



## **Nurse Practitioner Education and Clinical Training Programme** **2011**

### **1.0 PREAMBLE**

This paper outlines the recommended content and components for a Nurse Practitioner (NP) education and clinical training programme as recommended by the Nurse Practitioner Advisory Committee of New Zealand<sup>1</sup>. It does not prescribe specific qualifications but rather presents a conceptual approach to free up thinking about what is required into the future. The programme is underpinned by the elements of the healthy workplace as identified in the report of the Safe Staffing/Health Workplaces Committee of Inquiry (2006) which are:

- The requirement for nursing care
- The cultural environment
- Creating and sustaining quality and safety
- Authority and leadership in nursing
- Acquiring and using knowledge and skills
- The wider team
- The physical environment, technology, equipment and work design

The Registered Nurse (RN) entering a NP education and clinical training programme must have demonstrated competence as an RN, with evidence of meeting Level Four – Expert on the Professional Development Recognition Programme (PDRP)

The scope of the Nurse Practitioner is defined by the Nursing Council of New Zealand as:

*Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and*

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<sup>1</sup> The Nurse Practitioner Advisory Committee (NPAC-NZ) is a constituent group comprising four major New Zealand nursing organisations: the *New Zealand Nurses Organisation*, *College of Nurses Aotearoa*, the *National Council of Maori Nurses*, and the *College of Mental Health Nurses*. NPAC-NZ provides strategic advice on the implementation of the Nurse Practitioner (NP) role.

*communities across a range of settings. Nurse Practitioners may choose to prescribe medicines within their specific area of practice. Nurse Practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities and local and national policy development.*

Currently, the academic requirement for the Nurse Practitioner is reasonably well defined by the Nursing Council of New Zealand - a clinically focussed Master of Nursing degree. The clinical practice preparation however is not well defined, nor is what makes a practice environment appropriate and adequate for developing the required competencies for registration as a Nurse Practitioner.

This proposed NP education and clinical training programme will lead to the Nurse Practitioner demonstrating capability to meet Nurse Practitioner competencies as defined by the Nursing Council of New Zealand (NCNZ). The NP education and clinical training programme encompasses fundamental requirements for the practice environment, population groups and NP Trainee prerequisites. As depicted in Figure 1 below, the programme provides for graded responsibilities over the education and clinical training period. At the beginning of the programme, the NP Trainee requires direct supervision of expansion of practice in clinical activities outside the registered nurse scope of practice. By the end of the programme s/he is capable of independent expanded clinical practice under indirect supervision until registration as a Nurse Practitioner. The NP Trainee enters the NP education and clinical training programme with established evidence based quality assurance, quality improvement and leadership skills which continue to be demonstrated and enhanced throughout the programme.

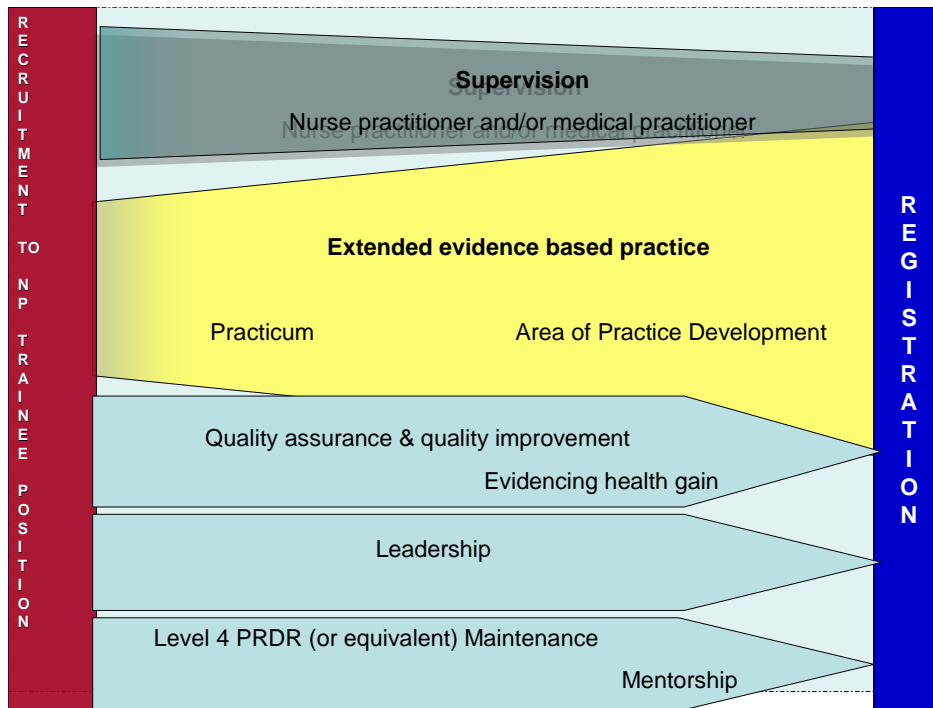


Figure 1. Nurse Practitioner education and clinical training programme schematic

In this programme, the term 'NP Trainee' means Nurse Practitioner in training as defined in Section 6.1 NP Trainee Eligibility. Other terms are defined in the glossary.

## 2.0 EXPECTED OUTCOMES

The NP Trainee demonstrates capability to meet Nurse Practitioner competencies as defined by the Nursing Council of New Zealand (NCNZ). All other requirements as detailed in the NCNZ NP application guidelines are also achieved.

## 3.0 DESCRIPTION OF PROGRAMME

The NP education and clinical training programme is a two year (or part-time equivalent) clinically-based (situated/experiential<sup>2</sup>) programme leading to registration as a Nurse Practitioner with the Nursing Council of New Zealand. The duration of the programme is based on the assumption that the NP Trainee enters the programme with a particular level of preparation and demonstrated capability. The time frame is extendable by arrangement according to personal circumstances.

The education and clinical training programme is delivered in partnership with health care providers and tertiary academic institutions offering specific situated learning experiences **in practice**. The post (employment position) is provided by the health care provider and the required clinical expertise for supervision and training. The tertiary academic institution provides academic supervision (much like current prescribing practicum arrangements).

### **Nurse Practitioner Trainee training & education programme:**

- **Two year clinically based (situated/experiential) programme focusing on advanced clinical practice & prescribing**
  - honing advanced diagnostic reasoning and problem solving skills
  - honing advanced clinical, technical and prescribing expertise
  - evaluating the quality of care provided
  - strengthening clinical leadership
  
- **Delivered in partnership with health care providers and tertiary academic institutions**

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<sup>2</sup> At its simplest, situated learning is learning that takes place in the same context in which it is applied.

The primary lead for the programme would be dependent on funding arrangements. The situated/experiential learning encompasses clinical experiences to develop diagnostic reasoning and problem solving skills, clinical, technical and prescribing expertise in managing the target population. Evaluating the quality of care provided, as well as strengthening clinical leadership, are integral components.

Practice settings will enable access to adequate numbers of patients with relevant health care needs with the degree of complexity required to challenge and expand the NP Trainee on repeated occasions.

NP Trainees shall be released from the service to receive supervision, education and clinical training. Learning is facilitated through the creation of a planned and managed learning environment achieved through interactions between the NP Trainee and patients, interactions with other disciplines and health professionals in a variety of clinical settings. It includes access to formal teaching, meetings, conferences, and discussions, direct supervision of clinical care, and support and guidance to ensure that learning occurs and progress towards NP registration is made.

#### **4.0 LEARNING ENVIRONMENT**

Education and clinical training is considered to be a part of lifelong professional development, based on the philosophical foundation of Nursing. The NP education and clinical training occurs in partnership with health care providers and tertiary academic institutions. There will be a clinical practice environment of excellence and enquiry so that theoretical knowledge and clinical experience can be integrated into ongoing practice.

The programme uses a comprehensive integrated approach to education, which includes processes which are:

- Learner centered
- Self directed
- Negotiated
- Critically reflective
- Appropriately evidence based
- Practice based.

NP education and clinical training occurs in an approved post (employment position) in a health care provider facility accredited by the Nursing Council of New Zealand. The same standards will apply across regions to ensure consistency.

## 5.0 FORMAL NURSE PRACTITIONER EDUCATION AND CLINICAL TRAINING PROGRAMME

### 5.1 General Requirements

The NP education and clinical training programme should include preparation to meet the Nurse Practitioner competencies within the following domains:

***Domain one: Professional responsibility and leadership***

This domain contains competencies that relate to professional understanding of the role of the nurse practitioner and the associated responsibilities and leadership. This includes competencies reflecting the ability to provide clinical leadership to population/client groups and within the profession of nursing.

***Domain two: Management of nursing care***

This domain contains competencies related to independent and collaborative practice in delivering and managing client care within a specific area of practice. The practice of a nurse practitioner is at an advanced level and extends across a range of situations and contexts. Competencies include the ability to think critically and to advance nursing practice and health care outcomes.

***Domain three: Interpersonal and inter-professional practice and quality improvement***

The nurse practitioner operates within a nursing framework and ensures the centrality of the client in all aspects of practice. Health outcomes are evaluated and advanced through quality improvement and scholarship activities.

***Domain four: Prescribing practice***

Nurse practitioners can seek prescribing rights to be able to prescribe under the Medicines Act 1981 and the Medicines Regulations 20051. This domain describes the competencies to be achieved by those applicants seeking prescribing rights.

Formal clinical teaching, delivered by appropriately skilled and experienced staff, is to be provided. This should average at least four hours a week for 42 weeks of the year throughout the education and clinical training programme. At a minimum it should include regular tutorial sessions, and attendance at audit and review meetings. It should be directed at the competency requirements of the Nurse Practitioner scope of practice and include specific preparation for registration assessment processes. Clinical release time from service delivery is provided to meet the programme requirements.

<p style="text-align: center;"><b>Formal clinical teaching</b></p> <p style="text-align: center;"><b>At least 4 hours per week for 42 weeks of the year</b></p> <p style="text-align: center;"><b>Regular tutorials, audit &amp; case review meetings</b></p> <p style="text-align: center;"><b>Clinical release time from service delivery</b></p>
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## 5.2 Specific Requirements

As the Nurse Practitioner role is differentiated from other advanced practice roles in that practice at this level is regulated by the NCNZ as a separate scope of practice, it necessitates the education and clinical training programme to include specific clinically focused education and clinical training that will support expansion of practice in the areas of:

- advanced health assessment skills,
- clinical diagnostic reasoning including probable and definitive nursing and medical diagnoses,
- appropriate treatment planning including application of relevant evidence based clinical guidelines and,
- evaluation of outcomes.

### **Nurse practitioner training & education programme:**

- **Two year clinically based (situated/experiential) programme focusing on advanced clinical practice & prescribing**

### **Curriculum:**

- **Nursing studies**
- **Clinical sciences**
- **Clinical practice**

### **Outcomes:**

- **Capability to meet NCNZ requirements for NP registration is demonstrated**

The NP education and clinical training programme components must build on postgraduate education and clinical experience previously attained by the advanced practice nurse. The education and clinical training programme will comprise clinical learning opportunities that meet relevant professional organisation's education and clinical training standards for the specific specialty/area of practice. In particular, the education and clinical training programme should comprise a minimum of three areas of study - Nursing Studies, Clinical Practice and Clinical Sciences as informed by the work of Gardner, et al. (2004) and described below:

Nursing Studies will consist of the NP Trainee examining levels of practice and models of care in terms of the profession and health services as a whole, and an appropriate practice focus is determined and clearly articulated. How practice is informed by and

based on evidence should be clearly demonstrated. Learning shall be through individual study and productive activities such as writing and/or contributing to relevant guidelines for practice.

Clinical sciences will consist will consist of learning opportunities focused on clinical-decision making in extended practice; generic learning related to the principles of advanced health assessment, with a specific focus on pattern recognition and diagnostics; and the generic study of advanced pharmacology – drugs and their actions in therapeutic use to achieve authorisation as a nurse practitioner prescriber. The learning process shall be through situated learning stimulus, teaching from content clinical experts, case study presentation and individual study. Assessments shall be of knowledge and application of knowledge in challenging situations.

Clinical practice will consist of opportunities to demonstrate in practice: advanced knowledge and application of physiology and pathophysiology, health assessment, diagnostic reasoning and therapeutic options specific to the specialty/practice focus. The learning process shall be practice based with experiential learning, supported by an appropriate clinical team. Assessments shall be related to overall clinical performance and in particular clinical decision-making.

## **6.0 ELIGIBILITY**

### ***6.1 NP Trainee eligibility***

The NP Trainee must:

1. be in a post (employment position) that supports the development of and preparation for the NP competencies and role. This will include support to consolidate competencies and completion of the NP portfolio.
2. have the following qualifications:
  - a. Registration with the Nursing Council of New Zealand in the registered nurse scope of practice
  - b. A minimum of two years (full time equivalent) of experience in the relevant specialty/area of practice
  - c. Successful completion of postgraduate study with the following content and a minimum of B+ grade:
    - Advanced physiology & pathophysiology
    - Advanced assessment & decision making
    - Diagnostic reasoning
    - Advanced pharmacology
    - Research
3. demonstrate capability through level 4 PDRP or equivalent which must include:
  - a. guides others to implement culturally safe practice to clients and apply the principles of Te Tiriti o Waitangi
  - b. contributes to specialty knowledge
  - c. acts as a role model and leader
  - d. demonstrates innovative practice

- e. is responsible for clinical learning/development of colleagues
  - f. initiates and guides quality improvement activities
  - g. initiates and guides changes in the practice setting
  - h. demonstrates expertise in her/his area of practice
  - i. influences at a service, professional or organisational level
  - j. acts as an advocate in the promotion of nursing in the health care team
  - k. delivers quality client care in unpredictable challenging situations
  - l. is involved in resource decision making/strategic planning
  - m. acts a leader for nursing work unit/facility
4. Have a nominated mentor from NPAC-NZ networks or other source
  5. Meet requirements for relevant professional organisation's standards and knowledge and skill frameworks

**Registered Nurse**

**A minimum of two years of experience in the relevant specialty/area of practice**

**Be in a post (employment position) that supports the development of and preparation for the NP competencies and role**

**Successful completion of postgraduate study with a minimum of B+ grade**

**Demonstrate capability through level 4 PDRP or equivalent**

**Have a mentor**

**Meet requirements for relevant professional organisation's standards and knowledge and skill frameworks**

## **7.0 PROVIDER ELIGIBILITY**

Education and clinical training occurs in an environment meeting requirements of Appendix A and in particular has:

- A NP and/or a medical practitioner within the specialty who has the time to supervise practice on a daily basis
- A multidisciplinary team or direct access to relevant practitioners
- Access to advice on pharmaceuticals and diagnostics



## **7.1 Subcontracting**

Any subcontracting of the programme and/or some of the approved posts can only occur with the Programme Funder's approval. When approved posts are subcontracted to other providers to ensure appropriate rotation schemes, the posts must be approved by the Primary Supervisor and there must be no less than 0.6 FTE Clinical Practice Supervisor for each NP Trainee.

## **8.0 LOCAL PROGRAMME CO-ORDINATION**

The primary lead for the programme would be dependent on funding arrangements. It is envisaged programme co-ordination will occur with linkages between health care providers, tertiary academic providers and regional training hubs providing consistency of approach while allowing for specific regional application.

The Clinical Practice Supervisor of the NP Trainee will:

- Be familiar with the Nurse Practitioner competencies and the Nursing Council of New Zealand Nurse Practitioner registration process
- Regularly evaluate the NP Trainee's education and clinical training, both clinical and academic experiences, including administering and collating in-training assessments against the NCNZ NP competencies at three monthly intervals, and keep records of their progress
- Advise the NP Trainee on their ongoing education and clinical training requirements in order to gain registration as a Nurse Practitioner
- Monitor supervision, experience, and allocation of duties for NP Trainees, and facilitate such changes as may be necessary
- Liaise with the nurse leader or relevant manager in respect to NP Trainees' duties, supervision, study time, and release for approved courses or national activities
- Establish and maintain liaison with the relevant nurse leader or manager, with respect to the NP Trainees' progress against planned timeframes
- Establish and maintain liaison with other Supervisors and Mentors of the NP Trainee where there is more than one
- Establish and maintain liaison with Supervisors and Mentors of NP Trainees in other programme providers including attending at least one regional meeting for supervisors/mentors per year.

The tertiary academic supervisor of the NP Trainee will:

- Be a liaison between the health care provider and the tertiary academic institution
- Provide academic advice on programme content including plans for the pharmacopoeia and focus of required written academic work (e.g. case studies)

- Mark your required written academic work in conjunction with Clinical Practice Supervisor
- Liaise with your Clinical Practice Supervisor with respect to conducting assessments.

## **9.0 ASSOCIATED LINKAGES**

The programme provider will have established linkages with:

- Relevant professional nursing organisations such as the New Zealand Nurses Organisation, the College of Nurses Aotearoa (NZ), The College of Mental Health Nurses, the National Council of Maori Nurses or other relevant national group/s
- Other NP Trainee education and clinical training programme providers
- Tertiary education institutions providing clinically focused Master of Nursing programmes
- Patient Advocates for Code of Health and Disability Services Consumer Rights and Privacy Issues.

## **10.0 PURCHASE UNIT – details yet to be determined**

A NP Trainee in an approved training post for advanced training.

The Purchase Units are as follows:

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## **11.0 QUALITY STANDARDS: PROGRAMME SPECIFIC - details yet to be determined**

Each education and clinical training provider will demonstrate their commitment to education and clinical training by:

- Ensuring the provision of timely and effective feedback to NP Trainees on their progress towards the attainment of the attitudes, skills and knowledge objectives as outlined in the Objectives of Education and clinical training Report. Six monthly in-training assessments of the NP Trainee's performance should be undertaken by all relevant senior staff of the clinical practice setting with whom the NP Trainee has worked during the assessment period.

## **12.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC- details yet to be determined**

### ***12.1. Progress reporting - details yet to be determined***

## ***12.2. Quality reporting - details yet to be determined***

A quality plan is in place for the ongoing monitoring of the education and clinical training provided. The summary should refer specifically to the outcomes of this internal quality management and make specific reference to the programme specific quality standards in 11.0 above.

## Appendix A: Standards for Clinical Placements

### *Standard one*

1. The programme provider commits to providing a high quality clinical experience and appropriate learning opportunities.
  - a. The provider has a best practice/quality assurance statement for clinical placements including supervision arrangements and the role of staff and NP trainees.
  - b. The provider values and supports a learning environment.
  - c. The provider has a staff development programme (e.g. in-service, journal club, study leave provisions).
  - d. The provider offers a range of learning opportunities, i.e. there is an opportunity to assess and provide nursing interventions for a variety of clients and an opportunity to work with professionals from other disciplines.
  - e. The practice environment will have established and effective shared clinical leadership and nursing clinical governance (service improvement) in place. In addition, active multidisciplinary clinical governance must occur.
  - f. Inter-professional practice and collaboration must be inherent in the practice environment.
  - g. Cultural safety, inequalities and Maori health are a given and should continue to be addressed in the nurse's practice and portfolio.
  - h. Learning opportunities will occur through shared/ parallel clinics or paired working with a SMO or equivalent or NP in an acute team; or paired working with a General Practitioner or Nurse Practitioner in a primary health care setting e.g. general practice.
  - i. Clinical meetings, seminars, tutorials, peer and case review, and other professional forums will enable learning and demonstration of competencies e.g. through presentations and provision of education to other clinical staff.
  - j. The service provides for and will have demonstrated active engagement in professional development activities, e.g. local PDRP and/or national specialty certification processes and will be contributing specialty nursing leadership to relevant local and/or national groups.
  - k. There will be an active quality programme for monitoring the quality of service provision, with specific projects the NP Trainee could lead or significantly contribute to in order to meet NP competencies.

- I. In addition to direct clinical training, the NP Trainee must have the opportunity to:
  - attend national conferences yearly, MDT and Nursing, to the point where they are presenting at these;
  - be involved in service policy development both locally and nationally.
  - be actively contributing to their professional association, preferably will be on a national committee, and be released to contribute in this way.

*Standard two.*

2. The programme provider has the administrative procedures in place to organise a quality training education experience.
  - a. The programme provider specifies a named supervisor who is a registered nurse practitioner or medical practitioner.
  - b. Practice will be based on appropriate and contemporary clinical guidelines and peer reviewed policies and procedures governing the organisation and practice.
  - c. The NP Trainee will have access to:
    - Space, facilities and equipment normally expected in a clinical setting
    - Active quality assurance programmes
    - Adequate library facilities with journals and up-to-date texts and other relevant literature appropriate to area of practice
    - Clinical support services
    - Clinical meetings, seminars and tutorials, and other professional forums
    - A necessary variety of clinical material for training
    - Sufficient clinical experience for the NP Trainee, under adequate supervision, to gain required level of experience.

*Standard three.*

3. The NP trainee is allocated an appropriate workload and is able to demonstrate the competencies and management skills required for advanced clinical practice.
  - a. A learning plan is established by the supervisor and NP Trainee at the beginning of the programme and reviewed three monthly.
  - b. The NP trainee has the opportunity to demonstrate all the competencies when managing the nursing care for individuals with complex needs.
  - c. Practice settings will enable access to adequate numbers of individuals with relevant health care needs with the degree of complexity required to challenge and extend the NP Trainee on repeated occasions.

- d. An appropriate range of experiences to gain sufficiently broad experience relevant to specialty area of practice will be provided with appropriate supervision processes to ensure extension of practice and patient safety.
- e. The key focus is working at an advanced practice level, integrating advanced nursing practice, honing probable and definitive nursing and medical diagnoses, developing holistic nursing and medical treatment plans, and evaluating outcomes for individuals and the service they are providing.

*Standard four.*

- 4. The NP Trainee is allocated with a supervisor with appropriate skills and qualifications.
  - a. The education and clinical training programme will enable clinical practice alongside a nurse practitioner or nurse with relevant advanced knowledge and skill and/or an appropriately skilled medical practitioner.
  - b. Sufficient supervisors (no less than 0.6 FTE for each NP Trainee) will be a nurse practitioner or medical practitioner within the specialty/area of practice who have the time to supervise practice on a daily basis. They will supervise not only clinical situations but also undertake record-keeping, audit, teaching and preparation of scientific material, and the skills, knowledge and attitudes desirable in a Nurse Practitioner as described in 2.0 Expected Outcomes.
  - c. Supervision and assessment of the NP Trainee is necessary to ensure patient safety, positive health outcomes, quality of training, general progress, suitability to continue training, and readiness to submit an application to Nursing Council of NZ for assessment for registration.
  - d. Supervision must be performed by appropriately qualified experts in the specialty area, both nursing and medical. There will be a primary supervisor who meets the requirements in Section 6.0 who will oversee the NP Trainee's programme. Supervision may be also provided by other relevant health practitioners to meet specific objectives as determined by the NP Trainee's learning plan.
  - e. Supervision will be provided for all extension of practice activities by the NP Trainee until competence has been demonstrated. Indirect supervision will then continue until registration as a NP.
  - f. At all stages of training, a clinical practice supervisor should be available to attend a consultation or provide advice whenever a NP Trainee requests assistance.
  - g. During the time the NP Trainee is on duty or on call, there must be a clear line of responsibility from patient to the NP Trainee to the supervising nurse practitioner or medical practitioner.

- h. The supervision allows time for critical reflection on experience gained in practice. Reports on NP Trainee assessment required by the training programme are completed by the clinical practice supervisor.
- i. Educational supervision may be carried out as part of the clinical practice supervision.
- j. It is advisable for the NP Trainee to also have a mentor to assist with professional and career development over time. The strengths and benefits of mentoring arise from the reciprocal and mutually beneficial relationship that is developed between the mentor and the mentee.

For example, as a result of the mentoring relationship mentees receive support and encouragement which enables them to further develop their confidence and professional identity, increasing their satisfaction with nursing as a career. The mentoring process encourages the development of leadership skills and advancing the mentees vision not only for their individual success but also for the future of nursing as a profession (Owens & Patton, 2003).

*Standard five.*

- 5. Assessment of the NP Trainee is completed using appropriate assessment procedures.
  - a. The NP Trainee and supervisor/programme co-ordinator complete a formative assessment at the beginning of the programme placement and learning goals are established.
  - b. The NP Trainee receives timely, balanced, objective and specific feedback.
  - c. The NP Trainee is encouraged to assess their own performance and refine learning goals in collaboration with supervisor.
  - d. The NP Trainee is assessed against the Nursing Council of New Zealand's Nurse Practitioner competencies by the supervisor/programme co-ordinator at the conclusion of the programme.
  - e. If the NP Trainee is identified as having difficulty in meeting competence requirements, the following process should occur:
    - i. The primary supervisor and/or mentor meets with the NP Trainee to identify issues that may be impeding performance
    - ii. The primary supervisor and/or mentor and the NP Trainee review learning plan and activities to ensure that the process has been fair and robust
    - iii. Specific performance gaps are identified with the NP Trainee and the strategies to address learning needs

- iv. If required, an individualised learning contract with time frame, desired learning outcomes, and sources of support identified is developed
- v. If unresolved, notify nurse leader/manager
- vi. It is the responsibility of the employer to implement appropriate disciplinary/remedial processes for nurses who do not meet competency requirements, and to ensure compliance within the specifications of the HPCA Act (2003).



## Nurse Practitioner Registration Competencies and indicators

The *Competencies for nurse practitioners* gives examples of the indicators that will be used by the expert panel who will be assessing the applicant's competence.

The Nursing Council recognises that nurse practitioners work in a variety of clinical contexts, thus the indicators, which are neither exhaustive nor comprehensive, are to provide transparency to applicants to assist them to prepare appropriate evidence for **their** clinical contexts.

**Note: Please read the glossary of terms at the end of this document.**

### **Domain one: Professional responsibility and leadership**

#### **Competency 1.1 Practices within a nursing model to apply advanced nursing practice in the provision of health care services to client/population groups.**

- Indicator: Describes the nursing model/framework identifying the values and beliefs that underpin and guide practice.
- Indicator: Defines area of nursing practice in relation to client/population group including activities of health promotion, maintenance and restoration of health, preventative care, rehabilitation and/or palliative care.
- Indicator: Articulates a coherent and clearly defined nurse practitioner area of practice that is characterised by advanced practice, evidence based nursing knowledge and skills.
- Indicator: Demonstrates autonomous, interdependent and collaborative practice in relation to client care and within the health care team.
- Indicator: Engages in activities at a local systems level that promote the positive contribution of nursing to health care delivery and health outcomes for population groups.
- Indicator: Describes clinical decision making processes involved in response to actual and potential health needs and characteristics of the population group.
- Indicator: Articulates an advanced level of knowledge and describes the evidence that underpins decision making.
- Indicator: Demonstrates an advanced level of critical thinking in practice.
- Indicator: Demonstrates ability to use advanced knowledge to effect equity of health outcomes for all clients.
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#### **Competency 1.2 Demonstrates accountability for practice in relation to the population/client group and the parameters of practice within health care settings.**

- Indicator: Demonstrates advanced practice competencies within a specific area of practice that is autonomous and collaborative.
- Indicator: Demonstrates timely referral and consultation when an issue is outside scope of practice or level of expertise/experience.
- Indicator: Collaborates, initiates and leads to ensure practice is informed by ethical decision making.
- Indicator: Demonstrates consideration of access and quality when making client care decisions.
- Indicator: Initiates and leads professional development processes based on professional practice standards and legal and ethical guidelines.
- Indicator: Collaborates, initiates and/or leads professional development processes based on peer supervision and review of currency of practice.

#### **Competency 1.3 Demonstrates nursing leadership that positively influences the health outcomes of client/population group and the profession of nursing.**

- Indicator: Takes leadership roles in complex situations across settings and disciplines.
- Indicator: Considers the impact of the wider determinants of health including emerging health policy and fundings and modifies practice accordingly.
- Indicator: Promotes opportunities to achieve equity of health outcomes across the population group.

- Indicator: Takes leadership roles in community and professional groups to achieve positive outcomes for client or population group.
- Indicator: Shows leadership in professional activities such as research, scholarship and policy development.
- Indicator: Demonstrates skilled mentoring, coaching and teaching of health care colleagues.
- Indicator: Contributes to, and participates in, national and local health and socioeconomic policy development.

## **Domain two: Management of nursing care**

### **Competency 2.1 Demonstrates advanced comprehensive client health assessment skills and diagnostic decision making relevant to specific area of practice.**

- Indicator: Demonstrates advanced clinical decision making processes to:
  - assess the client's health status
  - make differential, probable and definitive diagnoses
  - implement appropriate interventions based on a systematic decision making process
  - evaluate client response to care.
- Indicator: Orders and interprets diagnostic tests and makes decisions/interventions based on diagnostic information, current evidence and local practice information.
- Indicator: Prioritises data collection and assessment processes in complex situations according to the client's immediate and/or ongoing needs.
- Indicator: Consults and refers to other health professionals appropriately.

### **Competency 2.2 Demonstrates advanced practice in direct client care within a range of contexts and situations.**

- Indicator: Anticipates situations and acts appropriately to manage risk in complex client care situations.
- Indicator: Demonstrates a creative, innovative approach to client care and nursing practice.
- Indicator: Decision making is justified by extensive knowledge base and contextual data.
- Indicator: Uses critical thinking to plan practice according to contextual factors.
- Indicator: Identifies a clear process for consultation and collaboration with client and other health professionals.
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### **Competency 2.3 Consistently involves client in decision making processes and uses client information to determine management strategies.**

- Indicator: Actively explores the client's cultural preferences, health behaviours and attitudes regarding care and incorporates information into management plan.
- Indicator: Actively explores client's ability to participate in care and incorporates information into management plan.
- Indicator: Ensures client has access to, and understands, relevant information and resources on which to make informed decisions regarding care.
- Indicator: Documents client involvement in decision making.
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### **Competency 2.4 Demonstrates confident and independent practice that is based on the synthesis of theory and practice knowledge from nursing and other disciplines.**

- Indicator: Decision making is based on an advanced level of clinical judgement, scientific evidence, critical reasoning and client determined outcomes.
- Indicator: Demonstrates an extensive knowledge base in specific area of practice and applies knowledge of biological, pharmacological and human sciences.
- Indicator: Demonstrates advanced level skills and performance of interventions relevant to specific area of practice.
- Indicator: Provides clinical leadership in the effective use of information technologies to support practice decisions.

**Competency 2.5 Uses a formal approach to monitor and evaluate client responses to interventions.**

- Indicator: Provides clinical leadership in evaluating client responses to interventions and directs the modification of the care plan accordingly.
- Indicator: Systematically documents and communicates evaluation process and changes to management plan.
- Indicator: Demonstrates evaluation processes that measure the efficacy of practice to client outcomes, population based outcomes and the health care environment.

**Domain three: Interpersonal and interprofessional practice and quality improvement**

**Competency 3.1 Establishes therapeutic relationships with client that recognise the client in context and respects cultural identity and lifestyle choices**

- Indicator: Actively assesses clients preferences and abilities and ensures clients have access to appropriate information on which to base decisions.
- Indicator: Is proactive in meeting the cultural, social and developmental needs of clients.
- Indicator: Demonstrates respect for differences in cultural, social and developmental responses to health and illness and incorporates health beliefs of the individual/community into assessments and plans of care.
- Indicator: Promotes client's participation in health care decision making and self management of health needs.
- Indicator: Advocates for client within the health care team and with relevant agencies in a timely and respectful manner.

**Competency 3.2 Contributes to clinical collaboration that optimises health outcomes for the client.**

- Indicator: Leads and collaborates with other health agencies/professionals to ensure timely access and smooth transition to quality services for client
- Indicator: Leads case reviews and debriefing activities.
- Indicator: Initiates change and responds proactively to changing systems.
- Indicator: Is an effective resource and consultant for interdisciplinary clinical staff and disseminates research findings.
- Indicator: Acts as an agent to foster collaboration between members of all disciplines in the health care team to work towards seamless client care.

**Competency 3.3 Actively involved in quality assurance activities that monitor and improve the quality of health care and the effectiveness of own practice.**

- Indicator: Demonstrates responsibility for quality of health care, risk management and effective resource utilisation.
- Indicator: Critiques and develops clinical standards.
- Indicator: Influences purchasing and allocation of resources through use of evidence based findings.
- Indicator: Participates in regular formal professional supervision.

**Domain four: Prescribing practice**

**Note: Third party evidence must be from a registered prescriber in an appropriate scope of practice**

**Competency** Understands the regulatory and legislative frameworks, contractual environment, subsidies, professional ethics and roles of key government agencies associated with prescribing.

**Competency** Prescribes and administers medications within legislation, codes, scope and specific area of practice and according to established prescribing processes and New Zealand guidelines.

**Competency** Demonstrates accountability and responsibility in prescribing practices using evidence to make risk benefit assessments.

**Competency** Collaborates, consults with and provides accurate information to the client and other health professionals about prescribing relevant interventions, appliances, treatments or medications.

**Competency** Demonstrates an understanding in the use, implications, contraindications and interactions of prescription medications and with any other medications.

**Competency** Applies knowledge of the age-related pharmacokinetic differences and the implications for prescriptive practice on clients within the specific area of practice.

**Competency** Demonstrates an ability to limit and manage adverse reactions/ emergencies/crises.

**Competency** Recognises situations of drug misuse, underuse and overuse and acts appropriately.

**Competency** Monitors the effectiveness of the client's response to prescribing and is actively involved in pharmacovigilance and drug monitoring.

## Glossary of Terms

**Appropriate** Matching the circumstances of a situation or meeting the needs of the individual or group.

**Assessment** A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.

**Benchmark** Essential standard.

**Client** An individual, family/whanau, significant other, group, community or population that is a consumer of nursing service. .

**Competence** The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.

**Competent:** The person has competence across all domains of competencies applicable to the registered nurse, at a standard that is judged to appropriate for the level of nurse being assessed.

**Competency** A defined area of skilled performance.

**Context** The setting/environment where competence can be demonstrated or applied.

**Domain** An organised cluster of competencies in nursing practice.

**Effective** Having the intended outcome.

**Indicator** Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

**Legislated** Those requirements laid down by New Zealand Acts and Regulations.

**Nurse** A registered nurse, nurse practitioner, enrolled nurse or nurse assistant.

**Nurse Practitioner** A nurse registered under the *registered nurse* scope of practice.

**Nursing Council of New Zealand** The responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act 2003. The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration which ensures safe and competent care for the public of New Zealand. As the statutory authority, the Council is committed to enhancing professional excellence in nursing.

**Performance criteria** Descriptive statements which can be assessed and which reflect the intent of a competency in terms of performance, behaviour and circumstance.

**Registered nurse** A nurse registered under the *registered nurse* scope of practice.

**Reliability** The extent to which a tool will function consistently in the same way with repeated use.

**Situated learning** In the situated learning approach, knowledge and skills are learned in the contexts that reflect how knowledge is obtained and applied in everyday situations. Situated cognition theory conceives of learning as a sociocultural phenomenon rather than the action of an individual acquiring general information from a decontextualized body of knowledge (Kirshner and Whitson 1997).

**Treaty of Waitangi** The founding document for Aotearoa/New Zealand signed in 1840 by the Maori people and the British Crown.

**Validity** The extent to which a measurement tool measures that which it purports to measure.