

NS90 MASTER OF NURSE PRACTITIONER

LETTER OF SUPPORT

Dear Clinical Support Team Member,

NS90 Master of Nurse Practitioner course at QUT comprises three units requiring supernumerary clinical practice:

- The Science of Health Assessment 40 hours
- Integrated Professional Practice 1 130 hours
- Integrated Professional Practice 2 130 hours

The nurse practitioner applicant is required to have the support of a nominated Clinical Support Team (CST) during completion of these supernumerary clinical learning hours. The applicant's CST will provide support through direct supervision, monitoring and assessment of applicants expanded practice to meet learning objectives. Each applicant must have a CST consisting of two health practitioners including a Nurse Practitioner and a Senior Medical Officer. The CST must have relevant clinical and professional experience, be currently practicing in the applicant's nominated clinical field and able to provide direct supervision of clinical practice. Where the applicant is unable to obtain a Nurse Practitioner CST member (because of lack of availability) the Nurse Practitioner Study Area Coordinator from QUT will liaise with the applicant and provide mentoring from a nurse practitioner perspective.

The applicant is responsible for identifying and obtaining support from a suitable clinical learning environment and an appropriate CST. The composition of the CST will be determined and approved by the University prior to enrollment in the first unit of study. The CST members will be re-confirmed prior to the start of each semester in which the integrated professional practice unit is undertaken. It is the applicant's responsibility to notify the Unit Coordinator of any changes to CST members or clinical learning environment as soon as practicable.

During the IPP units, the applicant is expected to manage, under appropriate supervision, at least two complete episodes of care per week throughout the semester for typical patients/ clients in the applicant's case load. The CST will conduct regular clinical practice reviews (including observation of practice and review of relevant documentation) to assess the applicant's management of these patients/ clients as a mechanism for teaching and learning and to monitor quality and safety of care.

The CST will develop a learning plan in consultation with the applicant and discuss this plan and their learning goals early in the semester. In addition, they should make time throughout the semester to discuss their progress and make amendments to their plan, toensure they meet the unit requirements before the end of the semester. Specific details of assessment of clinical and academic performance during the integrated professional practice are outlined in the Unit Information and Student Support Handbook. It is the applicant's responsibility, in consultation with the CST and the Unit Coordinator, to organise the processes for this assessment. A member of the CST will be required to contribute to, and sign off, on assessment recordsfor all IPP units and to contribute to and sign off as a panel member/chair in a formal clinical viva.

Thank you for supporting this applicant. Please review and complete the following letter of support to confirm your acceptance of the CST role.

Kind regards,

Suzanne Williams Nurse Practitioner Study Area Coordinator -**QUT School of Nursing and Midwifery** Telephone: 07 3138 3884

Email: Suzanne.williams@gut.edu.au



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LETTER OF SUPPORT

CLINICAL SUPPORT TEAM MEMBER

(Print first and last name)		
in the position of		
	(Position)	
located at		
	(Organisation / facility name)
agree to support the Nurse Pra	ctitioner studies of	
	(Applie	cant's first and last name)
into NS90 Master of Nurse Pra	ctitioner fat Queensland University of	Technology, Faculty ofHealth
School of Nursing.		
I cartify that I have read the no	sition description above related to tl	oo clinical loarning
	ort Team (CST) and I am aware of th	_
	meet the expectations of the applica	
	while they are undertaking therequire	
·	e (IPP) units. I am committed to suppo	
undertaking the required studio	es and learning activities to enablethe	timely completion of studies
required.		
AHPRA registration No:		
Qualifications:		
Daytime Phone Number		
Email		
ed:	PRINT NAME:	DATE:
ness:	PRINT NAME:	DATE:

^{*}Please complete and return this form to the applicant or directly to QUT at $\underline{qut.applications@qut.edu.au}$