</p> <p>Explains application of knowledge to improve health outcomes; decisions in examples used must be based on best evidence/research. Expert specialist skill and knowledge base must be identifiable. Nursing focus described – must show patient centred practice, not just technical skill, task centred care. Examples covering the care continuum including examples of ‘everyday practice’.</p> <p>Qualitative changes in delivery of expert nursing care and the extension of nursing knowledge. Examples of creative, innovative practice.</p>		<p>Met or Not Met X ✓</p>

