



South African Nursing Council

(Under the provisions of the Nursing Act, 2005)

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EXIT LEVEL OUTCOMES FOR THE POSTGRADUATE DIPLOMA IN PRIMARY CARE 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 in a Primary Health Care setting, 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 primary health care nursing practice.</p> <p>1.2 The relevant latest legislation, policies, protocols, regulations, and guidelines regarding primary health care nursing are applied in various healthcare settings.</p> <p>1.3 The professional ethical/ legal frameworks guide the practice of the Primary Care Nurse Specialist.</p> <p>1.4 Practice and facilitate advocacy in the patient's best interests.</p> <p>1.5 Ethical codes, professional accountability, responsibility, confidentiality and standards for practice of primary care nursing are interpreted and applied consistently and correctly.</p>
<p>2. Apply basic knowledge and principles of research methodology in the field of primary care nursing</p>	<p>2.1 Academic writing skills are demonstrated in the research report.</p> <p>2.2 Research articles in the field of primary care 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
<p>3. Demonstrate advanced knowledge of primary health care in a variety of health care settings, in order to promote health outcomes.</p>	<p>3.1 Health outcomes are promoted through the demonstration of knowledge of primary health care nursing in a variety of healthcare settings.</p> <p>3.2 Epidemiological data pertaining to primary care nursing are interpreted and used to plan a community awareness programme/campaign.</p> <p>3.3 Legislation, policies and guidelines relevant to the primary care of clients are identified, debated and recommendations communicated to authorities.</p> <p>3.4 Strategies are identified to ensure that the human rights of clients in primary care are respected.</p> <p>3.5 Best available evidence is used to plan a healthy environment for the primary care of clients throughout the levels of healthcare.</p> <p>3.6 Triage principles within a primary care setting are discussed and explored.</p> <p>3.7 Legislation on drug prescriptions, storage, disposal and dispensing are used to evaluate current practice.</p> <p>3.8 The influence of the social, political, cultural and economic developments within the country on the provision of primary care is debated, and recommendations communicated to authorities, with the ultimate goal of improving primary care nursing.</p> <p>3.9 Suitable injury/ condition-specific assessment techniques for primary care of clients are explored and debated to improve health outcomes.</p> <p>3.10 Biomedical, pharmacology and psychosocial sciences are used to explain the interpretation of health assessment findings and management of conditions affecting primary care clients.</p> <p>3.11 Subjective and objective assessments are interpreted and explained in order to make a nursing diagnosis.</p>

	<p>3.12 Comprehensive^o individual, people-centred inter-professional treatment plans are based on assessment findings and standardised national and contextually appropriate guidelines.</p> <p>3.13 Care priorities are established in relation to the primary care clients' problems and severity, with due consideration of system and practice challenges.</p> <p>3.14 The health status of primary care clients is continuously monitored, interpreted and actions are planned within an inter-professional team.</p> <p>3.15 The rationale and safety measures of technology used in assessing and treating primary care clients are explained and debated.</p> <p>3.16 Care pathways and the referral system are explored and debated.</p> <p>3.17 Legislative and care standards are used to evaluate records of primary care clients.</p> <p>3.18 Accuracy of data pertaining to primary care is evaluated.</p>
<p>4. Render and coordinate comprehensive, multi-sectoral and people-centred primary health care in a variety of healthcare settings, in order to promote health outcomes.</p>	<p>4.1 Health outcomes are promoted through the rendering and coordination of specialist primary care nursing in a variety of healthcare settings.</p> <p>4.2 Community awareness campaigns are based on epidemiological data pertaining to primary care.</p> <p>4.3 The human rights of primary care clients are respected.</p> <p>4.4 A healthy environment for primary care 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 a multi-sectoral team.</p>

^o Comprehensive care refers to promotion of health, prevention of disease, and curative and rehabilitative care.

	<p>4.8 Triage principles are applied to clients awaiting treatment at a primary care facility.</p> <p>4.9 Comprehensive assessment of clients is done competently.</p> <p>4.10 Severity of a primary care client's injury/condition is calculated according to standardised tools, and optimal interventions are executed within the limitations of the system and practice.</p> <p>4.11 The health status of the primary care clients is continuously monitored, interpreted and acted on within inter-professional team.</p> <p>4.12 Technology is used appropriately and safely in ways that facilitate diagnosing and treatment of the primary care clients</p> <p>4.13 Principles of health dialogue are used to negotiate the treatment plan with the clients and family.</p> <p>4.14 Care pathways and the referral system are used appropriately.</p> <p>4.15 Records of primary care clients are audited to evaluate the standard of care.</p> <p>4.16 Primary health data (statistics) are captured accurately and utilized to improve primary health care 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 primary care practice.</p>	<p>5.1 Current evidence-based guidelines used in primary care practice are evaluated and reported at predestined 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 primary 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 Boolean and other information search strategies.</p>

<p>6. Apply principles of evidence-based care to ensure quality primary care practice.</p>	<p>6.1 Quality of patient care and safety are promoted by implementing evidence-based practice.</p> <p>6.2 Systematic reviews are used to improve client experience and outcomes in primary care practice.</p> <p>6.3 Quality audits aimed at improving patient services are performed at predetermined times.</p> <p>6.4 Critiques, develops and implements clinical standards for primary care practice.</p> <p>6.5 Patient outcomes, 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 primary care nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team.</p>	<p>8.1 Primary care 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 Primary Care inter-professional team.</p> <p>8.3 Shared decision-making opportunities regarding Primary Care 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 primary care nursing.</p> <p>8.5 Resources are mobilized and utilised to optimize primary care nursing.</p> <p>8.6 Reporting pathways are used optimally.</p> <p>8.7 Referral/care pathways are analysed and optimized.</p> <p>8.8 The activities of the inter-professional team within Primary Care nursing are well coordinated.</p> <p>8.9 Morbidity and mortality data of Primary Care nursing are used to guide decision making.</p>