



South African Nursing Council
(Under the provisions of the Nursing Act, 2005)

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EXIT LEVEL OUTCOMES – POSTGRADUATE DIPLOMA IN OPHTHALMIC NURSING

TABLE 1: FOUNDATIONAL EXIT LEVEL OUTCOMES WITH ASSOCIATED ASSESSMENT CRITERIA

Exit level outcomes	Associated assessment criteria
<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 Ophthalmic nursing.</p> <p>1.2 The relevant latest legislation, policies, protocols, regulations, guidelines, directives and applicable ethics regarding Ophthalmic nursing are applied in practice.</p> <p>1.3 The professional/ ethical legal frameworks guide the practice of the Ophthalmic Nursing Specialist.</p> <p>1.4 Practice and facilitate advocacy for the patient’s rights and best interests.</p> <p>1.5 Ethical codes, professional accountability, responsibility, confidentiality and standards for practice of Ophthalmic 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 ophthalmic nursing.</p>	<p>2.1 Academic writing skills are demonstrated in research reports.</p> <p>2.2 Research articles in the field of Ophthalmic nursing are appraised through the application of basic knowledge of research methodology.</p> <p>2.3 Qualitative, quantitative and mixed method 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
<p>The Ophthalmic Nurse Specialist will:</p>	
<p>3. Demonstrate advanced knowledge of people-centred ophthalmic nursing care to promote health outcomes.</p>	<p>3.1 Health outcomes are promoted through the demonstration of knowledge of people-centred Ophthalmic nursing care in a variety of clinical settings.</p> <p>3.2 Epidemiological data pertaining to ophthalmic nursing are interpreted and used to plan a community awareness programme/campaign.</p> <p>3.3 Legislation, policies and guidelines relevant to care of ophthalmic patients are identified and debated and recommendations communicated to authorities.</p> <p>3.4 Strategies are identified to ensure that the human rights of ophthalmic patients are respected.</p> <p>3.5 Best available evidence are used to plan a healthy environment for ophthalmic patients throughout the levels of healthcare.</p> <p>3.6 The influence of the social, political, cultural and economic developments within the country on the provision of ophthalmic care is debated, and recommendations communicated to authorities with the ultimate goal of improving ophthalmic nursing.</p> <p>3.7 Suitable injury/condition-specific assessment techniques for ophthalmic patients are explored and debated to improve health outcomes.</p> <p>3.8 Biomedical, pharmacology and psycho-social sciences are used to explain interpretation of health assessment findings and management of conditions affecting ophthalmic patients.</p> <p>3.9 Subjective and objective assessment are interpreted and explained in order to make nursing diagnoses.</p> <p>3.10 Comprehensive, individual, people-centred treatment plans are based on assessment findings and standardised national and contextually appropriate guidelines.</p>

	<p>3.11 Care priorities are established in relation to the ophthalmic patient's problems and severity, with due consideration of system and practice challenges.</p> <p>3.12 The health status of the ophthalmic patient is continuously monitored, interpreted, and actions are planned within an inter-professional team.</p> <p>3.13 The rationale and safety measures of technology used in assessing and treating ophthalmic patients are explained and debated.</p> <p>3.14 Care pathways and the referral system are explored and debated.</p> <p>3.15 Legalistic and care standards are used to evaluate records of ophthalmic patients.</p> <p>3.16 Accuracy of data pertaining to ophthalmic care is evaluated.</p>
<p>4. Render and coordinate comprehensive ophthalmic 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 ophthalmic nursing in a variety of healthcare settings.</p> <p>4.2 Community awareness campaigns are based on epidemiological data pertaining to ophthalmic care.</p> <p>4.3 The human rights of ophthalmic patients are respected.</p> <p>4.4 A healthy environment for ophthalmic patients of different ages across the health continuum, which is based on best available evidence and resources, is created and sustained.</p> <p>4.5 Subjective and objective assessment is performed competently in order to make a nursing diagnosis.</p> <p>4.6 Clinical reasoning is demonstrated by considering social determinants of health and all relevant clinical findings in order to make a diagnosis.</p> <p>4.7 Comprehensive individual, people-centred treatment plans are executed and coordinated competently within an inter-professional team.</p> <p>4.8 Severity and deterioration of an ophthalmic patient's injury/condition is calculated according to standardized tools, and optimal interventions are executed within the limitations of the system and practice.</p>

	<p>4.9 The health status of the ophthalmic patient is continuously monitored, interpreted and acted on within an inter-professional team.</p> <p>4.10 Technology is used appropriately and safely in ways that facilitate diagnosing and treatment of the ophthalmic patient.</p> <p>4.11 Principles of health dialogue are used to negotiate the treatment plan with the patient and family.</p> <p>4.12 Care pathways and the referral system are used appropriately.</p> <p>4.13 Records of ophthalmic patients are audited to evaluate the standard of care.</p> <p>4.14 Ophthalmic data (statistics) are captured accurately and utilised to improve ophthalmic nursing practice.</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 ophthalmic practice.</p>	<p>5.1 Current, evidence-based guidelines used in ophthalmic 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 ophthalmic care 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 patient care and safety within ophthalmic nursing care.</p>	<p>6.1 Quality of patient care and safety in ophthalmic nursing are promoted by implementing evidence-based practice.</p> <p>6.2 Use systematic reviews to improve client experience and outcomes in ophthalmic nursing care.</p> <p>6.3 Quality audits aimed at improving patient services are performed at predetermined times.</p> <p>6.4 Critique, develop and implement clinical standards for ophthalmic nursing care.</p>

	<p>6.5 Patient outcomes in ophthalmic nursing, including quality patient care and safety, are continuously monitored.</p>
<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 ophthalmic nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team.</p>	<p>8.1 Ophthalmic health 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 ophthalmic inter-professional team.</p> <p>8.3 Shared decision-making opportunities regarding ophthalmic 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 ophthalmic nursing.</p> <p>8.5 Resources are mobilized and utilized to optimize ophthalmic nursing care.</p> <p>8.6 The activities of the inter-professional team within ophthalmic nursing care are well coordinated.</p> <p>8.7 Referral/care pathways are analysed and optimized.</p> <p>8.8 Accurate data is discussed during peer review processes.</p>