



THE NURSE PRACTITIONER CLINICAL LEARNING AND TEACHING FRAMEWORK

A TOOLKIT FOR STUDENTS AND
THEIR SUPERVISORS

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ADVANCED NURSING

Promotion of the nursing discipline through innovation, generation, and expansion of the knowledge, science, education and service models of nursing. Advanced nursing supports interaction between the Discipline and the Profession of nursing (Gardner G et al, 2017a; Gardner G et al, 2017b).

ADVANCED PRACTICE NURSING

Advanced practice nursing is the experience, education and knowledge to practice at the full capacity of the registered nurse practice scope. It is neither a title nor a role: it is a level of clinical practice that involves cognitive and practical integration of knowledge and skills from the clinical, health systems, education and research domains of nursing. The nurse practising at this level is a leader in nursing and health care. Advanced practice nursing is enabled through education at master's level (Gardner G et al, 2017a; Gardner G et al, 2017b).

CAPABILITY

Moves beyond competency and is the extent to which an individual can adapt to change, generate new knowledge and continue to improve practice (O'Connell et al, 2014; Fraser & Greenhalgh, 2001; Gardner G et al, 2006). Capability and its dimensions include:

- **Knowing how to learn**
- **Working well with others**
- **Applying competencies to both novel and familiar situations**
- **Being creative**
- **Having a high degree of self-efficacy**

EDUCATIONAL GOVERNANCE

Transparent structures and processes designed to ensure curriculum integrity, academic rigour, experiential equivalence and quality control across all learning and teaching contexts, including work-based settings. In this document it refers to advanced specialty clinical learning and teaching.

INTEGRATED PROFESSIONAL PRACTICE

An integrated learning approach that enables nurse practitioner students to develop and demonstrate the Nurse Practitioner Standards for Practice within the clinical practice setting. Supports the use and generation of theory to enhance emerging and developed knowledge, behaviours and clinical and professional judgement. Also provides a supported learning environment for the development of clinical practice skills, including, but not limited to:

- **Comprehensive assessment, diagnosis and management of complete episodes of care**
- **Prescription of medicines**
- **Ordering and interpreting of diagnostic tests**
- **Initiating and accepting referrals from other health professionals for the purposes of care coordination.**

The concept includes 'clinical training' as embodied in the National Law (Australian Health Practitioner Regulation Agency, 2009; Australian Nursing and Midwifery Accreditation Council, 2015).

METASPECIALTY

A metaspecialty groups specialties with similar skill-sets, knowledge and/or expertise, which comprehensively reflect the diverse healthcare needs of population groups. They are not intended to be mutually exclusive (Helms et al, 2017).

NURSE PRACTITIONER

A nurse practitioner is an advanced practice nurse endorsed by the Nursing and Midwifery Board who has direct clinical contact and practises within their scope under the legislatively protected title 'nurse practitioner' under the National Law (Nursing and Midwifery Board of Australia, 2014).

INTRODUCTION

This research-based toolkit is one of the deliverables arising from a six-year research program exploring Australian nurse practitioner clinical learning, educational governance and capability, known as the **CLinical LEarning, goVERNance and capability study** (Gardner A et al, 2014; Gardner A et al, 2016; Helms et al, 2017). The program was completed by a team of Australian nurse academics and clinicians in close collaboration with the Australian College of Nurse Practitioners.

OVERVIEW:

The nurse practitioner is a rapidly expanding clinical role in Australia, with specialty areas emerging originally through identification of unmet healthcare needs. The nurse practitioner title is protected by endorsement through the Nursing and Midwifery Board of Australia (NMBA). Preparation for the role is achieved through completion of an approved master's degree, as well as the demonstration of extensive clinical practice as a nurse working at an advanced level of practice. The degree programme is currently offered by approximately 15 Australian universities. These university programs are accredited and approved by the NMBA to enable students to meet a set of nationally-agreed professional standards and result in endorsement as a nurse practitioner. Once endorsed, nurse practitioners work across a diverse range of clinical specialty areas. One aim of the **CLinical LEarning, goVERNance and capability (CLLEVER2)** study was to guide consistency of specialty clinical learning and teaching for these master's degree nurse practitioner students. A broad specialty taxonomy was developed that comprises constructs termed 'metaspecialties'. Each metaspecialty is supported by clinical practice standards that exemplify its requisite advanced knowledge, skills and expertise. These metaspecialty clinical practice standards have been developed and validated through national research with nurse practitioners to guide clinical learning and teaching approaches that support the development of high levels of clinical capability required for the nurse practitioner role (Helms et al, 2017).



THE SIX SETS OF CLINICAL PRACTICE STANDARDS ARE:

- ✓ Ageing and Palliative Care
- ✓ Child and Family Health Care
- ✓ Chronic and Complex Care
- ✓ Emergency and Acute Care
- ✓ Mental Health Care
- ✓ Primary Health Care

The standards for the emergency and acute care metaspecialty comprise both acute care standards developed as part of the CLLEVER2 study and selected standards from previous research by Dr Jane O'Connell (O'Connell, 2015), which used the same methodology to develop emergency nurse practitioner clinical practice standards. Dr O'Connell advised and gave permission for these inclusions.

The remainder of this document describes how to use the toolkit and then provides descriptions of each metaspecialty followed by their respective standards.

HOW TO USE THIS TOOLKIT

The toolkit is based on a validated metaspecialty taxonomy (see Figure 1) that provides a framework linking the metaspecialties to six sets of specialty clinical standards. It is complimentary to the national Australian Nurse Practitioner Standards for Practice (NMBA, 2014). The toolkit is to be used as a resource by nurse practitioner students, their clinical mentors and university staff teaching into nurse practitioner master's degree courses. It was developed to assist identification of nurse practitioner specialty clinical learning and teaching needs during periods of work-based clinical learning, now referred to in Australia as Integrated Professional Practice (ANMAC, 2015). Based on feedback from many nurse practitioners during their widespread participation in the Delphi studies that informed this research, it became evident that the clinical specialty standards would also be useful for professional development of endorsed nurse practitioners seeking to expand their clinical expertise.



FIGURE 1 THE VALIDATED METASPECIALTY FRAMEWORK

The metaspecialties are intended to complement each other, rather than be applied as mutually exclusive constructs. Results from the early CLLEVER2 research demonstrated that nurse practitioner work was often mapped across more than one metaspecialty. Results confirmed that metaspecialties were not mutually exclusive with workforce flexibility being an important aspect of nurse practitioner scope. The speciality skills, knowledge and expertise of most nurse practitioners extends across at least two metaspecialties and care is delivered in very diverse care contexts.

Nurse practitioners, depending on their clinical practice scope, may draw standards from one or more metaspecialties. For example, a nurse practitioner working in a paediatric emergency department may draw standards from both **child and family care** and from **emergency and acute care**. The exemplar below (see Figure 2) demonstrates this concept. The top row (green) indicates the title of the nurse practitioner role. The second row (purple and orange) indicates two metaspecialty titles and the third row provides an example of one standard from the child and family care metaspecialty and two from the emergency and acute care metaspecialty. Key activities, consistent with the 'practice activities' identified by O'Connell (2015), can be developed to provide specific structure to learning objectives and to acknowledge the local practice context and specific learning needs.

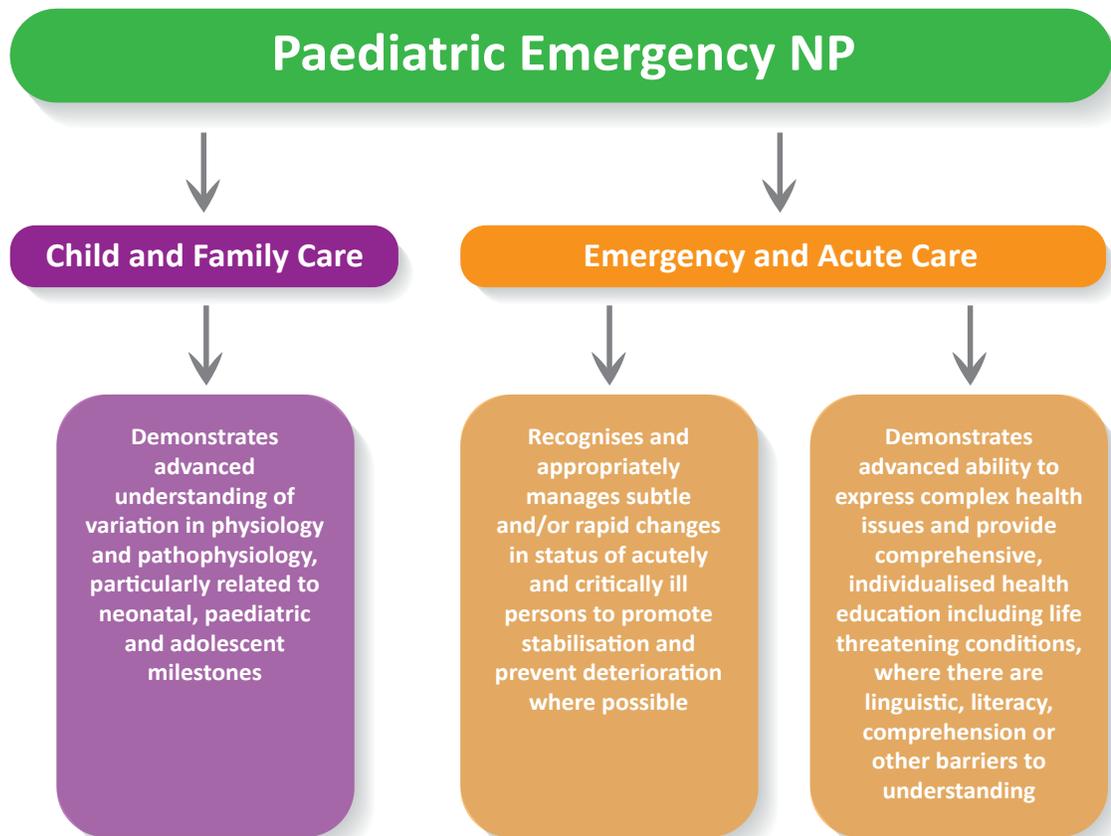


FIGURE 2 **EXEMPLAR** OF METASPECIALTIES AND STANDARDS

As another example, the **mental health care** metaspecialty might be relevant to both a nurse practitioner based in an aged care facility and a nurse practitioner specialising in adolescent mental health care in an emergency department. Nurse practitioners working in an aged care facility will primarily meet standards in the **ageing and palliative care** metaspecialty but their population may include people with chronic heart disease and diabetes (**chronic and complex care**) and depression (**mental health care**). The emergency nurse practitioner who specialises in adolescent mental health will draw mainly from the **mental health care** metaspecialty but will need expertise in **emergency and acute care** and **child and family health care**.

APPLICATIONS OF THIS TOOLKIT

UNIVERSITY ACADEMIC STAFF

- 1 Develop clinical learning outcomes for nurse practitioner students' chosen specialty areas.
- 2 Support the clinical learning and teaching of nurse practitioner students.
- 3 Inform nurse practitioner master's degree course curricula.
- 4 Understand the specialty clinical skills, knowledge and expertise needed by nurse practitioner students during periods of Integrated Professional Practice.

CLINICAL MENTORING STAFF AND BROADER CLINICAL TEAMS

- 1 Develop clinical learning outcomes for nurse practitioner students' chosen specialty areas.
- 2 Support the clinical learning and teaching of nurse practitioner students.
- 3 Understand the specialty clinical skills, knowledge and expertise needed by nurse practitioner students during periods of Integrated Professional Practice.

NURSE PRACTITIONER STUDENTS

- 1 Identify the specialty clinical skills, knowledge and expertise needed to practice as a beginning nurse practitioner once endorsed.
- 2 Develop clinical learning outcomes for nurse practitioner students' chosen specialty areas during periods of Integrated Professional Practice.

ENDORSED NURSE PRACTITIONERS

- 1 Identify specialty clinical skills, knowledge and expertise to guide expansion of clinical expertise.
- 2 Inform professional development goals.

AGEING AND PALLIATIVE CARE

This metaspecialty focusses on a diverse client group that is nearing or surpassing their anticipated life expectancy. The limitation on life expectancy influences the person's management goals for acute and chronic illnesses, and the degree and type of health intervention most appropriate for them. This population group includes those needing supportive or end of life care, but also targets interventions that promote healthy ageing. A common thread is that health promotion goals are moderated by a limited life expectancy, with care occurring in the community, residential aged care and tertiary care contexts of practice.

STANDARD STATEMENTS:

01 Performs an expert and comprehensive physical, social and psychological assessment to identify areas of risk or need, including identification of potential differential diagnoses, for people nearing or surpassing anticipated life expectancy

ACTIVITY STATEMENTS: _____

02 Conducts complex assessment of cognition, using evidence-based assessment and screening and assessment tools specific to this population

ACTIVITY STATEMENTS: _____

03 Conducts advanced symptom-led assessment that is comprehensive and appropriate for facilitating supportive or end of life care

ACTIVITY STATEMENTS: _____

04 Orders/completes appropriate diagnostic tests for person nearing or surpassing anticipated life expectancy and interprets results

ACTIVITY STATEMENTS: _____

05 Demonstrates advanced knowledge of effects of ageing on response to medications

ACTIVITY STATEMENTS: _____

06 Demonstrates specific communication skills that enable early discussion about quality of life and death with people and their families

ACTIVITY STATEMENTS: _____

07 Develops lifestyle and/or shared treatment plan, including for advance care directives, for the person nearing or surpassing anticipated life expectancy that balances prevention, resuscitation or palliation

ACTIVITY STATEMENTS:

08 Initiates treatments to provide expert preventative and/or supportive ageing and palliative care, based on findings from comprehensive assessment, interpretation of diagnostic tests and treatment plan

ACTIVITY STATEMENTS:

09 Anticipates, identifies and expertly manages complications and adverse events specific to people nearing or surpassing anticipated life expectancy

ACTIVITY STATEMENTS:

10 Influences healthcare system processes to ensure that person with life limiting illness has early and appropriate access to palliative care

ACTIVITY STATEMENTS:

11 Educates person and carers about the correct use of opioids and other medications in ageing and palliative care

ACTIVITY STATEMENTS:

12 Demonstrates advanced ability to convey complex health issues and provide comprehensive, individualised health education about life limiting factors including where there are linguistic, literacy, comprehension or other barriers to understanding

ACTIVITY STATEMENTS:

13 Demonstrates ability to refer to other health disciplines with a focus on coordination of allied health care provision

ACTIVITY STATEMENTS:

14 Demonstrates expert, compassionate judgment and knowledge of legal implications of end of life care for person and family

ACTIVITY STATEMENTS:

CHILD AND FAMILY HEALTH CARE

This metaspécialty focusses on the health and well-being of the child in the short and/or intermediate term, and within the broader context of the family unit, however defined by the client themselves. In particular, it includes care of a mother's health and well-being, recognizing that a woman may seek healthcare during or soon after pregnancy outside the specific context of midwifery care. Its scope includes all children and adolescents and may encapsulate primary to tertiary care contexts of practice. The intersection between the individual and family unit facilitates a case management framework within this metaspécialty.

STANDARD STATEMENTS:

01 Conducts holistic and advanced assessment of the child and family caring for the child, including social and cultural history using in-depth knowledge of child development

ACTIVITY STATEMENTS: _____

02 Demonstrates advanced understanding of variation in physiology and pathophysiology, particularly related to neonatal, paediatric and adolescent milestones

ACTIVITY STATEMENTS: _____

03 Demonstrates expert knowledge and a high level of confidence and clinical proficiency in management of the child with pain

ACTIVITY STATEMENTS: _____

04 Rapidly diagnoses and manages common childhood presentations that require prompt treatment

ACTIVITY STATEMENTS: _____

05 Develops a comprehensive plan of care for the child in collaboration with family/carer, based on advanced assessment and diagnostics

ACTIVITY STATEMENTS: _____

06 Prescribes and titrates medications at doses and using routes appropriate to child age and family/carer circumstances

ACTIVITY STATEMENTS: _____

07 Expertly delivers age-specific treatment to child and involves family/carer where appropriate

ACTIVITY STATEMENTS:

08 Anticipates and expertly manages complications and adverse events specific to children

ACTIVITY STATEMENTS:

09 Provides comprehensive, individualised education for family/child/carer that is appropriate and context specific for all

ACTIVITY STATEMENTS:

10 Demonstrates a high level of ability to convey information about complex health issues to child/family/carer including where there are linguistic, literacy, comprehension or other barriers to understanding

ACTIVITY STATEMENTS:

11 Takes leadership role to ensure multidisciplinary approach to care of child and family/carer where appropriate

ACTIVITY STATEMENTS:

12 Identifies and initiates care when child and family/carer require follow-up beyond treatment for acute presentation, including consideration of economic and environmental determinants of health

ACTIVITY STATEMENTS:

CHRONIC AND COMPLEX CARE

This metaspecialty focusses on those population groups with chronic or complex illness. This metaspecialty encompasses the diagnosis and management of common long-term health conditions. It emphasizes tertiary health promotion and disease prevention strategies and recognizes the fact that many long-term health conditions intersect. Therefore, a nurse practitioner drawing on standards from this metaspecialty may manage several common chronic conditions related to their primary area of interest. The metaspecialty includes those in the rehabilitation phase of an acute or chronic illness and spans primary to tertiary care contexts across the lifespan.

STANDARD STATEMENTS:

01 Undertakes a comprehensive and expert assessment of person with chronic and/or complex illness, including rehabilitation needs and potential for self-management

ACTIVITY STATEMENTS:

02 Demonstrates advanced understanding of variation in physiology and pathophysiology and can adapt care in population groups at high risk of specific chronic diseases

ACTIVITY STATEMENTS:

03 Orders/completes and interprets results from appropriate diagnostic tests for person with long term and complex care needs

ACTIVITY STATEMENTS:

04 In collaboration with person & carers, formulates plan for care and rehabilitation that addresses the whole person including facilitation of avenues for expression of grief regarding lost opportunities where needed and support to maintain maximum potential for independent living

ACTIVITY STATEMENTS:

05 Ensures provision of timely and appropriate access to treatment for the person with chronic or complex illness, demonstrating high level of clinical confidence and proficiency

ACTIVITY STATEMENTS:

06 Demonstrates autonomy and expertise to deliver complex care coordination and case management through use of outpatient and outreach facilities

ACTIVITY STATEMENTS:

07 Anticipates, identifies and expertly manages specific complications and adverse events specific to people with long term conditions

ACTIVITY STATEMENTS:

08 Undertakes complex medication titration for chronic and complex illnesses in partnership with the person

ACTIVITY STATEMENTS:

09 Builds and works in partnership to develop expertise of the person to manage their own health

ACTIVITY STATEMENTS:

10 Demonstrates advanced ability to convey complex health issues, develop health literacy and provide comprehensive, individualised health education about chronic disease including where there are linguistic, literacy, comprehension or other barriers to understanding

ACTIVITY STATEMENTS:

11 Identifies and refers when needed to healthcare team with other expertise including potential for telehealth and videoconferencing with the multidisciplinary team

ACTIVITY STATEMENTS:

12 Models the role of the nurse practitioner as leader of the multidisciplinary team in management of person requiring long term and complex care

ACTIVITY STATEMENTS:

13 Demonstrates strategies to maintain follow-up for chronic and complex illness including for specific populations at high risk of loss to follow-up

ACTIVITY STATEMENTS:

14 Advocates as clinical leader for improved access for people and groups at risk of chronic disease with a particular focus on vulnerable or marginalised populations

ACTIVITY STATEMENTS:

It is important to note that health care consumers prefer the term 'long term conditions' to either 'chronic illness' or 'chronic disease'. Consumers argue that the term 'long term conditions' suggests it is possible to control health care conditions, and also voices their preference to not be defined by one's illness. The phrase recognizes that whilst a person may have a chronic disease, the trajectory of their life will include periods of wellness as well as periods of illness. However, in the research that underpins this Toolkit, nurse practitioners argued that it was not possible to easily incorporate this phrase in the metaspecialty title.

EMERGENCY AND ACUTE CARE

This metaspécialty incorporates health care delivery for the acute phase of episodic illness, which may commence with the need for early, rapid and resuscitative treatment for an undifferentiated health condition. This metaspécialty scope can include both life-threatening and non-urgent care. Its context is situated in an environment established for this service, be it an emergency department, critical care unit, perioperative unit, acute hospital facility or other emergency care context, such as an ambulance or field hospital. This metaspécialty assumes a care continuum from resuscitation to follow-up.

STANDARD STATEMENTS:

01 Conducts advanced physical assessment of people with emergency presentations or acute admissions

ACTIVITY STATEMENTS:

02 Conducts advanced physical assessments in person who is acutely unwell or rapidly deteriorating

ACTIVITY STATEMENTS:

03 Assesses risk and initiates pharmacological and non-pharmacological preventative therapies for sequelae of immobilisation

ACTIVITY STATEMENTS:

04 Synthesises and utilises best evidence in response and treatment decision for person in acute and urgent situation

ACTIVITY STATEMENTS:

05 Delivers advanced resuscitation and post-resuscitation care, including the ability to work beyond basic and advanced life support algorithms, and leading or participating in urgent response/ medical emergency team

ACTIVITY STATEMENTS:

06 Anticipates and expertly manages complications and adverse events specific to acute and emergency care situations

ACTIVITY STATEMENTS:

07 Recognises and appropriately manages subtle and/or rapid changes in status of acutely and critically ill persons to promote stabilisation and prevent deterioration where possible

ACTIVITY STATEMENTS:

08 Demonstrates advanced ability to express complex health issues and provide comprehensive, individualised health education including life threatening conditions, where there are linguistic, literacy, comprehension or other barriers to understanding

ACTIVITY STATEMENTS:

09 Takes a leadership role in follow-up or transfer of care of persons following acute and emergency admissions.

ACTIVITY STATEMENTS:

There are nine (9) standard statements that were confirmed in the CLLEVER2 Delphi 2 study for acute care. To demonstrate how these acute care standard statements can be used in conjunction with the previously developed *Emergency Nurse Practitioner Clinical Practice Standards* (O'Connell, 2015), we have selected four (4) Emergency Nurse Practitioner Clinical Practice Standards (O'Connell, 2015) specifically related to emergency department care. We strongly recommend that O'Connell's Emergency Nurse Practitioner (ENP) Modes of Practice Framework is explored in full by nurse practitioner students who are preparing for roles specifically in the Emergency Department context.

Whilst there is no single definable model of the ENP role in Australia, there are practice features that are common across all service models and all levels of patient acuity; these have been interpreted from the research as Modes of Practice.

The Modes of Practice framework provides a theoretical model of how ENPs work across all levels of patient acuity. The Rapid, Focused and Disposition Modes of Practice describe a new way of conceptualising ENP practice.

RAPID MODE 2

Determines the required urgent care **intervention(s)** related to airway, breathing, circulation, disability and exposure in the unstable patient and performs or facilitates the required urgent intervention in collaboration with the multidisciplinary team

FOCUSED MODE 2

Determines and orders appropriate **investigations** based upon the focused assessment findings

DISPOSITION MODE 1

Collates assessment data that contributes to safe and accurate care regarding the ongoing needs and disposition of the emergency care patient

DISPOSITION MODE 3

When active treatment is withheld or withdrawn, the ENP works as part of the multidisciplinary team to **support** the patient, family and colleagues

MENTAL HEALTH CARE

This metaspecialty focusses on the psychological and emotional well-being of a person. This metaspecialty title recognizes that good mental health is not just the absence of mental illness, but is a 'state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productive and fruitfully, and is able to make a contribution to his or her community' (WHO, 2007). This metaspecialty incorporates care for people with mental health problems and recognizes the importance of recovery-orientated mental health practice across the short and long-term care of the client. This metaspecialty may extend across community and tertiary care contexts of practice.

STANDARD STATEMENTS:

01 Undertakes expert and comprehensive assessment related to the psychological and physical well-being of person

ACTIVITY STATEMENTS:

02 Conducts advanced assessment of lifestyle factors, social and cultural history relevant to mental health care of person

ACTIVITY STATEMENTS:

03 Engages in high level clinical reasoning to organise and interpret comprehensive assessments relevant to mental health care of person

ACTIVITY STATEMENTS:

04 Develops person centred, comprehensive care plan with person requiring mental health care and their carer where appropriate

ACTIVITY STATEMENTS:

05 Delivers expert treatment and support for person with mental health problems

ACTIVITY STATEMENTS:

06 Demonstrates a high level of confidence and clinical proficiency in managing person with both physical and mental illness, including referral when needed

ACTIVITY STATEMENTS:

07 Demonstrates advanced application of psychopharmacology in collaboration with person and other members of the multidisciplinary health care team

ACTIVITY STATEMENTS:

08 Provides expert support for person and family where there is actual or potential conflict arising from mental health care needs, including advocacy, negotiation and de-escalation

ACTIVITY STATEMENTS:

09 Anticipates and expertly manages complications and adverse events specific to people requiring mental health care

ACTIVITY STATEMENTS:

10 Demonstrates expert ability to convey complex health issues and provide comprehensive, individualised health education about mental health care including where there are linguistic, literacy, comprehension or other barriers to understanding

ACTIVITY STATEMENTS:

11 Initiates long term or discharge management plan that includes ongoing monitoring of the Recovery Journey

ACTIVITY STATEMENTS:

PRIMARY HEALTH CARE

This metaspecialty focusses on healthcare that is delivered as the first point of contact, and is based in the community context of practice. This may include primary care contexts such as community-based clinics, general practices, schools, custodial/detention facilities, occupational settings, pharmacies and/or patient's home. Nurse practitioners working in this area have a strong focus on the care of the individual across the lifespan, and practice across the short and long-term care of the client. They emphasize primary and secondary health promotion and disease prevention strategies in their care through case management approaches, and have a thorough understanding of the social determinants of health and their impact on care planning and delivery. They require extensive knowledge of population and public health strategies, and provide linkages from the community to tertiary and long-term care contexts.

STANDARD STATEMENTS:

01 Conducts advanced primary health care assessment of the person, including social and cultural history, screening and lifestyle, taking account of the social determinants of health, community and economic resources

ACTIVITY STATEMENTS:

02 Demonstrates advanced understanding of variation in physiology and pathophysiology across the lifespan and varied population groups

ACTIVITY STATEMENTS:

03 Orders/completes and interprets appropriate diagnostic tests for person in the community care context

ACTIVITY STATEMENTS:

04 Demonstrates expert ability to modify management strategies in response to a range of cultural contexts and vulnerable groups using a primary health care framework

ACTIVITY STATEMENTS:

05 Develops and executes a comprehensive plan of primary health care in collaboration with person whilst demonstrating high level of confidence and expertise

ACTIVITY STATEMENTS:

06 Prescribes pharmacological and non-pharmacological therapy for primary health care setting appropriate to the person's domestic, community and self or carer capacity for treatment in the home

ACTIVITY STATEMENTS: _____

07 Collaborates with person to manage their immunisation status based on best evidence and the person's lifestyle

ACTIVITY STATEMENTS: _____

08 Demonstrates ability to refer widely and appropriately to other health disciplines and agencies

ACTIVITY STATEMENTS: _____

09 Anticipates and expertly manages complications and adverse events specific to delivery of care in the primary health care setting

ACTIVITY STATEMENTS: _____

10 Provides primary and secondary comprehensive, individualised preventative health education to persons of all ages within areas of NP expertise and where appropriate to person

ACTIVITY STATEMENTS: _____

11 Demonstrates advanced ability to convey primary health care issues and promote health literacy including where there are linguistic, literacy, comprehension or other barriers to understanding

ACTIVITY STATEMENTS: _____

12 Takes a leadership and care coordination role for the person under the care of the primary health care multidisciplinary team

ACTIVITY STATEMENTS: _____

13 Collates and analyses assessment and treatment data that inform discharge plan or long term management plan and initiates primary health care management plan based on latest evidence and person's lifestyle and social context

ACTIVITY STATEMENTS: _____

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FURTHER READING

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DELPHI 1 AND DELPHI 2 PANELLISTS

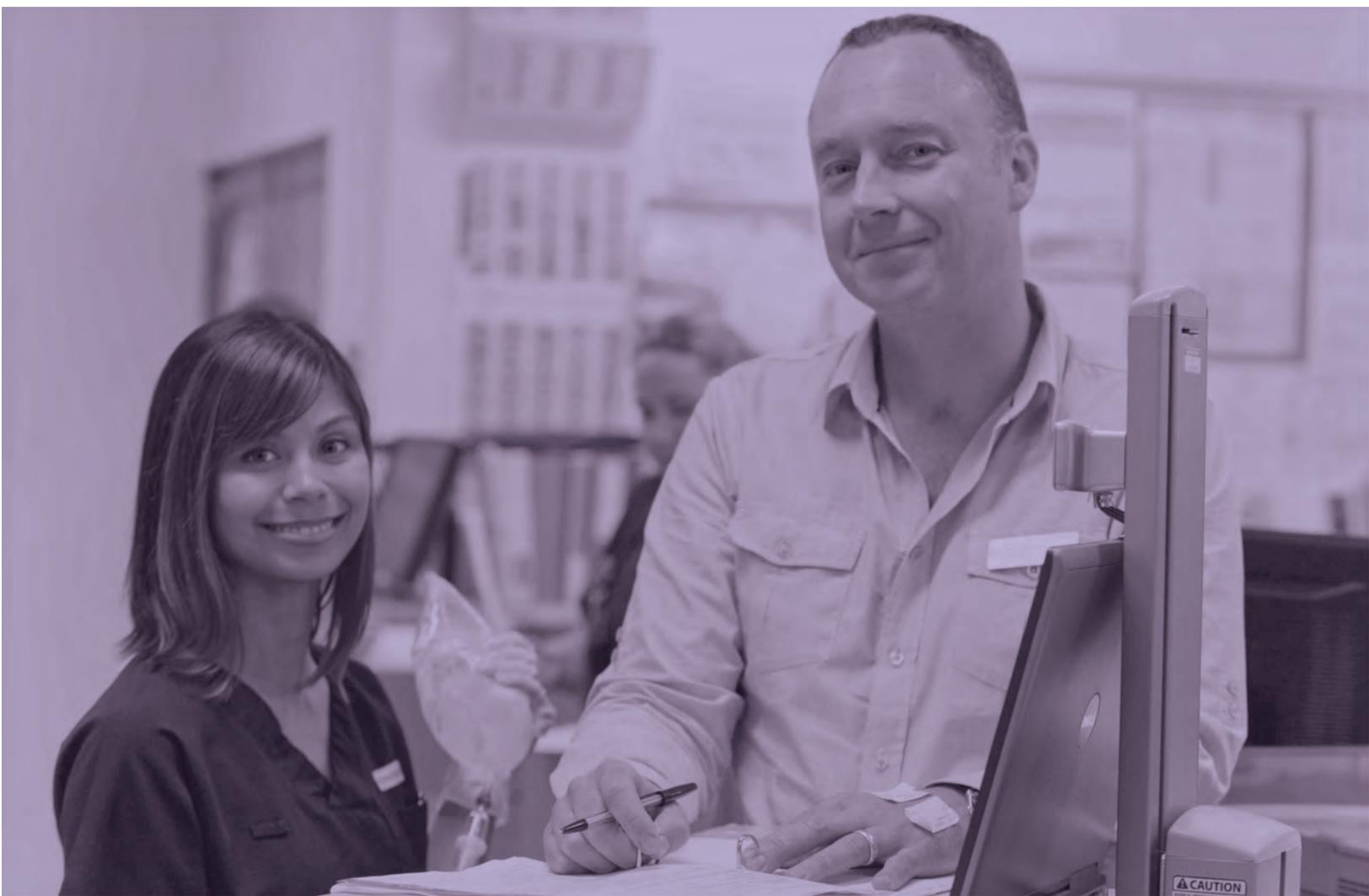
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