Metaspecialties developed as an outcome of the Educating nurse practitioners: advanced specialty competence, clinical learning and governance CLLEVER Study (Nurse Practitioner CLinical LEarning & GoVERnance)

Authors: Anne Gardner, Glenn Gardner, Fiona Coyer, Amanda Henderson, Helen Gosby, Shane Lenson. First presented at the Australian College of Nurse Practitioners 8th Annual Conference, 24-27 September 2013, Hobart

Summary of 2013 Conference Presentation

Whilst generic standards for nurse practitioners have been developed and adopted by national regulatory bodies, there has been little attention directed to identification of clinical specialty standards for nurse practitioners, or educational governance frameworks that scaffold development of specialty standards in clinical practice in Australia. The first step is to categorise the diverse clinical roles into a limited grouping (a set of broad specialties) referred to as metaspecialties. The main focus for the CLLEVER study is an exploration of the quality of clinical education for nurse practitioner students using clinical specialty standards based on the metaspecialty grouping.

The investigating team used a consensus approach to obtain expert advice, arrive at agreement and recommend a set of broad specialties (metaspecialties) within which all nurse practitioners' clinical work could be grouped. A list of six metaspecialties was confirmed by all participants with unanimous consensus (see Figure 1). These areas of practice for individual nurse practitioners may encompass several skill domains and therefore may need to draw skills and knowledge from more than one metaspecialty. It is argued that development of these metaspecialty areas will guide teaching, learning and career development for post-graduate students and staff across a broad range of health care disciplines.

Applicability to other health professional groups should be explored regarding the potential utility of this list to inform optimal grouping of professionals who come together to collaborate in learning. Outcomes of the CLLEVER study will identify a set of meta-specialties, assist in developing specialty clinical competencies for nurse practitioners in Australia and will guide clinical learning and practice in specialty settings, through a governance framework that promotes better prepared practitioners.

Suggested application of metaspecialties for education of nurse practitioner students and for clinical practice

The metaspecialties are not intended to be mutually exclusive groupings. That is, it is envisaged that a nurse practitioner working in a particular cognate area may well need to draw specialty competencies from more than one metaspecialty. For instance, a nurse practitioner working in the area of aged care will primarily draw from competencies from the *aged and palliative care* metaspecialty; but is also likely to draw from competencies within the metaspecialties of *care of people with long term conditions* and *mental health care* (see Figure 2) where relevant to the particularities of their areas of clinical responsibility. In the same way that an emergency department nurse practitioner will primarily draw from competencies from the *emergency and acute care* metaspecialty; but is also likely to draw from competencies within the metaspecialties of *mental health care* and perhaps *child and family health care* (see Figure 3). To summarise, areas of practice for individual nurse practitioners may encompass several skill domains and they may need to draw competencies from more than one metaspecialty.

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Figure 1 Nurse practitioner metaspecialties (in alphabetical order)

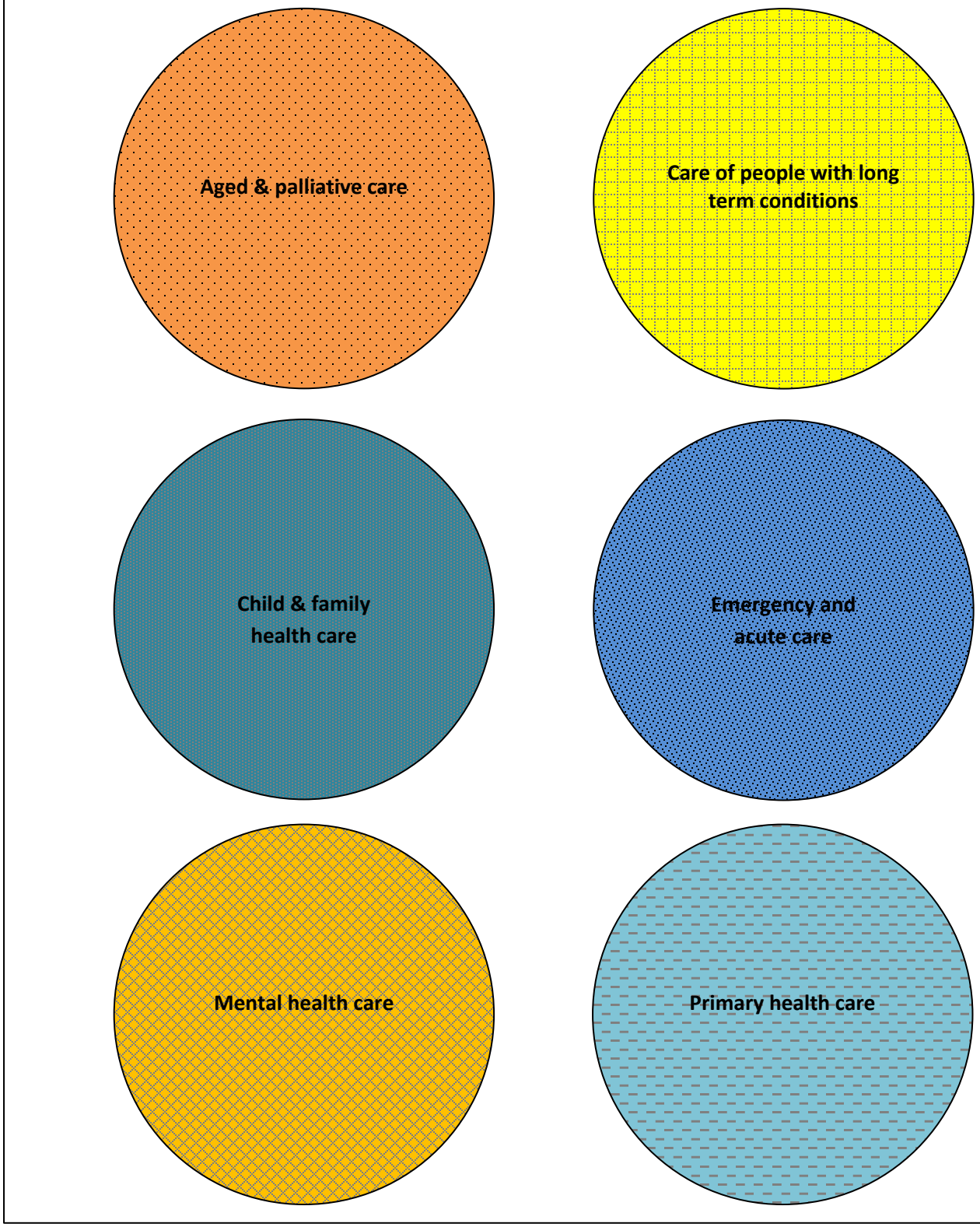

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Figure 2 Aged Care Nurse practitioner metaspecialty

Aged and palliative care metaspecialty

- *Care of people with long term conditions*
- *Mental health care*

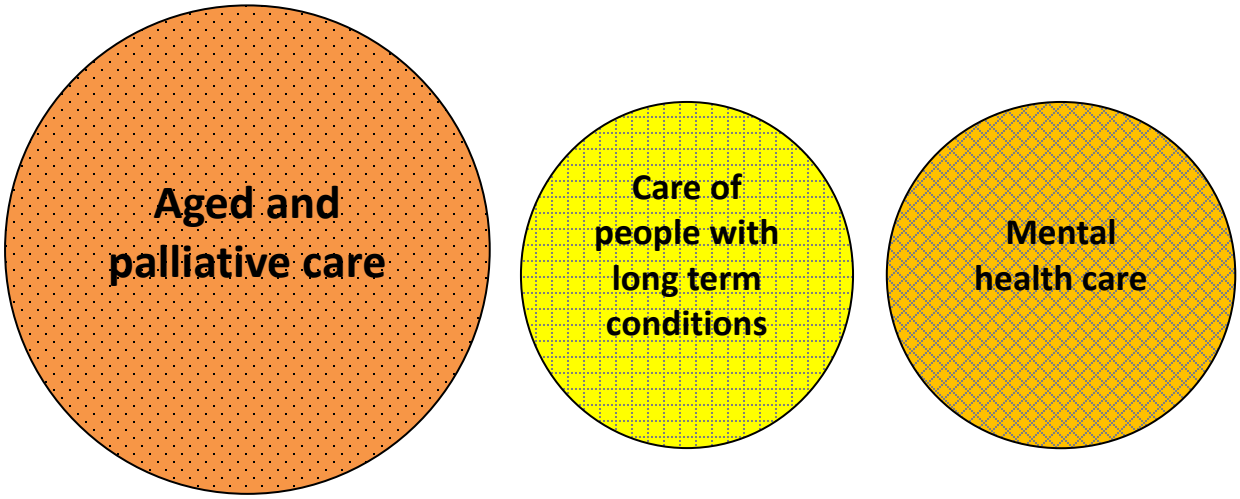
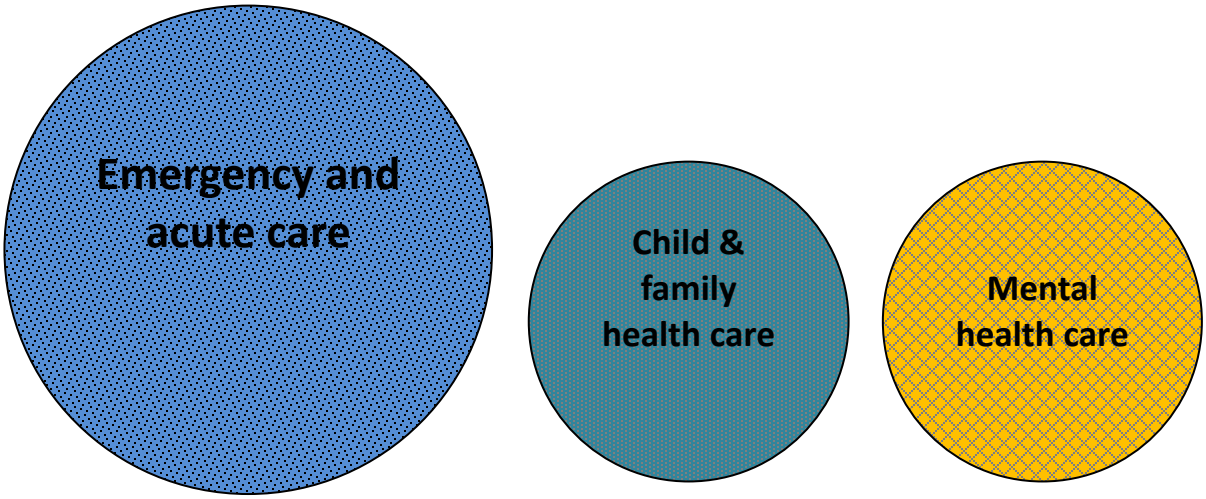


Figure 3 Emergency Department Nurse practitioner metaspecialty

Emergency and acute care metaspecialty

- *Child and family health care*
- *Mental health care*



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