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(Under the provisions of the Nursing Act, 2005)

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EXIT LEVEL OUTCOMES – POSTGRADUATE DIPLOMA IN INFECTION PREVENTION AND CONTROL NURSING

TABLE 1: FOUNDATIONAL EXIT LEVEL OUTCOMES WITH ASSOCIATED ASSESSMENT CRITERIA

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

TABLE 2: CORE EXIT LEVEL OUTCOMES WITH ASSOCIATED ASSESSMENT CRITERIA

Exit level outcomes	Associated assessment criteria
The Infection Prevention and Control Nurse Specialist will:	
3. Demonstrate advanced knowledge of Infection prevention and control services to promote health outcomes.	**3.1** Health outcomes are promoted through the demonstration of knowledge of Infection prevention and control specialist services in a variety of clinical settings. **3.2** Epidemiological data pertaining to Infection prevention and control is interpreted and used to plan a community awareness programme or campaign. **3.3** Legislation, policies and guidelines relevant to Infection prevention and control are identified, debated and recommendations communicated to authorities. **3.4** Strategies are identified to ensure that the human rights of infected and infectious patients are respected. **3.5** The influence of the social, political, cultural and economic developments within the country on the provision of Infection prevention and control services are debated and recommendations communicated to authorities with the ultimate goal of improving Infection prevention and control. **3.6** Bio-medical, pharmacology and psychosocial sciences are used to explain the interpretation of health assessment findings and management of infected and infectious patients. **3.7** The interpretation of a microbiology report is addressed by debating the appropriate infection prevention and control in patient care, as well as environmental and occupational health and safety measures.

	3.8 Current Infection prevention and control practice, e.g. personal protection, isolation measures, and collecting and handling of specimens are evaluated against standards/ guidelines/ best available evidence. **3.9** Appropriate decontamination methods are applied, based on the risk assessment. **3.10** The infection control measures applicable to food, laundry/ linen, and waste management are evaluated against set guidelines. **3.11** The rationale and safety measures related to technology used in Infection prevention and control practice are explained and debated. **3.12** Ensure the implementation of a surveillance programme for health care-associated infection. **3.13** Appropriate and prompt management of outbreaks are planned and implemented according to policies and guidelines. **3.14** Audits are conducted based on legislation and infection prevention and control standards. **3.15** Accuracy of data pertaining to Infection prevention and control services are evaluated.
4. Render and coordinate comprehensive Infection prevention and control services in a variety of healthcare setting in order to promote health outcomes.	**4.1** Health outcomes are promoted through rendering and coordinating specialist Infection prevention and control services in a variety of healthcare settings. **4.2** Community awareness campaigns are based on epidemiological data pertaining to Infection prevention and control. **4.3** Care of infected and infectious patients is provided within ethical-legal parameters, with due respect for their human rights. **4.4** Specimens are collected and handled according to best practice guidelines/ policies. **4.5** Personal protection/ isolation measures are applied correctly and appropriately according to the infection risk level. **4.6** Equipment and instruments are decontaminated according to set standards/ guidelines. **4.7** Linen/laundry, food, and waste are managed according to best practice guidelines.

	4.8 Appropriate Infection prevention and control measures are implemented to contain the risk of transmission of pathogens and outbreaks. **4.9** Outbreaks of communicable diseases and infections are managed according to best practices guidelines. **4.10** Technology related to Infection prevention and control is used appropriately and safely. **4.11** Principles of health dialogue are used to communicate with infectious/infected patients, family and the inter-professional team. **4.12** Communication and reporting pathways are used appropriately. **4.13** Care pathways and referral systems are used appropriately and efficiently. **4.14** Infection prevention and control interventions are documented according to care- and legal standards. **4.15** Surveillance data (statistics) are captured accurately and utilized to address risks and improve infection prevention and control practice.
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 Infection prevention and control practice.	**5.1** Current evidence-based guidelines used in Infection prevention and control clinical practice are evaluated and reported at predetermined times, to improve health care. **5.2** Academic and professional writing skills are demonstrated in reports and guidelines. **5.3** Research questions are formulated according to the PICO format and any other formats. **5.4** Evidence-based practices are critically appraised and best practice guidelines are adopted to improve health care service delivery. **5.5** Databases are searched by using *Boolean* and other information search strategies.
6. Apply principles of evidence-based care to ensure quality and safety in Infection prevention and control.	**6.1** Quality of Infection prevention and control is promoted by implementing evidence-based practice. **6.2** Use systematic reviews to improve infection prevention and control.

	6.3 Quality audits aimed at improving infection prevention and control are performed at predetermined times. **6.4** Critique, develop and implement clinical standards for infection prevention and control. **6.5** Patient outcomes, including quality patient care and safety are continuously monitored through proper infection prevention and control.
7. Implement strategies to develop self and peers by promoting self-directedness through a process of precepting and mentoring.	**7.1** Precepting and mentoring processes are applied to develop self and peers. **7.2** Activities towards enhancing Continuous Professional Development (CPD) are evident. **7.3** Thinking/reasoning processes of self and others are developed through facilitation of learning. **7.4** Learning theories are applied in own development and the development of others. **7.5** A positive learning environment is created by supporting peers and novices. **7.6** Academic networks are established and used to sustain personal development.
8. Manage Infection prevention and control nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team.	**8.1** Infection prevention and control health services are managed according to medico-legal norms, practices and standards within an inter-professional team. **8.2** Appropriate leadership styles are demonstrated within the Infection prevention and control inter-professional team. **8.3** Shared decision-making opportunities regarding Infection prevention and control services are created and documented. **8.4** Benchmarks and best practices are accessed and used to develop indicators for quality and cost effectiveness in Infection prevention and control nursing. **8.5** Resources are mobilized and utilized to optimize Infection prevention and control nursing. **8.6** Reporting pathways are used optimally. **8.7** Referral/care pathways are analyzed and optimized.

	8.8 The activities of the inter-professional team within Infection prevention and control nursing care are well coordinated. **8.9** Data is analysed and interpreted to guide decision-making. **8.10** Morbidity and mortality data is used to guide decision making.