MASTER OF NURSE PRACTITIONER (NS88) APPLICANT DETAILS AND CHECKLIST

Name of applicant: (print)	First Name:	Last Name:
AHPRA registration No:		1
Specialty:		Years' experience in specialty:
Organisation (or hospital):		
Location (City and State):		
Present position:	-	
Ward/Unit/Department:	-	
Employment status (choose one):	 □ Full time □ Part time (if part time, number of h 	ours per week)
Applicant Checklist*:		
1. I am registered as a nurse (Divisi Australia without conditions	ion 1) with the Nursing and Midwifery Boa	ard of 🛛 Yes 🗆 No
2. I have a minimum of four years fu Registered Nurse in the nominate (Statement of service on letterher		ence as a 🛛 Yes 🗆 No
	ence includes a minimum of two years ful anced nursing practice role in the nominat actice, section 1 & 2)	
4. I have obtained a graduate certificate (or higher) qualification in nursing or in my nominated specialty area <i>(evidence attached if obtained from an institution outside Australia)</i>		in my 🗆 Yes 🗆 No
	ort from my Executive Director of Nursing Master of Nurse Practitioner application	(or 🗌 Yes 🗆 No
 If there are any changes to my ci support team members, level of s soon as practicable. 	rcumstances (e.g. place of employment, o support) I will notify the Study Area Coord	clinical
Applicant Signature		Date:

*Please submit this form with your Postgraduate Application form to <u>qut.applications@qut.edu.au</u>



MASTER OF NURSE PRACTITIONER (NS88) EXECUTIVE DIRECTOR OF NURSING OR EQUIVALENT

APPLICANT COMMITMENT

I, , CERTIFY	ТНАТ	
(First and last name)		
I have four years' FTE experience (within the last 6 years) in		
(Clinical specialty)	
AND, have been working as an		
(Advanced Practice Nursing role)		
for a minimum of two years (FTE). I am currently employed at(Organisation		
(Organisatic	on)	
I certify that I am applying to undertake the Master of Nurse Practitioner (NS88)	course at	
Queensland University of Technology, Faculty of Health, School of Nursing, in prep	paration for	
Nurse Practitioner endorsement.		
I certify that I have read the attached course expectations related to the clinical le	earning	
environment and clinical support team and I am aware of my clinical learning		
requirements if I am accepted into the course. I anticipate I can meet the expectations in		
terms of time and resources required, while I am undertaking the required two seme	sters of	
integrated professional practice.		
I certify that I have kept a copy of this letter of support for my records.		
SignedDate		

Daytime phone number:_____ Email address:_____

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COURSE EXPECTATIONS RELATED TO THE CLINICAL LEARNING ENVIRONMENT AND CLINICAL SUPPORT TEAM

- 1. The applicant must have a minimum of four years full time equivalent clinical practice experience as a registered nurse in the nominated clinical field, which consists of a minimum of two years full time equivalent experience (within the last six years) at an **advanced practice** in the nominated specialty. In addition, the applicant must be **working at an advanced practice level** for the duration of the course.
- 2. The course comprises two semesters of integrated professional practice
 - Integrated Professional Practice 1 170 hours (a minimum of 130 hours)
 - Integrated Professional Practice 2 140 hours

Applicants are required to be supernumerary during the Integrated Professional Practice and to complete learning activities and assessment items in this course.

- 3. The applicant must have ready access to the nominated clinical support team (CST) during their supernumerary clinical learning days. The applicant's CST will provide support through supervision, monitoring and review of applicants extended practice to meet learning objectives.
- 4. Each applicant must have a CST consisting of two health practitioners. They must have relevant clinical and professional experience and currently practising in the applicant's nominated specialty field (for example, a medical practitioner or an authorised nurse practitioner, an advanced practice nurse, senior clinical nurse consultant or clinical nurse specialist). Other relevant health professionals can also form part of the CST (for example, senior dietician, pharmacist, psychologist).
- 5. 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 your enrolment in your first unit of study.
- 6. 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.
- 7. During the integrated professional practice unit, 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.
- 8. The CST will conduct clinical practice reviews on the applicant's management of these patients/clients. These reviews will be held weekly in the first half of the semester and at least fortnightly towards the end of the semester and will be the formal mechanism for teaching and learning. The practice reviews will draw upon documented care in the medical record, observation of practice and the applicant's case reporting and are a process for monitoring safety of practice. The reviews are an important teaching, learning and assessment strategy, but they also provide opportunities for the team to monitor the



quality of patient care.

- 9. The applicant is encouraged to develop a learning plan and discuss this plan and their learning goals with their CST early in the semester. In addition, they should make time throughout the semester to discuss their progress and make amendments to their plan, to ensure they meet the unit requirements before the end of the semester.
- 10. 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 clinical support team and the Unit Coordinator, to organise the processes for this assessment.
- 11. A member of the CST will be required to contribute to, and sign off, on assessment records for all two integrated professional practice units and to contribute to and sign off as a panel member/chair in a formal clinical viva.

Course contact:

The Postgraduate Course Coordinator QUT School of Nursing and Midwifery Victoria Park Road, Kelvin Grove, QLD 4059 Telephone: 07 3138 3884 Email: <u>Nursing@qut.edu.au</u>