Framework for the Nurse Practitioner Candidacy Program
Clinical and Professional Practice Expert Panel Interview
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1. Introduction

Case study presentations to an expert panel

The Gippsland Region Palliative Care Consortium (GRPCC) requires the Nurse Practitioner Candidate (NPC), towards the end of the candidature, to present two case studies to an expert panel\textsuperscript{1}. These case studies draw together the NPC’s preparation and learning from the Framework for the Nurse Practitioner Candidacy Program. The case studies focus on advanced and extended practice elements as well as outlining clinical leadership, professional efficacy and professional effectiveness components.

This process intends to offer the candidate a supportive framework to exhibit her/his professional attributes, skills and clinical knowledge as stipulated by the NMBA\textsuperscript{1} standards. The process provides an opportunity for celebration of the NPC’s achievements and showcasing of the individual’s role and impact. It also promotes consistency of practice in the NPCs supported by the GRPCC\textsuperscript{2}.

2. Purpose

The purpose of the Expert Panel Interview is to:

- make a judgement on the clinical competency, professional safety, and appropriateness of the applicant in the nominated category of practice;
- ensure the NPC demonstrates readiness for endorsement as a Nurse Practitioner; and
- ensure the NPC exhibits the clinical knowledge, attributes and skills required to perform in an advanced nursing practice role\textsuperscript{3,4}.

\begin{itemize}
  \item Framework for the Nurse Practitioner Candidacy Program May 2014, page 19
  \item Ibid
  \item Nurses Board of Victoria: Work Instruction Nurse Practitioner Application Oral Examination. Policy, Research and Practice Standards June 2008
\end{itemize}
3. The interview procedure

The expert panel interview is conducted prior to the NPC’s submission of portfolio for endorsement as a Nurse Practitioner. The Nursing and Midwifery Board of Australia (NMBA) Standards of Practice guide the interview process for the NPC.

The Nurse Practitioner Mentor (NPM) in association with the NPC and in consultation with the NPC clinical supervisor and steering committee membership assess the NPC’s readiness for the interview as part of the preparation towards endorsement as a Nurse Practitioner.

- In preparation for this process the NPM:
  - convenes possible expert panel members;
  - schedules the expert panel interview;
  - advises the nominated panel members and the NPC three weeks in advance of the:
    - scheduled time; and
    - date and venue of the interview.

- The NPC then confirms his/her availability for the interview

- The expert panel membership must be endorsed by the Steering Committee (see point 5)

- Panel members include (see appendix1):
  - Manager of a palliative care service within the Gippsland Region;
  - Palliative Care Medical Specialist;
  - Nurse Practitioner- Palliative Care;
  - Senior Pharmacist; and
  - Nursing academic.

- The NPM will act as the scribe
In preparation for the expert panel interview the NPC will:

- ensure that he/she has a clear understanding of how his/her role demonstrates advanced and extended practices in line with the NMBA Nurse Practitioner Standards of Practice and identified scope of practice;
- prepare two case studies to reflect the context, content and complexity of his/her clinical practice; and
- forward the case studies to the NPM and panel members one-week prior to the expert panel interview.

4. The Interview structure:

   1. The NPC presents one case study at the time;
   2. The information is delivered in a concise and clear manner;
   3. Each case study presentation should last approximately 15 minutes each in duration;
   4. At the completion of each case study the panel ask questions guided by the NMBA NP Standards of Practice (see appendix 4);
   5. Questions will incorporate components directly related to the case studies presented. These include:

      a. advanced and extended practice clinical elements within the NPC’s palliative care specialty, critical thinking and analysis within the context and scope of practice; and
      b. medications and prescribing factors relevant to the case studies and challenges the NPC is expected to encounter in the nominated category of his/her clinical practice.

   6. Questions will also incorporate education, research and leadership domains to enable the NPC to outline:

      a. her/his role and clinical leadership and professional development during her/his candidacy period;
      b. model of care;
      c. quality and research activities;
      d. collaborative relationships; and
      e. NP clinical practice development and sustainability of the role.

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5 Gippsland Region Palliative Care Consortium Framework for the Nurse Practitioner Candidacy Program May 2014 Page 19
7. To promote objective evaluation of the NPC’s clinical competence the Bondy Scale may be applied to rate the NPC overall performance during the expert panel interview (see appendix 3);
8. The scribe clearly and succinctly documents the questions, responses and comments from the interview;
9. At completion of the expert panel interview, the panel confers to determine whether the NPC has been successful or unsuccessful;
10. Outcomes and feedback comments are relayed to the NPC;
11. Panel member’s formal letters outlining the interview findings follows successful interview completion. This letter will be included in the NPC’s application portfolio to AHPRA; and
12. If the applicant is unsuccessful the NPM will write a letter to the applicant. This letter must clearly document the clinical, professional and/or leadership gaps/deficiencies identified by the expert panel during the interview. The letter is signed by the panel and forwarded to the NPC. The candidate can then appropriately prepare for a repeat expert panel interview.

5. Steering Committee

The Steering Committee’s role is to oversee, advise, guide and support the planning, development, implementation and evaluation of the NPC Program in inpatient and community settings across Gippsland. Its objectives include:

- To oversee, advise, guide and support the NPC Program to meet the NMBA Nurse practitioner standards for practice;
- To oversee, advise, guide and support the progress of NPCs in the areas of clinical practice, research, education and leadership, both within their specific settings and in palliative care practice in general, to the achievement of endorsement; and
- To review the Program’s progress against key milestones.

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6 Gippsland Region Palliative Care Consortium Framework for the Nurse Practitioner Candidacy Program May 2014 Page 17
Figure 1. Representation of how the education, research and leadership domains are couched within the clinically focused standards. 

Appendix 1

Expert Panel

The evaluation of clinical appropriateness required judgements based on established and recognised clinical, prescribing, leadership and managerial expertise in a field of practice\(^8\), \(^9\).

Potential expert were initially identified using Gippsland Region Palliative Care Consortium’s professional and academic network within the region and from the metro and state wide palliative care community. The five expert representatives comprise:

1. **Palliative care service manager within the Gippsland Region.** This member will have knowledge and understanding of:
   - palliative care as an approach that improves the quality of life of patients and their families facing the challenges associated with life-threatening illness;
   - the Department of Health *Strengthening Palliative Care: Policy and strategic directions 2011-2015*, particularly strategic directions 4. Providing specialist care when and where is needed and 6. Providing quality care supported by evidence; and is committed to a strong and sustainable nurse practitioner model of care in the Gippsland region.

2. **Palliative care medical specialist.** This member will have extensive knowledge and expertise in:
   - palliative care clinical practice and leadership across the inpatient and community settings;
   - the NP professional movement and NP role through, proven commitment, collaboration and support;
   - supervising and mentoring nurse practitioner candidates; and
   - working collaboratively with all health professionals within a multidisciplinary palliative care philosophy and values.

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3. **Nurse Practitioner Palliative Care.** This member will have knowledge, attributes and expertise in:
   - community palliative care practice and (preferably) in the inpatient setting;
   - collaboratively working in an NP role utilising advanced and extended practice elements;
   - safe prescribing, quality use of medicines and ordering of diagnostics; and
   - clinical leadership and professional efficacy.

4. **Pharmacist.** This member will have extensive knowledge and expertise in:
   - community and inpatient pharmacotherapy structures and most commonly prescribed medicines in palliative care practice;
   - the establishment and progression of the NP role within the Gippsland region; and
   - working and collaborating with NP/NPCs candidates within the NP/NPC individual sub-region.

5. **Nursing academic.** This member will have knowledge and understanding of:
   - the capabilities and scope of practice of the NP role;
   - the education, research and leadership domains within the clinically focused standards of practice;
   - the NMBA and AHPRA requirements to achieve endorsement as a nurse practitioner; and
   - the NMBA/AHPRA guide for submitting a portfolio: Pathway 1 and Pathway 2\(^\text{10}\).

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\(^{10}\) Endorsement as a nurse practitioner Nursing and Midwifery Board of Australia and Australian Health Practitioner Regulation Agency January 2014
### Appendix 2  Expert Panel Competency Record

<table>
<thead>
<tr>
<th>Applicant's Name</th>
<th>Category for endorsement</th>
<th>Organisation</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Expert Panel Interview</th>
<th>Date</th>
<th>Time Start</th>
<th>Time End</th>
<th>Case studies available</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
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<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>Panel Members</th>
<th>Qualifications</th>
<th>Signature</th>
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<tr>
<th>Recommended for submission of portfolio for endorsement</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>If not recommended</th>
<th>Action/recommendations</th>
<th>Next Interview</th>
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</table>
### Appendix 3 Bondy Scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Performance criteria</th>
<th>Quality of performance</th>
<th>Assistance required</th>
</tr>
</thead>
</table>
| Independent (I) | Level of clinical practice is of a high and safe standard | • sound level of theoretical knowledge applied effectively in clinical practice  
• coordinated and adaptable when performing skills  
• achieves intended purpose  
• proficient and performs within expected time frame  
• initiates actions independently and in cooperation with others to ensure safe delivery of patient care | Without supporting cues |
| Supervised (S) | Level of clinical practice is of a safe standard but with some areas of improvement required | • correlates theoretical knowledge to clinical practice most of the time  
• coordinated and adaptable when performing skills  
• achieves intended purpose  
• performs within a reasonable time frame  
• initiates actions independently most of the time and in cooperation with others to ensure a safe delivery of patient care | Requires occasional supportive cues |
| Assisted (A) | Level of clinical practice is of a safe standard but with many areas of improvement required | • demonstrates limited correlation of theoretical knowledge to clinical practice  
• at times lacks coordination when performing skills  
• achieves intended purpose most times  
• performs within a delayed time period  
• lacks initiative and foresight | Requires frequent supportive cues and direction |
| Dependent (D) | Level of clinical practice is unsafe if left unsupervised | • unable to correlate theoretical knowledge to clinical practice  
• lacks coordination when performing skills  
• unable to achieve intended purpose  
• unable to perform within a delayed time period  
• no initiative or foresight | Requires continuous supervision and direction |

## Appendix 4

<table>
<thead>
<tr>
<th>Standard 1</th>
<th>Assesses using diagnostic capability</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency</td>
<td>Performance Indicators</td>
<td>Competency evidenced</td>
</tr>
<tr>
<td>1.1 Conduction comprehensive, relevant and holistic health assessment</td>
<td></td>
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</tr>
<tr>
<td>a)</td>
<td>Demonstrates extensive knowledge of human sciences and health assessment</td>
<td>Independent:</td>
</tr>
<tr>
<td>b)</td>
<td>Demonstrates comprehensive and systematic skills in obtaining relevant, appropriate and accurate data that inform differential diagnoses</td>
<td>Supervised:</td>
</tr>
<tr>
<td>c)</td>
<td>Assesses the complex and/or unstable health care needs of the person receiving care through synthesis and prioritisation of historical and available data</td>
<td>Assisted:</td>
</tr>
<tr>
<td>d)</td>
<td>Assesses the impact of co-morbidities, including the effects of co-existing, multiple pathologies and prior treatments in the assessment of the person receiving care</td>
<td>Dependent:</td>
</tr>
<tr>
<td>e)</td>
<td>Demonstrates comprehensive skill in clinical examination including physical, mental health, social, ethnic and cultural dimensions</td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>Consistently and accurately synthesises and interprets assessment information specifically history, including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and abnormal states of health</td>
<td></td>
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<tr>
<td>g)</td>
<td>Critically evaluates the impact of social determinants on the person and population</td>
<td></td>
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</tbody>
</table>

**Comments**

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12
<table>
<thead>
<tr>
<th>Competency</th>
<th>Performance Indicators</th>
<th>Competency evidenced</th>
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</thead>
<tbody>
<tr>
<td>1.2</td>
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</tbody>
</table>
| Demonstrates timely and considered use of diagnostic investigations to inform clinical decision making | a) Makes decisions about the use of person-focused diagnostic investigations that are informed by clinical findings and research evidence  
   b) Demonstrates accountability in considering access, cost, clinical efficacy and the informed decision of the person receiving care when ordering diagnostic investigations  
   c) Orders and/or performs selected screening and diagnostic investigations  
   d) Is responsible and accountable for the interpretation of results and for following-up the appropriate course of action  
   e) Uses effective communication strategies to inform the person receiving care and relevant health professionals of the health assessment findings and diagnoses. | Independent:  
Supervised:  
Assisted:  
Dependent:  |
| 1.3        |                        |                      |
| Applies diagnostic reasoning to formulate diagnoses | a) Synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioural sciences, psychopathology, environmental risks, demographics and societal processes when making a diagnosis | Independent:  
Supervised:  
Assisted:  
Dependent:  |
<table>
<thead>
<tr>
<th>Standard 2</th>
<th>Plans care and engages others</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency</strong></td>
<td><strong>Performance Indicators</strong></td>
<td><strong>Competency evidenced</strong></td>
</tr>
<tr>
<td>2.1 Translates and integrates evidence into planning care</td>
<td>a) Takes personal responsibility to critically evaluate and integrate relevant research findings into decision making about health care management and interventions</td>
<td>Independent:</td>
</tr>
<tr>
<td></td>
<td>b) Ethically explores therapeutic options considering implications for care through the integration of assessment information, the person’s informed decision and best available evidence</td>
<td>Supervised:</td>
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<tr>
<td></td>
<td>c) Is proactive and analytical in acquiring new knowledge related to nurse practitioner practice.</td>
<td>Assisted:</td>
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<td></td>
<td></td>
<td>Dependent:</td>
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</tbody>
</table>

Comments

b) Considers the person’s expectations of assessment, diagnosis and cost of health care

c) Acts to prevent and/or diagnose urgent and emergent and life threatening situations

d) Determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the person’s history and best available evidence.
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<tr>
<th>Competency</th>
<th>Performance Indicators</th>
<th>Competency evidenced</th>
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<tr>
<td><strong>2.2</strong></td>
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</table>
| Educates and supports others to enable their active participation in care | a) Respects the rights of the person to make informed decisions throughout their health/illness experience or episode, whilst ensuring access to accurate and appropriately interpreted information  
b) Uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed  
c) Communicates about health assessment findings and/or diagnoses, including outcomes and prognosis  
d) Works to meet identified needs for educating others regarding clinical and ongoing care. | Independent:  
Supervised:  
Assisted:  
Dependent: |

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<th>Competency</th>
<th>Performance Indicators</th>
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<td><strong>2.3</strong></td>
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</table>
| Considers quality use of medicines and therapeutic interventions in planning care | a) Develops an individual plan of care and communicates this to appropriate members of the healthcare team and relevant agencies  
b) Exhibits a comprehensive knowledge of pharmacology | Independent:  
Supervised:  
Assisted:  
Dependent: |
and pharmacokinetics related to nurse practitioner scope of practice

c) Works in partnership with the person receiving care to determine therapeutic goals and options

d) Verifies the suitability of evidence-based treatment options including medicines, in regard to commencing, maintaining/titrating or ceasing interventions

e) Demonstrates accountability in considering access, cost and clinical efficacy when planning treatment.

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<tr>
<th>Competency</th>
<th>Performance Indicators</th>
<th>Competency evidenced</th>
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</table>
| 2.4 Refers and consults for care decisions to obtain optimal outcomes for the person receiving care | a) Collaborates with other health professionals to make and accept referrals as appropriate  
b) Consults with and/or refers to other health services, disability services, aged-care providers and community agencies at any point in the care continuum. | Independent:  
Supervised:  
Assisted:  
Dependent:  
Comments |
<table>
<thead>
<tr>
<th>Standard 3</th>
<th>Prescribes and implements therapeutic interventions</th>
<th>Competency evidenced (yes/no)</th>
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<tbody>
<tr>
<td>Competency</td>
<td>Performance Indicators</td>
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<tr>
<td>3.1</td>
<td>Prescribes indicated non-pharmacological and pharmacological interventions</td>
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<td></td>
<td>a) Contributes to health literacy by sharing knowledge with the person receiving care to achieve evidence-informed management plan</td>
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<td>b) Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the person receiving care</td>
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<td></td>
<td>c) Demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations</td>
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<td></td>
<td>d) Safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions</td>
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<td></td>
<td>e) Interprets and follows-up the findings of screening and diagnostic investigations in an appropriate time frame during the implementation of care.</td>
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<tr>
<td></td>
<td>Independent:</td>
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<td>Comments</td>
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<tr>
<td>Competency</td>
<td>Performance Indicators</td>
<td>Competency evidenced (yes/no)</td>
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<tr>
<td><strong>3.2</strong></td>
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</table>
| Maintains relationships with people at the centre of care | a) Supports, educates, coaches and counsels the person receiving care regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions  

b) Advises the person receiving care on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up  

c) Shares information with others in consultation with the person receiving care  

d) Coordinates care with other health, disability and aged-care providers, agencies and community resources  

f) Discloses the facts of adverse events to the person receiving care and other health professionals; mitigates harm, and reports adverse events to appropriate authorities in keeping with relevant legislation and organisational policy  

g) Advocates for improved access to health care, the health care system and policy decisions that affect health and quality of life. | Independent:  
Supervised:  
Assisted:  
Dependent: |
| Comments |
| **3.3**     |                        |                               |
| Practises in accordance with federal, state and territorial legislation and professional regulation governing nurse practitioner practice | a) Defines duty of care in accordance with relevant legislation and regulation  

b) Remains informed of changes to legislation and professional regulations, and implements appropriate alterations to practice in response to such changes | Independent:  
Supervised:  
Assisted:  
Dependent: |
<p>| Comments |</p>
<table>
<thead>
<tr>
<th>Standard 4</th>
<th>Evaluates outcomes and improves practice</th>
<th>Competency evidenced (yes/no)</th>
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<tbody>
<tr>
<td>Competency</td>
<td>Performance Indicators</td>
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<tr>
<td>4.1</td>
<td>Evaluates the outcomes of own practice</td>
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<td></td>
<td>a) Monitors, evaluates and documents treatments/interventions in accordance with person-determined goals and health care system outcomes</td>
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<td>b) Considers a plan for appropriately ceasing and/or modifying treatment in consultation with the person receiving care and other members of the health care team</td>
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<td></td>
<td>c) Applies the best available evidence to identify and select appropriate outcomes measures of practice</td>
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<td></td>
<td>d) Uses indicators to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice</td>
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**Comments**
<table>
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<tr>
<th>Competency</th>
<th>Performance Indicators</th>
<th>Competency evidenced (yes/no)</th>
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</table>
| **4.2** Advocates for, participates in, or leads systems that support safe care, partnership and professional growth | a) Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such an expansion will improve access to quality and cost-effective health care for specific populations  
b) Demonstrates clinical leadership in the design and evaluation of services for health promotion, health protection or the prevention of injury and/or illness  
c) Articulates and promotes the nurse practitioner role in clinical, political and professional contexts  
d) Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team  
e) Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care  
f) Influences health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organisations. | Independent:  
Supervised:  
Assisted:  
Dependent:  
Comments |
Expert Panel Summary and Recommendations

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Expert Panel Chair

Name  Signature  Date
References

Australian Commission on Safety and Quality in Health Care Safety and Quality Improvement Guide Standard 1: Governance for Safety and Quality in Health Service Organisations (October 2012) Sydney


Gippsland Region Palliative Care Consortium Framework for the Nurse Practitioner Candidacy Program May 2014 Page 19

Government of Western Australia, Department of Health, Nursing and Midwifery Office 2012 Nurse Practitioner Candidacy Program Implementing nurse practitioner candidacy opportunities across WA Health

Monash Health Nurse Practitioner Program; Nurse Practitioner Clinical and Professional Practice Panel Interviews Procedure Doc. No: SNH 0003220 V 1.0, 3.0 AND 4.0 2014


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Standards June 2008

