



**Flinders
University**

Master of Nurse Practitioner

Clinical Supervisory Team
Handbook



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Introduction

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

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

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

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

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

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

Course Coordinator Contact details:

Bridget Henderson

Email: MNPCC@flinders.edu.au

Phone: 8201 3254

Program of study

The Master of Nurse Practitioner (MNP) degree is offered through Flinders University. The course is fully online and can be completed within in two (2) years.

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

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

The MNP program is designed to:

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

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

The program of study

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

Processes for engagement in SIPP

On entry to the course, students are required to nominate their specialty practice area and provide the contact details of their proposed supervisor(s) as well as their line manager or Director of Nursing. This documentation confirms that the student has formal support from their workplace to undertake the required clinical placement activities. It also verifies that the student will be supervised by appropriately qualified and eligible supervisors who can guide their development, facilitate access to relevant clinical learning opportunities, and support them in meeting the Nurse Practitioner Standards for Practice.

Once the placement topic has begun, students are not permitted to change their placement venue.

If a student leaves their current workplace or the workplace can no longer support the placement, the student must withdraw from the placement topic and re-enroll the following semester with updated placement details. **Once the placement topic has commenced, students may change supervisors if necessary.** However, they must pause their placement hours until a Change of Supervisor form has been submitted, and the university has confirmed the new supervisor's eligibility. To avoid disruption to placement progress, students are strongly advised to maintain the same supervisor throughout the placement period.

SIPP placement communication

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

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

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

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

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

SIPP assessments

At the commencement of each placement, Nurse Practitioner students are required to develop **practice learning goals** aligned with the **Nurse Practitioner Standards** relevant to their specialty area. These goals serve as a framework for guiding clinical activities and capability development throughout the placement.

Students must discuss and agree upon these goals with their **clinical supervisor** at the start of the **Supervised Integrated Professional Practice (SIPP)**. Once finalised, the goals are submitted to the **Topic Coordinator** via the **Flinders Learning Online (FLO)** platform.

Throughout the placement, students work with the supervisor who will provide **formative feedback** and adapt goals progressively. This ongoing feedback supports students in advancing their diagnostic reasoning skills and prescribing competencies.

All students are assessed against the following frameworks:

- **Nurse Practitioner Standards for Practice**
- **Prescribing Competencies Framework** (supporting the Quality Use of Medicines)

The **Topic Coordinators** provide support to both students and supervisors throughout this process to ensure a consistent and high-quality learning experience.

Placement Activity Requirements for Nurse Practitioner Students

During the 150-hour clinical placement, students are required to complete two distinct types of learning activities:

1. Comprehensive Case Studies (x5)

These are in-depth clinical reflections designed to demonstrate advanced practice capabilities.

Purpose: To showcase the student's diagnostic reasoning, prescribing decisions, and collaborative engagement with the healthcare team.

Using the provided template each comprehensive case study must include:

Presenting problem: Patient history and symptoms

Assessment findings: Physical exam, investigations, and relevant data

Diagnostic reasoning: Differential diagnoses and rationale for final diagnosis

Management plan: Prescribing decisions, treatment, referrals

Interprofessional engagement: How the student collaborated with other health professionals

Follow-up care: Planned reviews, monitoring, or discharge planning

Depth required: Detailed and analytical. These should reflect the complexity of real-world decision-making and demonstrate the student's growth as a nurse practitioner. (See appendix 1).

2. Episodes of Patient Care (x20)

These are brief clinical logs, documented in the clinical placement SIPP hours excel spreadsheet, that capture routine patient encounters during placement.

Purpose: To document and evidence the breadth of clinical exposure and demonstrate safe, supervised practice.

Each episode must include:

Presenting complaint or reason for visit

Diagnosis or clinical impression

Management provided: Treatment, education, or referrals

Follow-up plan (if applicable)

Depth required: Concise and factual. These are not reflective pieces—just a clear record of clinical activity.

During placements, students must be supervised to complete 5 comprehensive clinical case studies per topic (10 case studies in total) and 20 episodes of patient care per topic (40 clinical encounters in total).

Supervisors are expected to review and discuss the students' performance for each case study and episode of care. Students complete a self-assessment of their clinical learning and their progress to advanced clinical practice at the conclusion of the semester and provide a detailed log of their supernumerary clinical practice placement hours.

Please request to view the students log of clinical practice hours before confirming the hours as completed.

SIPP topic: NURS9027

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

1. Setting learning goals and reviewing during the placement
2. Working with students to complete 5 comprehensive clinical case studies and 20 complete episodes of patient care.
3. Assessment of clinical performance, case studies and episodes of patient care, & confirming completion of placement hours. (See appendix 2)
4. Supervisor Assessment of SIPP against the Nurse Practitioner Standards for practice and the National Prescribing Competency Framework. (See appendix 3)

SIPP topic: NURS9029

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

The assessment activities that the supervisors are engaged in:

5. Setting learning goals and reviewing during the placement
6. Engage in the Viva Voce clinical examination
7. Working with the student to complete 5 comprehensive clinical case studies and 20 complete episodes of patient care.
8. Assessment of clinical performance, case studies and episodes of patient care, & confirming completion of placement hours. (See appendix 2)
9. Supervisor Assessment of SIPP against the Nurse Practitioner Standards for practice and the National Prescribing Competency Framework. (See appendix 3)

The viva voce clinical examination requires students to prepare a case presentation from their comprehensive case studies that demonstrates their development across the required standards, competencies, and capabilities. The viva voce is conducted via Microsoft teams.

Supporting students and establishing the depth of their knowledge.

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

It is expected that the supervisor(s) will be actively involved in supporting students as they engage in patient episodes of care and review the written case studies. During the episode of care challenge the students clinical and diagnostic reasoning:

1. Get A Commitment

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

2. Probe for supporting evidence

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

3. Teach general rules

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

4. Reinforce what was done right

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

5. Correct mistakes

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

Student progress and performance

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

Assessment of the clinical case studies

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

To achieve this the students are required to complete *10 clinical case studies and 40 episodes of patient care overseen by the clinical supervisory team* this will provide evidence of the successful completion of the advanced clinical practice component of this degree and the case studies will be retained by the university as evidence of engagement in clinical practice and it will be a legal document.

Summary of roles

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

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

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

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

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

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

Appendix 1: Comprehensive case studies

Clinical case study for NURS9027 Appendix for Essay

Instructions:

Students are to complete all five (5) clinical case studies of patients they have seen during the semester. Completing the 5 clinical case studies is the placement assessment requirement. One (1) clinical case study is to be uploaded as an appendix to assignment one, the essay. On completion of all 5 case studies your supervisor will complete the form **Supervisor Assessment of Clinical Logs**. A score of 3, 4 or 5 must be achieved for each area to pass the supervisors assessment of your performance on placement (see supervisors marking guide for SIPP). Your supervisor will also assess your clinical professional practice using the form **Supervisors Assessment of SIPP**. A score of 3, 4 or 5 must be achieved for each area to pass the supervisors assessment of your professional performance against the Nurse Practitioner Standards for Practice, and National Prescribing Competencies (see supervisor marking guide for SIPP). Two (2) of the remaining (4) clinical case studies (not including the first submitted for assignment one) submitted in this document will be randomly selected, assessed, and graded by the university tutor for the topic against the marking guide. (see university tutors' marking guide for assessment of clinical case studies).

KEY: Criteria highlighted in green should be a brief overview.
 Criteria highlighted in blue should be detailed and referenced.

Student's name:

Student ID:

Topic: NURS9027

Specialty:

Supervisor's name:

Report covers period from:

to:

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

<ul style="list-style-type: none"> • How did I arrive at this diagnosis? • Did I consider all the alternatives? • Did I settle too early on a diagnosis? • Did I accept someone else's diagnosis without question? • And for admitted patients: does the diagnosis still fit the clinical picture? 	
<p>Management/treatment plan Summarise briefly your management plan for this patient including non-pharmacological interventions.</p> <p>Provide a comprehensive analysis of the literature demonstrating your rationale for this plan.</p>	References:
<p>Plan of care State members of the inter- and intra-professional team you will engage for this patient. State referrals required.</p> <ul style="list-style-type: none"> • List referrals made, eg specialist, GP, allied health. <p>Is the patient/client involved in shared decision making? How? https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making</p>	
<p>Pharmacology Briefly identify medications prescribed or changes made within this treatment plan. Consider additional prescriptions or any deprescribing Identify how you applied the National Prescribing Competency Areas within this presentation? https://www.nps.org.au/prescribing-competencies-framework</p>	
<p>Documentation. Brief discussion re documentation management.</p>	
<p>Patient Education Brief discussion re patient education provided to patient/ family/ carer/ significant other by MNP student</p>	

HEALTH CARE CONTEXT

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

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

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

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

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



Marking Rubric

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



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

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

Appendix 2: Supervisors' assessment of clinical case studies

Student's name: _____ Student ID: _____

Specialty: _____ Topic: _____ NURS9027 or NURS9029

Report covers period from: _____ to: _____

Supervisor Name: _____

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

Appendix 3: Supervisor Assessment of SIPP against the Nurse Practitioner Standards for practice and the National Prescribing Competency Framework

Student name: _____ Student ID: _____

Specialty area: _____ Topic: NURS9027

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

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

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

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



Manages episodes of care, establishing and maintaining respectful relationships with people at the centre of care (NPS 3.2)					
Recognises their duty of care and practise in accordance with federal, state and territory legislation and professional regulation governing NP practice (NPS 3.3)					
Engages in reflective practice and evaluates the outcomes of their practice (NPS 4.1)					
Advocates for, participate in, or lead systems that support safe care, partnership and professional growth (NPS 4.2)					
Reviews the outcome of treatment (NPC 5)					
Prescribes safely and effectively (within scope of practice) Prescribes professionally – as per codes, standards and guidelines (NPC 6 & 7)					

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