



Palliative Care Nurse Practitioner Candidacy Programme

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This programme was adapted from the Royal Australasian College of Physician's, Clinical Diploma in Palliative Medicine by Tara Haneveld, Nurse Practitioner Project Worker, Grampians Regional Palliative Care Team.

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OVERVIEW

Aim of candidacy

The aim of the candidacy is to assist experienced nurses working in palliative care who wish to gain endorsement as a palliative care nurse practitioner. It is recognised that the candidacy program should be undertaken concurrently with an approved Master of Nursing course which is required for endorsement as a nurse practitioner.

The candidacy program is specifically designed to provide candidates with access to clinical expertise and opportunities to develop clinical skills and experience within the inpatient and community setting. It is based upon the diploma of palliative care guidelines developed by the Royal Australasian College of Physicians.

Duration of training

The program consists of a minimum of six-months supervised clinical practice however it may be extended to accommodate for part-time positions.

Supervisors

The majority of supervision will be undertaken by palliative care physicians. Other specialists (radiologists, pharmacists, psychiatrists etc) may provide further support depending upon the identified learning needs of the candidate.

Curriculum

The guidelines are based on those developed by the RACP.

Structure

Beginning	Mid-way	End
Statement of Intent	Case Study Report	
Personal Learning Plan		
Approval by PCNP Working Party	Mid-session supervisor's report	Log Book and final candidacy report

Statement of Intent

One month prior to commencement of candidacy a statement of intent should be negotiated between the candidate, and clinical mentors, ensuring that all needs are met. This statement of intent includes those responsibilities of the candidate in seeking NP endorsement within a reasonable time upon completion of the candidacy program, and the

responsibilities of the clinical mentors and health service in providing adequate supervision and opportunities to meet the learning needs of the candidate.

Personal Learning Plan

At the commencement of the candidacy the candidate is required to formulate a Personal Learning Plan. This plan should be developed with the Supervisor and approved by the Palliative Care Nurse Practitioner Working Party.

Candidacy Report

A candidacy report is required at three months and six months for review by the PCNP Working Party to assess responsiveness of the candidacy program, identify opportunities for further learning, identify and address barriers to an effective candidacy model.

Case study Report

Three case studies are to be completed prior to completion of the program. Case studies should reflect the level of practice undertaken by the Nurse Practitioner Candidate, and may be used to support the application for endorsement to the Nurses Board of Victoria (NBV). Case study should demonstrate an evidence based approach, including the use of Clinical Practice Guidelines (CPG's), and/or literature review as well as being self-reflective.

Log book

A log book of cases should be kept by each NPC during the candidacy program. The purpose of the log book is to reflect on the learning that has gone on, and provide documentary evidence of the variety of experiences gained throughout the program. The log book should document the different types of diagnoses, range of issues, symptoms, and responses/interventions undertaken.



The Palliative Care Nurse Practitioner Candidacy Curriculum

The PCNP Candidacy Curriculum describes the roles undertaken by the PC NPC in the Grampians Region, Victoria, Australia and sets down the knowledge, skills and attitudes necessary to fulfil these roles which will support the endorsement process as a Palliative Care Nurse Practitioner in Victoria.

The aim of the PC NP Candidacy Program is to provide experience and clinical supervision in palliative care for NPC's that wish to be endorsed as a Nurse Practitioner.

These roles are developed, maintained and exercised through-out each nurse's career in response to individual experiences, prior training and clinical experiences. It is recognised that a NPC is a nurse working at an advanced level within the palliative care specialty. It is recognised therefore that each NPC will have individual learning needs and requirements which will be negotiated with their clinical mentor in order to meet the primary course objective.

The curriculum aims to encapsulate the essence of palliative care and describes the knowledge, skills and attitudes expected of nurse practitioners within this specialty. The sections of the curriculum governing processes of training are designed to support the acquisition of skills, knowledge and experience by ensuring appropriate and effective teaching and learning, supervision, and assessment of candidates. In addition they provide guidance for mentors, managers, staff and other involved in training.

The following table summarises the major ANMC competency standards for the Nurse Practitioner

The table is followed by the detailed objectives of the PCNP Candidacy Program thus meeting these standards

STANDARD 1	
Dynamic practice that incorporates application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations	<ul style="list-style-type: none"> • Conducts advanced, comprehensive and holistic health assessment relevant to a specialist field of nursing practice • Demonstrates an high level of confidence and clinical proficiency in carrying out a range of procedures, treatment and interventions that are evidence based and informed by specialist knowledge • Has the capacity to use knowledge and skills of extended practice competencies in complex and unfamiliar environments • Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others.
STANDARD 2	
Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability	<ul style="list-style-type: none"> • Applies extended practice competencies within a nursing model of practice • Establishes therapeutic links with the patient/ client/ community that recognised and respect cultural identity and lifestyle choices. • Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice
STANDARD 3	
Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service	<ul style="list-style-type: none"> • Engages in and leads clinical collaboration that optimise outcomes for patients/ clients/ communities • Engages in and leads informed critique and influence at the systems level of health

STANDARD 1:

Dynamic practice that incorporates application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations

Key Competencies:

The Palliative Care Nurse Practitioner:

- 1.1** Conducts advanced, comprehensive and holistic health assessment relevant to palliative care
- 1.2** Demonstrates an high level of confidence and clinical proficiency in carrying out a range of procedures, treatment and interventions that are evidence based and informed by specialist knowledge
- 1.3** Has the capacity to use knowledge and skills of extended practice competencies in complex and unfamiliar environments
- 1.4** Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others.

Competency 1.1**Performance indicators:**

- Demonstrates advanced knowledge of symptoms and other clinical problems secondary to life-limiting progressive disease as well as other common concurrent medical problems.
- Differentiates between normal, variation of normal and abnormal findings related to life-limiting illness and imminent death in clinical assessment
- Makes appropriate decisions about the use of investigations that are judicious, patient focussed and informed by clinical findings
- Makes informed decisions about preventative, diagnostic and therapeutic responses and interventions that are based on clinical judgement, scientific evidence and patient determined outcomes.

Learning Objective: <i>1.1. Manage pain effectively</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Identify different types of pain (somatic, visceral, neuropathic, incidental) • Describe common pain syndromes • Explain the management of pain within the acute, community and residential aged care setting, highlighting the differences that may occur from inpatient palliative care management • Describe the drug treatment of pain including the place of the WHO analgesic ladder, use of adjuvants, opioid prescribing, indications for opioid substitution, management of side effects • Understand the role of anticancer therapies, radiation therapy and surgery in the palliation of pain. • Describe non-pharmacological approaches to pain management • Identify psychological interventions in pain management • Outline the principles of spinal analgesia and the use of epidural/ 	<ul style="list-style-type: none"> • Perform thorough history and examination in pain assessment • Demonstrate ability to form therapeutic relationships with patients and their families necessary for the management of pain and other symptoms • Select appropriate investigations for pain diagnosis and management • Apply knowledge to develop a management plan for, and in partnership with the patient in pain. <ul style="list-style-type: none"> ○ Evaluate treatment plans in light of patient's priorities and prognosis ○ Evaluate treatment plans with knowledge of drug pharmacology, efficacy and toxicity • Demonstrate use of syringe drivers and subcutaneous access. • Demonstrate the appropriate prescribing of subcutaneous medications. 	<ul style="list-style-type: none"> • Recognise the role of cognitive, emotional and spiritual factors in the symptom experience • Recognise the value of multi-disciplinary approach to symptom management • Exhibit a holistic approach to care of patients and their families • Exhibit a compassionate attitude towards the patient in pain and their family • Recognised and initiate appropriate referral to specialist palliative care physician, pain management services, and/ or other specialists

<p>intrathecal catheters, and infusion pumps</p> <ul style="list-style-type: none"> • Outline the use of common nerve blocks and neurosurgical procedures • Identify commonly used clinical pain assessment tools 		
<p>Learning Objective: <i>1.1.b. Apply knowledge of the disease process applicable to palliative care</i></p>		
<p>Knowledge</p> <ul style="list-style-type: none"> • Describe the appropriate indications for and the advantages and disadvantages of surgery, chemotherapy, radiotherapy, immune therapy, hormone therapy etc for palliation in malignant disease • Describe the management of other life limiting, progressive illness treated in palliative care (MND, AIDS, COPD, renal failure, hepatic disease, cardiac failure, dementia) 	<p>Skills</p> <ul style="list-style-type: none"> • Interpret the complete clinical picture to estimate prognosis • Apply knowledge of the natural history of cancer behaviour to anticipate and pre-empt problems, recognise transition points u=in the illness and recognise the advent of the terminal phase • Communicate clearly about the benefits and burdens from investigations, interventions and non-intervention to patient and family 	<p>Attitudes and Behaviours</p> <ul style="list-style-type: none"> • Contribute to successful multidisciplinary planning and shared care of patients with other specialities, being aware of benefits, difficulties and need fro facilitation and aiming for best patient outcomes • Recognises the limitations as well as the strengths of modern medicine in what it can deliver to patients with progressive, life threatening illness.
<p>Learning Objective: <i>1.1.c. Recognise, and appropriately manage the emergencies which may arise in the palliative care context</i></p>		
<p>Knowledge</p> <ul style="list-style-type: none"> • Outline the management of the emergencies that occur in the palliative care setting severe pain, acute 	<p>Skills</p> <ul style="list-style-type: none"> • Apply knowledge to develop and effective and appropriate management plan for emergencies in palliative care 	<p>Attitudes ad Behaviours</p> <ul style="list-style-type: none"> • Exhibit a calm, reassuring manner during emergencies • Recognise the validity of inaction,

dyspnoea, opioid toxicity, superior vena caval obstruction, spinal cord compression, cardiac tamponade, massive haemorrhage, seizures, sepsis, coning, drug/tobacco withdrawal acute dystonia, Addisonian crisis	<ul style="list-style-type: none"> • Activate a rapid referral to specialist services where indicated 	<p>other than remaining present, in response to overwhelming catastrophe</p> <ul style="list-style-type: none"> • Keep family informed during a crisis situation
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<p>Competency 1.2</p> <p>Performance indicators:</p> <ul style="list-style-type: none"> • Demonstrates a thoughtful and innovative approach to effective clinical management planning in collaboration with the patient/ client • Exhibits a comprehensive knowledge of pharmacokinetics related to palliative care • Selects/ prescribes appropriate medication, including dosage, routes and frequency pattern, based upon accurate knowledge of patient characteristics and concurrent therapies • Integrates both pharmacological and non-pharmacological treatment interventions into management plan in consultation with the patient • Rapidly and continuously evaluates the patients condition and response to therapy and modifies the management plan when necessary • Collaborates effectively with other health professionals and agencies

<p>Learning Objective:</p> <p><i>1.2.a. Manage other symptoms and concurrent medical problems effectively</i></p>
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Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the clinical management of the following conditions within the palliative care setting: nausea and vomiting, fatigue, dyspnoea, delirium, constipation, diarrhoea, dry mouth/ eyes, dysphasia, cough, anorexia, bowel obstruction, myoclonus, ascites, 	<ul style="list-style-type: none"> • Perform a thorough history and examination in other symptom assessment • Select appropriate investigation for other symptom diagnosis and management • Apply knowledge to develop a realistic 	<ul style="list-style-type: none"> • Recognise and act on the advent of the terminal phase • Recognise and initiate appropriate referral to specialist services (oncology, radiotherapy, surgery, respiratory, gastroenterology) • Recognise and initiate appropriate

<p>lymphodema</p> <ul style="list-style-type: none"> • Identify medications commonly used in the management of the above symptoms and understand their use • Understand the role of anticancer and other disease targeted therapies in the palliation of symptoms • Describe the appropriate management of the common biochemical abnormalities in the terminally ill • Describe the appropriate management (including referral to other specialists) of other complications of progressive disease (pathological fracture, raised intracranial pressure, thromboembolic disease, urinary retention, paraneoplastic syndromes, hypotension) • Outline the management of skin complications seen in palliative care: lymphodema, fistulae, wound breakdown, fungating wounds, infections • Describe the indications for invasive procedures to manage symptoms (Pleurodesis, paracentesis) 	<p>management plan for the patient with other symptoms</p> <ul style="list-style-type: none"> • Establish the underlying pathophysiology of the symptoms in planning treatment when appropriate • Demonstrate an awareness of how symptoms may be managed in the community setting • Demonstrate appropriate use of oxygen, nebulisers and other non invasive respiratory support devices • Demonstrate management of stomas, tracheostomies, gastrostomies, nasogastric tubes, urinary and suprapubic catheters, implanted ports, PICC and CVC lines. 	<p>referral to palliative care physician.</p>
<p>Learning Objective: <i>1.2b. recognise psychiatric symptoms</i> <i>1.2.c Implement pharmacological and non-pharmacological treatments including referral to psychiatric services when indicated</i></p>		

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the clinical features and management of anxiety, depression, mania, acute delirium, hallucinations, post-traumatic stress disorder, adjustment reactions, insomnia and alcohol/ drug withdrawal • Understand the theories regarding ‘desire for death’, requests for euthanasia and suicidal ideation in the context of palliative care • Describe the drug treatment of common psychiatric conditions on palliative care 	<ul style="list-style-type: none"> • Evaluate mental state/mood and distinguish between sadness and clinical depression • Demonstrate ability to manage psychiatric conditions within the context of palliative care 	<ul style="list-style-type: none"> • Consult with psychiatric services when appropriate • Adopt an ethical approach when dealing with requests for hastening death.
<p>Learning Objective: <i>1.2d. Prescribe medications safely based on a sound knowledge of pharmacology and best available evidence</i> <i>1.2.e Communicate medication issues clearly to patients, family and other care providers</i></p>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe dose adjustment principles for commonly used medications with regard to frail, elderly, children, altered metabolism, organ failure, end of life • Define the following for commonly used palliative care medications: routes of administration, absorption, excretion, metabolism, half-life, frequency, toxicity and adverse effects, use in syringe drivers, interactions with 	<ul style="list-style-type: none"> • Teach patients and carers to understand and manage their medications • Select appropriate medication for the patient’s symptom profile, underlying diagnosis, patient’s own preference and stage of illness • Evaluate the impact of complementary therapies in light of available evidence, likelihood of benefit or harm to the 	<ul style="list-style-type: none"> • Participate in ongoing education about medications, and prescribe based on best available evidence • Exhibit openness to discussing the use of alternate and complementary therapies with patients, families and other health professionals

<p>other medications, tolerance, addiction and discontinuation syndromes</p> <ul style="list-style-type: none"> • Outline the cost and availability issues for community prescribing • Describe the commonly used complementary therapies and be aware of their potential interactions and complications 	<p>patient and interaction with other therapies</p>	
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Competency 1.3
Performance indicators:

- Actively engages community/ public health assessment information to inform interventions, referrals and coordination of care
- Demonstrates confidence and self efficacy in accommodating uncertainty and managing risk in complex patient care situations
- Demonstrates professional integrity, probity and ethical conduct when prescribing drugs and other product
- Uses critical judgement to vary practice according to contextual and cultural influences
- Integrates scientific knowledge and expert judgement to assess and intervene to assist the person in complex and unpredictable situations

Learning Objective:
1.3.a Identify normal bereavement and communicate sensitively with, and support the grieving person and their family
1.3.b Anticipate and recognise abnormal grief and access specialist help

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Identify the understanding, responses and needs of patients and families in regards illness, death and bereavement • Identify the bereavement support organisations within their community, the role of specialist psychological 	<ul style="list-style-type: none"> • Evaluate the risk level for patient and families in grief and bereavement reactions • Select the appropriate bereavement support for the individual and/ or family 	<ul style="list-style-type: none"> • Exhibit and awareness of the impact of the grief of others on themselves • Participate in bereavement follow-up for families

services and indicators for their referral		
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Competency 1.4 Performance indicators: <ul style="list-style-type: none"> Critically appraises and integrates relevant research findings in decision making about health care management and patient interventions Demonstrates the capacity to conduct research/ quality audits as deemed necessary in the practice environment Demonstrates an open-minded and analytical approach to acquiring new knowledge Demonstrates the skills and values of lifelong learning and relates this to the demands of extended clinical practice 		
Learning Objective: <i>1.4.a Utilise time and resources effectively in order to balance patient care, management duties, professional development, outside activities and personal life</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Demonstrate application of time management skills Has an awareness of the personal stresses involved in caring for the dying 	<ul style="list-style-type: none"> Perform tasks in a timely manner Demonstrate ability to prioritise tasks Demonstrates an awareness of the importance of self-care 	<ul style="list-style-type: none"> Exhibit productivity in their work Exhibit flexibility in responding to unexpected urgent events Access opportunities for de-briefing or professional supervision
Learning Objective: <i>1.4.b Be involved in a personal continuing education program</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Identify strategies to answer clinical question; including the available resources and literature searching techniques 	<ul style="list-style-type: none"> Formulate a personal continuing education programme to address own knowledge deficiencies 	<ul style="list-style-type: none"> Recognise own responsibility for determining personal learning needs and their own knowledge strengths and knowledge weaknesses
Learning Objective: <i>1.4.c Be able to critically appraise the literature</i>		
Knowledge	Skills	Attitudes and Behaviours

	<ul style="list-style-type: none"> • Be competent in the critical appraisal of the medical and nursing literature 	
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STANDARD 2:
Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability

Key Competencies:

The Palliative Care Nurse Practitioner

2.1 Applies extended practice competencies within a nursing model of practice
 2.2 Establishes therapeutic links with the patient/ client/ community that recognised and respect cultural identity and lifestyle choices.
 2.3 Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice

Competency 2.1
Performance Indicators

- Readily identifies values intrinsic to nursing that informs nurse practitioner practice and holistic approach to patient/ community
- Communicates calm, confident and knowing approach to patient care that brings comfort and emotional support to the patient and their family
- Demonstrates the ability and confidence to apply extended practice competencies within palliative care that is autonomous and collaborative
- Creates a climate that supports mutual engagement and establishes partnerships with patients/ carer/ family
- Articulates coherent and clearly defined nurse practitioner scope of practice that is characterised by extensions and parameters

Learning Objective:
 2.1.a. *Sensitively explore and evaluate psychological and/ or emotional concerns with patient and family*
 2.1.b. *Provide supportive counselling and set realistic management goals for these concerns, in consultation with patient and family*

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Identify the common psychological 	<ul style="list-style-type: none"> • Demonstrate and ability to respond to 	<ul style="list-style-type: none"> • Exhibit an openness to explore

<p>concerns of patients as disease progresses</p> <ul style="list-style-type: none"> • Outline the use of therapeutic interventions in minimising psychological distress including counselling, behavioural therapy, group activities, relaxation/meditation, distraction therapies 	<p>and explore emotional cues/ concerns with patients and their families (fear, anger, guilt, despair)</p> <ul style="list-style-type: none"> • Refer to an appropriate agency/ support service where necessary 	<p>emotional and psychological issues with patients and their families, including those from different cultures and with different languages</p> <ul style="list-style-type: none"> • Understand and practise cultural safety in grief and bereavement care.
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Competency 2.2
Performance indicators:

- Address the psychological and social issues of patients and their families
- Demonstrates respect for the rights of people to determine their own journey through their illness while ensuring access to accurate and appropriately interpreted information.
- Demonstrates cultural competence by incorporating cultural beliefs and practices into all interactions and plans for direct and referred care.
- Readily uses creative solutions and processes to meet patient/ community defined health care outcomes within a frame of autonomous practice.

Learning Objective:
2.2.a Undertake a comprehensive assessment of the family, work and social context of the patient

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the impact of illness, uncertainty and the threat of death on interpersonal relationships, family functioning, body image, sexuality and role functioning. Be aware of how these issues can impact on the experience of pain and other 	<ul style="list-style-type: none"> • Demonstrate an awareness of the patient in relation to his/ her family, work and social circumstances • Demonstrate culturally safe practice in the assessment of cultural differences • Describe ways of assessing social emotional wellbeing in patients from 	<p>Exhibit an empathic approach to patient and family distress</p> <p>Recognise stress/ distress within themselves</p> <p>Recognise and involve other appropriate health professionals (social workers, psychologists, counsellors) in assessment outcomes.</p>

<p>symptoms.</p> <ul style="list-style-type: none"> Describe the roles of other health professionals in the multi-disciplinary management of such patients (chaplains, social workers, counsellors, psychologists, community support groups) 	<p>ethnic and social backgrounds different to the candidate.</p>	
<p>Learning Objective: 2.2.b <i>Sensitively and appropriately care for the dying with a focus on symptom management, family support, awareness of spiritual issues and accurate prognostication</i> 2.2.c <i>Comply with legal and ethical requirements</i></p>		
<p>Knowledge</p>	<p>Skills</p>	<p>Attitudes and Behaviours</p>
<ul style="list-style-type: none"> Identify the advent of the terminal phase of a progressive illness, and describe the signs of approaching death Describe the care requirements of the dying person and their family including the physical, emotional, social, cultural and spiritual dimensions Identify the major ethical issues that surround end of life care including withdrawal of ‘active’ treatment, withholding of invasive food and fluids, requests for euthanasia, documentation of ‘NFR’ orders and consent for organ donation Identify criteria to pronounce death 	<ul style="list-style-type: none"> Apply knowledge of the care requirements of a dying person including specific disease processes, symptom management and pharmacology in order to competently assess the dying patient and develop appropriate management plans for end of life care. Communicate prognosis sensitively to family members and carers Participate in multi-disciplinary end of life care in variety of settings including the home Discuss with family their relevant duties around time of death 	<ul style="list-style-type: none"> Exhibit compassionate care of the dying patients and their families Recognise the emotional challenges, grief and loss in themselves Exhibit a willingness to ‘be with’ the dying person and their family Recognise the spirituality of the dying person

<ul style="list-style-type: none"> • Identify legal requirements for the certification of death, including burial, cremation and reporting of death to the Coroner • Identify and outline the management of symptoms which occur at the end of life: alteration in conscious state, restlessness, death rattle, swallowing difficulties, mouth dryness and pain • Identify the medications commonly used at end of life to manage symptoms 		
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Learning Objective:
 2.2.d *Recognise that spirituality, however expressed, may be a key dimension of the human experience*
 2.2.e *Have understanding of how spiritual issues can impact on suffering*

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the nature of spirituality • Describe the concept of ‘quality of life’ • Describe the concept of suffering 	<ul style="list-style-type: none"> • Demonstrate consideration of spiritual issues and organise a more extensive spiritual assessment when appropriate • Demonstrate an understanding of the combined impact of pain, other physical symptoms and psychological and spiritual distress on the patient 	<ul style="list-style-type: none"> • Recognise that spirituality may be an integral part of a patient’s experience • Recognise that spiritual pain can contribute to suffering • Be prepared to explore spiritual issues for individual patients or to refer them to appropriate pastoral care or personnel.

Competency 2.3
Performance indicators:

- Establishes effective collegial relationships with other health professionals that reflect confidence in the contribution that nursing makes to client outcomes

- Readily uses creative solutions and processes to meet patient defined health care outcomes within a frame of autonomous practice
- Demonstrates accountability in considering access, clinical efficacy and quality when making patient care decisions
- Incorporates the impact of the nurse practitioner service within local and national jurisdictions into the scope of practice

Learning Objective:

2.3.a. Obtain, interpret and provide information from/ to the patient, their family and other health professional, in order to facilitate optimal care of the patient.

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Explain the importance of cooperation among health professionals in ensuring delineation of roles and consistency of communication with patients and families taking into consideration cultural and language differences. • Explain the advantages and disadvantages of interviewing a patient both alone or with their partner/family/carer present 	<ul style="list-style-type: none"> • Elicit and synthesise relevant history from patients, families and referring teams and listen effectively • Evaluate patients' wishes regarding the amount of information they want and the degree to which they would like to be involved in decisions about care. • Elicit the patients' expectations and wishes regarding the management of their illness and its associated problems • Demonstrate the ability to inform and counsel the patient and their family in a sensitive and humane manner and in such a way that it is understandable and tailored to the information preferences of the individual • Facilitate patients' participation in decision-making to the degree they wish 	<ul style="list-style-type: none"> • Exhibit effective and sensitive listening skills. Communicate with patients and families in language which can be easily understood • Demonstrate a willingness to spend an appropriate amount of time with patients and families

	<ul style="list-style-type: none"> • Discuss treatment options so that the patient understands the implication • Maintain clear, concise, accurate and appropriate records • Communicate effectively within the multidisciplinary team and with referring GP's and other specialists in order to ensure optimal and consistent care of the patient and their family 	
<p>Learning Objective: <i>2.3.b. Develop the ability to recognise, analyse and address ethical issues in clinical practice. These include truth telling, informed consent, advanced directives, confidentiality, end-of-life care, conflict of interest, resource allocation and research ethics.</i></p>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the central importance of honesty, confidentiality, informed consent, and advanced directives to the practice of palliative care • Identify ethical issues relating to end-of-life care 	<ul style="list-style-type: none"> • Practise these principles in day to day practice. • Demonstrate self awareness of conflict of interest 	<ul style="list-style-type: none"> • Exhibit honesty and openness in approaching the full range of ethical issues in palliative care practise

<p>STANDARD 3: Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service</p>
<p>Key Competencies: The Palliative Care Nurse Practitioner</p> <p>3.1 Engages in and leads clinical collaboration that optimise outcomes for patients/ clients/ communities</p>

3.2 Engages in and leads informed critique and influence at the systems level of health

Competency 3.1

Performance indicators:

- Actively participates as a senior member and/ or leader of relevant multidisciplinary teams
- Establishes effective communication strategies that promote positive multidisciplinary clinical partnerships
- Articulates and promotes the nurse practitioner role in clinical, political and professional context
- Monitors their own practice as well as participating in intra-and inter-disciplinary peer supervision and review

Learning Objective:

3.1.a. Describe the roles, expertise and limitations of interdisciplinary teams working in patient care

3.1.b. Develop care plans in collaboration with members of the interdisciplinary team.

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe the nature and functioning of an interdisciplinary team • Explain what team members contribute to the care plan and how they can contribute to management 	<ul style="list-style-type: none"> • Ensure wide participation of team members so that all are able to make relevant contributions • Demonstrate how to organise and implement a treatment plan through collaboration with team members and other colleagues 	<ul style="list-style-type: none"> • Exhibit a willingness to contribute to the interdisciplinary team • Recognise that treatment plans are best formulated by the team in consultation

Learning Objective:

3.1.c. Participate in education of others in palliative care issues

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Contribute to the education of others. This may manifest in a number of forms (daily communication with patients, supervision/ support of nursing staff, students, group presentations, case presentation)

Competency 3.2**Performance indicators:**

- Critiques the implication of emerging health policy on the nurse practitioner role and the client population
- Evaluates the impact of social factors on the health of individuals and communities and acts to moderate the influence of these factors on specific population/ individual
- Maintains current knowledge of financing of the health care system as it affects delivery of care
- Influences health care policy and practice through leadership and active participation in workplace and professional organisations and at state and national government levels
- Actively contributes to and advocates for the development of specialist, local, national, health service policy that enhances nurse practitioner practice and the health of the community.

Learning Objective:

3.2.a. Recognise determinants of the experience of illness, dying and bereavement, promote understanding of these issues and engage in appropriate advocacy

Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> • Describe resources and services available in local area 	<ul style="list-style-type: none"> • Communicate appropriately with those from diverse cultural backgrounds to ensure partnership in decision making processes within palliative care • Discuss with patients and families their options in regards access to care at the place of their choosing 	<ul style="list-style-type: none"> • Recognise the value of patients and communities participating fully in decision making regarding palliative care issues • Contribute to a 'healthy' and normalising experience of dying and bereavement with patients, families, community • Contribute to a sense of empowerment within patients who are dying and their families • Exhibit a willingness to talk openly

		about death and dying with patients, family, other health professional and the general community.
Learning Objective: <i>3.2.b. Understand relevant cultural, racial and societal issues and their impact on nurse practitioner practice</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Describe the impact of belief systems on the health care choices of patients and families 	<ul style="list-style-type: none"> Consider issues of culture when obtaining necessary information Communicate with people from across the spectrum of the community 	<ul style="list-style-type: none"> Exhibit openness to exploring the culture of those from a different background from their own Exhibit a non-judgemental attitude to the belief systems of others
Learning Objective: <i>3.2.c. Acquire knowledge of the professional, legal and ethical codes by which nurse practitioners are bound</i>		
Knowledge	Skills	Attitudes and Behaviours
<ul style="list-style-type: none"> Outline the legal framework within which nurse practitioners practice including the laws that govern nurse registration 	<ul style="list-style-type: none"> Apply this framework in everyday practice 	<ul style="list-style-type: none"> Exhibit professional, legal and ethical behaviour



Statement of Intent

The Palliative Care Nurse Practitioner Working Party is committed to ensuring that candidacy is undertaken in an appropriate environment conducive to adult learning in which accountability are assured.

It is important that both NPC and Clinical Mentors are aware of their rights and responsibilities. By commencing the candidacy program it is expected that the NPC seek endorsement within a reasonable timeframe.

Intent of Candidate

I will endeavour to achieve the objectives of training, which are to acquire:-

- relevant nursing and medical knowledge;
- clinical skills;
- clinical judgement
- knowledge of research methodology;
- understanding of quality improvement and clinical governance;
- knowledge and understanding moral and ethical behaviours;
- knowledge and understanding of nursing professionalism;
- knowledge and skill in the provision of holistic nursing care.

To achieve these objectives, I will undertake training in accordance with the principles of adult learning that involves:-

- reflecting and building upon my own experience;
- identifying my learning needs;
- planning and documenting my own education and training;
- evaluating the effectiveness of my learning experiences.

I acknowledge that my training must be approved by the Palliative Care Nurse Practitioner Working Party, and will be supervised. I agree to meet formally with my clinical mentors at least weekly and submit a Candidacy Report every 3 months. I understand that I will receive feedback on my performance and will be advised on how best to address any areas that need improvement.

I understand that if I have concerns about my candidacy, it is my responsibility to seek to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from:-

- my clinical mentor;
- manager of the Grampians Regional Palliative Care Team;
- the Chair of the PCNP Working Party

Intent of Clinical Mentor

I agree to use reasonable endeavours to meet the responsibilities of clinical mentors in the PCNP candidacy program.

If I am not able to adequately act as supervisor at any time I will assist in ensuring that a replacement has been identified and informed of his/her role, and will advise the PCNP Working Party promptly.

I understand that my responsibilities are to:

- assist the NPC in developing a training proposal;
- assist the NPC to achieve the objectives of the candidacy program;
- review the NPC's learning objectives, in an endeavour to ensure that they are realistic, achievable and within the scope of the learning opportunities available;
- advise the NPC, as requested, on resources available to assist the NPC in achieving the objectives;
- assist the NPC to make time, as appropriate for attendance at any required teaching sessions, making appropriate time allowance for learning needs, and providing the appropriate balance between training and service;
- encourage a climate for learning and training;
- meet regularly with the NPC, and conduct formal meetings to review the NPC's progress and provide feedback;
- complete the Candidacy Report in a timely fashion and discuss its contents with the NPC prior to sending it to the PCNP Working Party.

I agree to participate in activities, as I am able, that assist me in maintaining my knowledge of a mentor's responsibilities and that my skills are maintained.

Date of Training Term

From: _____ To: _____

Acceptance

We accept the rights and responsibilities of our respective positions in this *Statement of Training Responsibilities*.

Signed:

Nurse Practitioner Candidate
Date:

Primary Clinical Mentor
Date:

Second Clinical Mentor (If appointed)
Date:



Palliative Care Nurse Practitioner Candidate Personal Learning Plan

At the commencement of the candidacy programme the candidate is required to formulate a Personal Learning Plan. In the plan of action the candidate sets out their proposal for their candidacy programme.

The Personal Learning Plan is developed by the candidate in consultation with their clinical mentor(s) and Co-ordinator of the Grampians Regional Palliative Care Team following a close reading of the Candidacy Curriculum, and takes into account:

- the candidate's prior experience
- the candidate's assessment of their strengths and weaknesses
- reflects the candidate's particular interests

It must describe how the candidate plans to complete their training to achieve the knowledge, skills and attitudes necessary in palliative care as set out in the candidate curriculum.

The learning plan is not a large and immutable document, but establishes the foundations of a reflective process of adult learning. It should be discussed extensively with the clinical mentor(s) and a copy submitted to the Palliative Care Nurse Practitioner Working Party for approval in general terms

PREPARATION FOR PLANNING MEETING

As preparation is needed, please complete your notes on this before the first meeting. Review the curriculum, and identify previous training experiences, aspects of training to be covered, and outline the goals to be achieved during candidacy.

Candidate: _____

Clinical Mentor: _____

Candidacy Site(s): _____

Date: _____

Briefly outline your prior training experiences:

Discuss your strengths/ experiences relevant to this program:

Outline and prioritize your proposed objectives for this program:

Palliative care skills/ knowledge

Palliative care in community

Palliative Care in acute/ inpatient

Generic skills

Investigations/ procedures/ interpretations

Discuss your other professional development goals:

Teaching, research, projects

Discuss your long term plans:

Provide a review of your CV

Ask about relevant organization, group, and special society activities:

Clinical mentor(s) Comments *(optional)*:

PERSONAL LEARNING PLAN

This table will summarise the action points as recorded from planning meetings. You will need to plan the key focus areas, negotiate objectives and map how and when these can be addressed.

Please sign:

Candidate: _____ Clinical Mentor(s) _____

Duration of Candidacy: From: _____ To: _____

Learning Objectives	How can these be met?
Timescale	
STANDARD 1.1 Dynamic Practice	
1.1c Recognise, and appropriately manage the emergencies which may arise in the palliative care context	

Knowledge:

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Skills:

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Attitudes and Behaviours:

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Learning Objectives	How can these be met?
Timescale	
STANDARD 1.4 Dynamic Practice	
1.4c Be able to critically appraise the literature	

Knowledge:

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Skills:

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Attitudes and Behaviours:

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Learning Objectives	How can these be met?
Timescale	
STANDARD 2 Professional efficacy	
2.2a Undertake a comprehensive assessment of the family, work and social context of the patient	

Knowledge:

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Skills:

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Attitudes and Behaviours:

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Learning Objectives	How can these be met?
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Timescale

STANDARD 2 Professional efficacy
2.3a Obtain, interpret and provide information from/ to the patient, their family and other health professional, in order to facilitate optimal care of the patient.

Knowledge:

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Skills:

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Attitudes and Behaviours:

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Learning Objectives	How can these be met?
Timescale	
STANDARD 3 Clinical leadership	
3.2c Acquire knowledge of the professional, legal and ethical codes by which nurse practitioners are bound	

Knowledge:

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Skills:

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Attitudes and Behaviours:

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OTHER IDENTIFIED LEARNING NEEDS

Investigations/ procedures/ interpretations:

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Other professional development goals:

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I agree that the clinical mentor(s) meeting took place on the following date:___

Candidate: _____ Clinical Mentor: _____

Mentor: _____ Clinical



Clinical Mentor Report

Linking curriculum objectives to clinical practice

Name of Candidate:

Name of Clinical Mentor:

Clinical Mentor's phone no.:

Clinical Mentor's email:

Candidate's position location:

Candidacy Dates: to

Mid-session report Due 31 March

End-of-session report Due 30 June

These checklists should assist you to review your term's learning, and support discussions at formal clinical mentor meetings. Use these lists to discuss the candidate's current level of comfort and experience for all criteria, or focus on areas of need. In any case, your clinical mentor should provide constructive feedback on your progress.

Indicate levels of experience in the columns to the right of the lists at the formal clinical mentor meetings during the term.

Use the following 0-5 point scale:

0. Not observed
1. Falls far short of expected performance
2. Falls short of expected performance for the level of training
3. Performance consistent with the level of training
4. Better than expected performance for the level of training
5. Outstanding performance

The checklists will also assist you to identify areas of further training required.

Please note that space has been provided to encourage additional skills and knowledge to be included.

Palliative Care Nurse Practitioner Related Clinical Knowledge and Skills

0. Not observed
1. Falls far short of expected performance
2. Falls short of expected performance for the level of training
3. Performance consistent with the level of training
4. Better than expected performance for the level of training
5. Outstanding performance

	1st clinical mentor meeting	2nd clinical mentor meeting
Standard 1: Dynamic Practice	Performance Scale 0-5	
<i>Demonstrates ability to:</i>		
<ul style="list-style-type: none"> ▪ Manage pain effectively 		
<ul style="list-style-type: none"> ▪ Apply knowledge of the disease process applicable to palliative care 		
<ul style="list-style-type: none"> ▪ Recognise, and appropriately manage the emergencies which may arise in the palliative care context 		
<ul style="list-style-type: none"> ▪ Manage other symptoms and concurrent medical problems 		
<ul style="list-style-type: none"> • Recognise psychiatric symptoms 		
<ul style="list-style-type: none"> • Apply the use of pharmacological and non-pharmacological treatments where appropriate and will refer to psychiatric services when indicated 		
<ul style="list-style-type: none"> ▪ Prescribe medications safely based on a sound knowledge of pharmacology and best available evidence 		
<ul style="list-style-type: none"> • Communicate medication issues clearly to patients, family and other care providers 		
<ul style="list-style-type: none"> • Identify normal bereavement and communicate sensitively with, and support the grieving person and their family 		
<ul style="list-style-type: none"> • Anticipate and recognise abnormal grief and access to specialist help 		
<ul style="list-style-type: none"> ▪ Utilise time and resources effectively in order to balance patient care, management duties, professional development, outside activities and personal life 		
<ul style="list-style-type: none"> ▪ Be involved in a personal continuing education program 		
<ul style="list-style-type: none"> ▪ Be able to critically appraise the literature 		

Palliative Care Nurse Practitioner Clinical Knowledge and Skills (cont)

0. Not observed
1. Falls far short of expected performance
2. Falls short of expected performance for the level of training
3. Performance consistent with the level of training
4. Better than expected performance for the level of training
5. Outstanding performance

	1st clinical mentor meeting	2nd clinical mentor meeting
Standard 2: Professional Efficacy	Performance Scale 0-5	
<i>Demonstrates ability to:</i>		
<ul style="list-style-type: none"> ▪ Sensitively explore and evaluate psychological and/or emotional concerns with the patient and their family 		
<ul style="list-style-type: none"> ▪ Providing supportive counselling and set realistic management goals for these concerns, where appropriate, in consultation with patient and family 		
<ul style="list-style-type: none"> ▪ Undertake a comprehensive assessment of the family, work and social context of the patient 		
<ul style="list-style-type: none"> ▪ Sensitively and appropriately care for the dying with a focus on <ul style="list-style-type: none"> • Symptom management • Family support • Spiritual issues • Accurate prognostication 		
<ul style="list-style-type: none"> ▪ Comply with legal and ethical requirements 		
<ul style="list-style-type: none"> ▪ Recognise that spirituality may be key dimensions of human experience 		
<ul style="list-style-type: none"> ▪ Have understanding of how spiritual issues can impact on suffering 		
<ul style="list-style-type: none"> ▪ Obtain interpret and provide information from/ to the patient, family and other health professional in order to facilitate optimal care of the patient 		
<ul style="list-style-type: none"> ▪ Develop the ability to recognise, analyse and address ethical issues in clinical practice including <ul style="list-style-type: none"> • Truth telling • Informed consent • Advanced directives • Confidentiality • end of life care • conflict of interest • resource allocation • research ethics 		

Palliative Care Nurse Practitioner Clinical Knowledge and Skills (cont)

- 0. Not observed
- 1. Falls far short of expected performance
- 2. Falls short of expected performance for the level of training
- 3. Performance consistent with the level of training
- 4. Better than expected performance for the level of training
- 5. Outstanding performance

		1st clinical mentor meeting	2nd clinical mentor meeting
Standard 3: Leadership		Performance Scale 0-5	
<i>Demonstrates ability to:</i>			
<ul style="list-style-type: none"> ▪ Describe the roles, expertise and limitations of interdisciplinary teams working in palliative care 			
<ul style="list-style-type: none"> • Develop care plans in collaboration with members of the interdisciplinary team 			
<ul style="list-style-type: none"> ▪ Participate in education of others in palliative care issues 			
<ul style="list-style-type: none"> • Recognize determinants of the experience of illness, dying and bereavement, promote understanding of these issues and engage in appropriate advocacy 			
<ul style="list-style-type: none"> • Understand relevant cultural, racial and societal issues and their impact on nurse practitioner practice 			
<ul style="list-style-type: none"> • Acquire knowledge of the professional, legal and ethical codes by which nurse practitioners are bound 			

Nurse Practitioner Candidate *Logbook*



Purpose of the Logbook

- A Logbook of cases should be kept by each candidate during the Nurse Practitioner Candidacy program.
- The purpose of the Logbook is not just to list the palliative care cases seen during the program but for the candidate to reflect on the learning that has gone on with details of the learning experience for the individual.
- The Logbook is primarily to be used as a source for discussions with the clinical mentor.
- Logbook cases should also demonstrate recognition of when it is appropriate to refer cases to other disciplines for other forms of treatment.
- The Logbook should demonstrate adequate exposure to clinical cases.

Candidates are requested to submit their Logbook with their final Clinical Mentor's Report.

The Logbook consists of three (3) sections:

- 1) Record of Cases
- 2) Record of Courses and Educational meetings attended
- 3) Record of Clinical Experiences relating to the curriculum objectives

Please photocopy these templates if you require further pages.
Please print out and submit a hard copy of the Logbook templates.

The completed Logbook should be sent to:
Palliative Care Nurse Practitioner Working Party

Nurse Practitioner Candidate Record of Cases

Date	Patient ID	Age	Diagnosis/ reason for referral	<i>Findings/ Complications/ Reflections</i>

Nurse Practitioner Candidate courses and educational meetings attended

Specify number per month and topic where relevant						
Month	Lecture	Case presentation	Course event	Resources accessed	Journal review	Meeting with supervisor
January						
February						
March						
April						
May						
June						

Specify number per month and topic where relevant						
Month	Lecture	Case presentation	Course event	Resources accessed	Journal review	Meeting with supervisor
July						
August						
September						
October						
November						
December						

Curriculum Objectives	Mid-session comment regarding clinical experience	End of year comment regarding clinical experience
Standard 1: Dynamic Practice		
<i>Demonstrates ability to:</i>		
<ul style="list-style-type: none"> • Manage pain effectively 		
<ul style="list-style-type: none"> • Apply knowledge of the disease process applicable to palliative care 		
<ul style="list-style-type: none"> • Recognise, and appropriately manage the emergencies which may arise in the palliative care context 		
<ul style="list-style-type: none"> • Manage other symptoms and concurrent medical problems 		
<ul style="list-style-type: none"> • Recognise psychiatric symptoms 		
<ul style="list-style-type: none"> • Apply the use of pharmacological and non-pharmacological treatments where appropriate and will refer to psychiatric services when indicated 		
<ul style="list-style-type: none"> • Prescribe medications safely based on a sound knowledge of pharmacology and best available evidence 		
<ul style="list-style-type: none"> • Communicate medication issues clearly to patients, family and other care providers 		
<ul style="list-style-type: none"> • Identify normal bereavement and communicate sensitively with, and support the grieving person and their family 		
<ul style="list-style-type: none"> • Anticipate and recognise abnormal grief and access to specialist help 		
<ul style="list-style-type: none"> • Utilise time and resources effectively in order to balance patient care, management duties, professional 		

development, outside activities and personal life		
<ul style="list-style-type: none"> • Be involved in a personal continuing education program 		
<ul style="list-style-type: none"> • Be able to critically appraise the literature 		

Curriculum Objectives	Mid-session comment regarding clinical experience	End of year comment regarding clinical experience
Standard 2: Professional Efficacy		
<i>Demonstrates ability to:</i>		
<ul style="list-style-type: none"> • Sensitively explore and evaluate psychological and/or emotional concerns with the patient and their family 		
<ul style="list-style-type: none"> • Provide supportive counselling and set realistic management goals for these concerns, where appropriate, in consultation with patient and family 		
<ul style="list-style-type: none"> • Undertake a comprehensive assessment of the family, work and social context of the patient 		
<ul style="list-style-type: none"> • Sensitively and appropriately care for the dying with a focus on <ul style="list-style-type: none"> ○ Symptom management 		
<ul style="list-style-type: none"> ○ Family support 		
<ul style="list-style-type: none"> ○ Spiritual issues 		

○ Accurate prognostication		
• Comply with legal and ethical requirements		
• Recognise that spirituality may be key dimensions of human experience		
• Have understanding of how spiritual issues can impact on suffering		
• Obtain interpret and provide information from/ to the patient, family and other health professional in order to facilitate optimal care of the patient		
• Develop the ability to recognise, analyse and address ethical issues in clinical practice including		
○ Truth telling		
○ Informed consent		
○ Advanced directives		
○ Confidentiality		
○ end of life care		
○ conflict of interest		
○ resource allocation		
○ research ethics		

Curriculum Objectives	Mid-session comment regarding clinical experience	End of year comment regarding clinical experience
Standard 3: Leadership		
<p><i>Demonstrates ability to:</i></p> <ul style="list-style-type: none"> ▪ Describe the roles, expertise and limitations of interdisciplinary teams working in palliative care 		
<ul style="list-style-type: none"> ▪ Develop care plans in collaboration with members of the interdisciplinary team 		
<ul style="list-style-type: none"> ▪ Participate in education of others in palliative care issues 		
<ul style="list-style-type: none"> ▪ Recognize determinants of the experience of illness, dying and bereavement, promote understanding of these issues and engage in appropriate advocacy 		
<ul style="list-style-type: none"> ▪ Understand relevant cultural, racial and societal issues and their impact on nurse practitioner practice 		
<ul style="list-style-type: none"> ▪ Acquire knowledge of the professional, legal and ethical codes by which nurse practitioners are bound 		