# INTEGRATED PROFESSIONAL PRACTICE (IPP) SITE SUITABILITY CHECKLIST

## NOTE:

- If completing IPP hours across multiple sites, you must complete a separate checklist and Workplace support IPP Form for each site.
- If you have any questions about your IPP, please contact the MNP Program Convenor Brandi Cole at: MNursPractitioner-PC@newcastle.edu.au

## SECTION 1 – *completed by applicant*

| | |
|---|---|
| **Applicant name:** | |
| **Email:** | |
| **Phone:** | |
| **Name of organisation where IPP will be conducted:** | |
| **Address of site(s) where IPP will occur (please included suburb, state and postcode:** | |
| **Amount of IPP hours at this organisation:** | (i.e. 300 hours or part thereof) |
| **Anticipated dates of IPP:** | |

## CHECKLIST REGARDING IPP LOCATION, WORKPLACE & SUPERVISION

1. Is the workplace covered by a Work Health and Safety Management System? Yes ☐ No ☐
2. Is the site able to provide a range of health care experiences*? Yes ☐ No ☐

**IPP experiences require the ability to support knowledge and skills development in consumer centred care that is consistent with the principles of primary health care and complements the student's specialty skills and knowledge. Experiences may be gained in your own workplace or externally. E.g. Primary care, community mental health care, chronic condition management, child and family health, rehabilitation, palliative care, Aboriginal Medical Services etc*

**Please provide details of the specific health care experience available at this site:**

3. Will the site be able to support student IPP experiences required to meet the NMBA Nurse Practitioner Standards 2021, including access to comprehensive patient/client assessment, consultation/referral toother health care professionals, requesting diagnostic tests, prescribing and implementing and evaluating interventions relevant to the student's specialty? Yes ☐ No ☐

**Please provide further details of the available IPP support (i.e. diagnostic, treatment and management) at the site:**

4. Will you have access to an appropriate supervisor at the site, including ready access to members of your clinical support team with supervisors meeting the requirements (e.g. NP or Medical Practitioner)? Yes ☐ No ☐

**Please provide further details of the supervisor/s and supervision arrangements at this site:**

5. Will the student be briefed regarding local cultural, safety and security issues? Yes ☐ No ☐

6. Will on-site induction be provided including local emergency, evacuation and first aid? Yes ☐ No ☐

7. Are you aware that all accidents / injuries involving a student on IPP must be reported (as well) to theUniversity through the UON Course Coordinator or Program Convenor? Yes ☐ No ☐

8. Are you aware that you need to update your contact details (including emergency contacts) and provide to School of Nursing for IPP periods of travel? Yes ☐ No ☐

**Please list any further comments/additional information here:**

**Signed (Student):** **Date:**