



South African Nursing Council

(Under the provisions of the Nursing Act, 2005)

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DIRECTIVE FOR THE DIPLOMA IN COMMUNITY NURSING SCIENCE

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**DIRECTIVE FOR THE
DIPLOMA IN COMMUNITY NURSING SCIENCE**

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INTRODUCTION - GENERAL PHILOSOPHY FOR THE EDUCATION
AND TRAINING OF NURSES

(1) OBJECTS OF THE SOUTH AFRICAN NURSING COUNCIL

The objects of the South African Nursing Council are determined in section 3 of the Nursing Act, Act No. 50 of 1978.

"3. The objects of the council shall be -

- (a) to assist in the promotion of the health standards of of the inhabitants of the Republic;
- (b) subject to the provisions of the Chiropractors Act, 1971 (Act No. 76 of 1971), the Homeopaths, Naturopaths, Osteopaths and Herbalists Act, 1974 (Act No. 52 of 1974), the Pharmacy Act, 1974 (Act No. 53 of 1974), and the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), to control, and to exercise authority in respect of, all matters affecting the education and training of, and the manner of the exercise of the practices pursued by, registered nurses, midwives, enrolled nurses and nursing assistants;
- (c) to promote liaison of the education and training, and the manner of the exercise of practices, referred to in paragraph (b), both in the Republic and elsewhere, and to promote the standards of such education and training and the manner of the exercise of such practices in the Republic;
- (d) to advise the Minister on any matter falling within the scope of this Act;
- (e) to communicate to the Minister information on matters of public importance acquired by the council in the course of the performance of its functions under this Act."

(2) DEFINITION OF NURSING SCIENCE

"Nursing Science is a human clinical health science that constitutes the body of knowledge for the practice of persons registered or enrolled under the Nursing Act, as nurses or midwives.

Within the parameters of nursing philosophy and ethics, it is concerned with the development of knowledge for the nursing diagnosis, treatment and personalized health care of persons exposed to, suffering or recovering from physical or mental ill-health. It encompasses the study of preventive, promotive, curative and rehabilitative health care for individuals, families, groups and communities and covers man's life-span from before birth."

(3) EDUCATION IN NURSING

Council emphasizes that the education and training shall be directed specifically at the development of the nurse on a personal and a professional level and that the principles of learning be observed, namely that learning leads to behaviour change in the cognitive (mental), affective (inter-personal and emotional) and psycho-motor (technical) aspects, through active involvement of the student.

The development of the ability for analytical, critical, evaluative and creative thinking and the stimulation of the exercise of independent judgement of scientific data are of the utmost importance.

2. OBJECTIVES OF THE COURSE

- (a) To equip the registered nurse practitioner with specialized knowledge and skills in the discipline of community health care and the community nursing process;
- (b) a registered nurse practitioner with this level of knowledge and skill should be able to:
 - (1) appreciate her role and functions, responsibilities and accountability, as a nurse practitioner in the community health discipline and the comprehensive health system;
 - (2) function as a member of the health team concerned with community health care;
 - (3) implement the community nursing process with due consideration to the ecological and preventive, promotive, curative and rehabilitative dimensions;
 - (4) incorporate physical, emotional, social and cultural dimensions pertaining to the family and the community, into the community nursing process;
 - (5) understand the legal and social strengths and constraints of community health care;
 - (6) provide patient/client and student teaching and counselling;
 - (7) provide health education for the individual, the family and the community;
 - (8) promote community involvement;
 - (9) appreciate the specific organisational aspects of providing personal and environmental community health services.

GUIDE

1. Teaching should be related as closely as possible to the instruction of students in the community health services. There must be constant consultation and co-operation among those who participate in the education of students in both the theoretical and the clinical fields. The importance of accurate observation and assessment, skills in communication, the exercising of judgement and the recording and reporting of observations and actions as well as technical and counselling skills, must be stressed. The scientific basis of and the reasons for these measures must be taught.
2. It is important that the subject matter be presented in a manner which will enable students to integrate concepts in such a way that they will be able to provide scientifically accurate community care.
3. Throughout the course students should be guided in their personal and professional adjustments.
4. (a) The common and statutory law governing the practice of nursing must be taught at an applied level throughout the course.

(b) Specific legislation applicable to a subject of the curriculum shall be dealt with at an applied level in the instruction on the subject.
5. A responsibility for personal development and participation in continuing education must be developed.

DIRECTIVE

1. "Periods of instruction" include demonstrations, seminars, symposiums, group discussions, tutorials, auto-tutorial techniques and group project work.
2. The minimum numbers of periods of instruction indicated in the directive, exclude time to be spent in the preparation of individual studies and individual projects.

N.B. A period of instruction extends over at least 40 minutes.

3. CLINICAL PRACTICA

This shall be not less than 320 hours duration and shall provide experience in community care for all age groups, in the preventive, promotive, curative and rehabilitative aspects, taking cognizance of cultural factors. Schools shall submit their programmes to the Council for approval. No exemption shall be granted on the grounds of practica undergone for basic registration.

GUIDELINES FOR PRACTICA

(1) INTRODUCTION

Practica in the community nursing course must be aimed at assisting the student to understand the comprehensive approach to primary health care and to develop the skills required by a practitioner in this field.

The focal point of primary health services is the individual, the family and the community. The student must be led to realize that it is her tasks to cultivate in the individual, the family and in the community a sense of responsibility regarding health matters. It is imperative that the student recognises - and is taught to develop - the family as primary health care facility and to guide the family in the correct utilisation of health services and community resources.

The nurse shall be capable of identifying the normal physical, psychic and social growth and development of the child from before birth and in all stages of the life cycle of the child. The nurse shall be skilled in diagnosing mother/child and family problems and in planning and implementing therapy and evaluating nursing care.

(2) APPROACH TO PRACTICA

Within the framework of the overall objectives of the course, the student must be taught to approach the practica as follows:

- (i) Analytical with regard to administrative/organisational aspects
- (ii) Epidemiological/scientific in respect of both the clinical and the psycho-social aspects.
- (iii) Educational with a view to developing the family as a health care facility - a concept which is fundamental to community involvement and community development with regard to health matters.
- (iv) Accountable in respect of ethical and legislative aspects.

- (v) Accountable in respect of her own role as well as her role as member of the health team.

(3) ORGANISATION OF PRACTICA

The approach to the organisation of practica must be such that the following components are present:

- (i) Opportunities for structured observation in accordance with specific guidelines compiled by the training school so that meaningful integration of theoretical knowledge with practice is promoted.
- (ii) Active participation in clinical practice in the work situation.
- (iii) Home visits where the student is guided to an understanding of principles and different approaches to -

first visit
follow-up visit
problem visit

in the different health care situations.

(4) PROGRAMME FOR PRACTICA

Minimum requirement is 320 hours actual practica.

The hours stated below apply by and large:

<u>Service</u>	<u>Actual No of Hours</u>
- Health Education	32
- Environmental Control	16
- Service for Mother and Child (including pre-school child)	64
- School Health Services	24
- Occupation Health Services	24
- Geriatric Services	32
- Psychiatric Services	24
- Prevention and control of communicable diseases	32
- Health Assessment, treatment and care	32
- Rehabilitation	16
- Community resources	24

4. GUIDELINES ON CONTENT OF PRESCRIBED SUBJECTS

(1) Scientific foundations of the community nursing process

equivalent to 50 periods.

Definition of epidemiology and the epidemiological research process.

Application of epidemiological principles in the prevention and control of communicable and non-communicable diseases.

Primary, secondary and tertiary prevention of specific communicable and non-communicable diseases.

The application of vital statistics in determining the health status of various communities. Health problems in relation to age, sex, occupation, socio-economic status, population distribution, population groups (i.e. all demographic aspects).

Scientific principles underlying the rendering of primary health care.

(2) The administrative aspects of community nursing

equivalent to 70 periods

- aspects concerning policy, organisation, finance, personnel, procedure and control
- services rendered at government (including self-governing states), provincial, homeland, local authority and private sector level
- application of administrative processes in a functional unit
- auxiliary processes (epedemiological principles, surveys of health requirements, research, commissions and investigating committees).

(3) Psychosocial and cultural aspects and dynamics of community nursing

equivalent to 120 periods

The psychosocial and cultural factors relating to the individual (including age groups), the family and the community in respect of prevention of disease, promotion of health, care and rehabilitation;

- dynamics of interviewing, counselling, teaching and psychological support of the individual and the family;
- the rehabilitation process;
- the significance of family structures and functioning to the health status of the individual and the community;
- social factors which contribute to socio- and psycho-pathology;
- social trends in the community which contribute to health problems;
- the implications to the family and the community of accidents and disease;
- the family with a handicapped member - short- and long-term care and support;
- community involvement and responsibility in prevention of disease, promotion of health and in rehabilitation;
- social support systems, various authorities and voluntary welfare organisations;
- dynamics of nursing intervention.

(4) Community nursing and the community nursing process

equivalent to 160 periods

Environmental health in relation to the following -

- personal and environmental factors affecting health;
- occupational environment;

- school environment;
- the application of epidemiological principles;
- authorities and legislation with regard to environmental health;
- community involvement and responsibility;

Family Health -

- mother and child care;
- family organisation and circumstances;
- counselling and supportive services/facilities available to the family i.e. with regard to mother and child care, the adolescent, young adult, middle-aged and aged;
- family and community nutrition;
- community involvement and responsibility;
- application of epidemiological principles;
- authorities and legislation with regard to mother and child care;
- family planning;

Control of communicable and non-communicable diseases -

- legislation concerned with the control of communicable and non-communicable disease;
- the role of central, provincial and local government and voluntary/welfare organisations in this regard;
- services and facilities concerned with early detection, prevention and control of communicable and non-communicable disease (including genetics and preventive dentistry).

- services rendered by private profitable and welfare organisations;
- services rendered by general medical practitioners.

5. EVALUATION STRATEGIES

The following must at least be included in the assessment of the student during the course -

- assignments;
- epidemiological study;
- family studies;
- lecture demonstration in health education;
- formal tests.

6. WRITTEN EXAMINATIONS

The question papers shall by and large be set as follows:

- | | |
|----------|---|
| Paper I | (a) Administrative aspects of community nursing |
| | (b) Psychosocial and cultural aspects and dynamics of community nursing |
| | (c) Health education |
| | |
| Paper II | (a) Scientific foundations of the community nursing process |
| | (b) Community nursing and the community nursing process |
| | (c) Health education |

It is stressed that the question papers are set on the curriculum in its entirety.

Nov 1979
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June 1981
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