



EXIT LEVEL OUTCOMES FOR THE POSTGRADUATE DIPLOMA IN CHILD NURSING

TABLE 1: FOUNDATIONAL EXIT LEVEL OUTCOMES WITH ASSOCIATED ASSESSMENT CRITERIA

| Exit level outcomes | Associated assessment criteria |
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| <p>1. Practice within the ethical-legal parameters of the nursing profession, and resolve professional-ethical dilemmas by using decision-making and moral reasoning models.</p> | <p>1.1 Critical decision-making and moral reasoning models are used to guide clinical practice and resolve professional-ethical dilemmas within child nursing.</p> <p>1.2 Relevant latest legislation, policies, protocols, regulations, guidelines, directives and applicable ethics regarding child nursing are applied in practice.</p> <p>1.3 The professional/ ethical legal frameworks guide the practice of the Child Nursing Specialist.</p> <p>1.4 Practice and facilitate advocacy for children’s rights and best interests.</p> <p>1.5 Ethical codes, professional accountability, responsibility, confidentiality and standards for practice of child nursing are interpreted and applied consistently and correctly.</p> |
| <p>2. Apply knowledge of basic research methodology in the appraisal of articles in the field of child nursing.</p> | <p>2.1 Academic writing skills are demonstrated in research reports.</p> <p>2.2 Research articles in the field of child nursing are appraised through the application of basic knowledge of research methodology.</p> <p>2.3 Qualitative, quantitative and mixed-methods research designs are accurately differentiated.</p> <p>2.4 Evidence-based practice of research findings are integrated for safe, effective and efficient practice.</p> |

TABLE 2: CORE EXIT LEVEL OUTCOMES WITH ASSOCIATED ASSESSMENT CRITERIA

| Exit level outcomes | Associated assessment criteria |
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| <p>3. Demonstrate advanced knowledge of child and family-centered care of children in a variety of clinical settings, to promote health outcomes.</p> | <p>3.1 Health outcomes are promoted through the demonstration of knowledge of child and family-centred nursing care in a variety of clinical settings.</p> <p>3.2 Epidemiological data pertaining to child health and children are interpreted and used to plan a community awareness programme/campaign.</p> <p>3.3 Legislation, policies and guidelines relevant to the protection and care of children are identified and utilized in providing care for individual and groups of children.</p> <p>3.4 Strategies are identified to ensure that the human rights of children are respected in care settings.</p> <p>3.5 Best available evidence and resources are used to plan a healing environment for ill children of different ages and across the care continuum.</p> <p>3.6 The influence of the social, political, cultural and economic developments within the country on the provision of care for children are debated, and recommendations are communicated to authorities with the ultimate goal of improving child nursing.</p> <p>3.7 Developmentally appropriate techniques are explored during assessment of children across the age range.</p> <p>3.8 Biomedical, pharmacology and psycho-social sciences are used to explain the interpretation of assessment findings that are age, development and culturally congruent.</p> <p>3.9 Subjective and objective assessment findings are interpreted and explained, in order to make a nursing diagnoses.</p> <p>3.10 Comprehensive, individual, people-centred child nursing specialist treatment plans are based on assessment findings and standardized national and contextually appropriate guidelines.</p> <p>3.11 Care priorities are established in relation to the ill child’s presentation and severity, with due consideration of system and practice challenges.</p> |

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| | <p>3.12 Specialist knowledge is communicated accurately and effectively, using different communication modalities when speaking to children and their families; and to colleagues in inter-professional settings.</p> <p>3.13 The rationale and safety measures of technological devices used in assessing and managing an ill child are explained and debated.</p> <p>3.14 Care pathways and the referral system are explored and debated.</p> <p>3.15 Stabilisation and transportation of ill /injured children are discussed and appropriately planned for.</p> <p>3.16 Accuracy of data pertaining to child nursing is evaluated.</p> |
| <p>4. Render and coordinate comprehensive child and family-centered nursing care to patients in a variety of health care settings, in order to promote health outcomes.</p> | <p>4.1 Health outcomes are promoted through rendering and coordinating specialist child nursing in a variety of clinical settings.</p> <p>4.2 Community awareness campaigns are based on epidemiological data pertaining to ill children.</p> <p>4.3 The human rights of ill children across the continuum of childhood are respected.</p> <p>4.4 A healthy environment for ill children of different ages across the health continuum that is based on best available evidence and resources, is created and sustained.</p> <p>4.5 Holistic nursing assessment of the ill child is compared and debated.</p> <p>4.6 Individual person-centred treatment plans are executed and coordinated competently within an inter-professional team and family.</p> <p>4.7 Severity and deterioration of a child's condition is calculated according to standardised tools, and optimal interventions are executed within the system, resources and practice.</p> <p>4.8 The health status of the ill child is continuously and frequently monitored, interpreted and communicated, while actions are planned within an inter-professional team.</p> |

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| | <p>4.9 Technological devices are used appropriately and safely and in ways that facilitate diagnosis, monitoring and management of the ill child.</p> <p>4.10 Principles of health dialogue are used to maintain family involvement and enrol family in care, and negotiate the treatment plan.</p> <p>4.11 Care pathways and the referral system are used appropriately.</p> <p>4.12 Ill children are stabilised and transported safely.</p> <p>4.13 Legislative standards are used to evaluate an ill child's records.</p> |
| <p>5. Apply scientific knowledge and principles of the systematic review and guideline development process, in order to evaluate and review the standard of guidelines used in child practice.</p> | <p>5.1 Current evidence-based guidelines used in child nursing practice are evaluated and reported at predetermined times to improve health care.</p> <p>5.2 Academic and professional writing skills are demonstrated in reports and guidelines.</p> <p>5.3 Research questions are formulated according to the PICO and other formats.</p> <p>5.4 Evidence-based practice, theories or models on mother-and-child are critically appraised, and best practice guidelines are adopted to improve health care service delivery.</p> <p>5.5 Databases are searched by using <i>Boolean</i> and other information search strategies.</p> |
| <p>6. Apply principles of evidence-based care to ensure quality in child nursing care.</p> | <p>6.1 Quality of patient care and safety in child nursing are promoted by implementing evidence-based practice.</p> <p>6.2 Uses systematic reviews to improve client experience and outcomes in child nursing care.</p> <p>6.3 Quality audits aimed at improving patients services are performed at predetermined times.</p> <p>6.4 Critiques, develops and implements clinical standards for child nursing care.</p> <p>6.5 Patient outcomes in child nursing, including quality patient care and safety, are continuously monitored.</p> |

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| <p>7. Implement strategies to develop self and peers by promoting self-directedness through a process of precepting and mentoring.</p> | <p>7.1 Precepting and mentoring processes are applied to develop self and peers.</p> <p>7.2 Activities towards enhancing Continuous Professional Development (CPD) are evident.</p> <p>7.3 Thinking/reasoning processes of self and others are developed through facilitation of learning.</p> <p>7.4 Learning theories are applied in own development and the development of others.</p> <p>7.5 A positive learning environment is created by supporting peers and novices.</p> <p>7.6 Academic networks are established and used to sustain personal development.</p> |
| <p>8. Manage child nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team.</p> | <p>8.1 Child nursing services are managed according to medico-legal norms, practices and standards within an inter-professional team.</p> <p>8.2 Appropriate leadership styles are demonstrated within the child health inter-professional team.</p> <p>8.3 Shared decision-making opportunities regarding child services are created and documented.</p> <p>8.4 Benchmarks and best practices are accessed and used to develop indicators for quality and cost effectiveness in child nursing.</p> <p>8.5 Resources are mobilized and utilized to optimize child nursing.</p> <p>8.6 Care pathways and referral system are analyzed and optimized.</p> <p>8.7 The activities of the inter-professional team within child nursing are well coordinated.</p> <p>8.8 Morbidity and mortality data of child nursing are used to guide decision making.</p> |