



South African Nursing Council

(Under the provisions of the Nursing Act, 2005)

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**MINIMUM REQUIREMENTS FOR THE EDUCATION AND
GUIDE CONCERNING THE TEACHING OF STUDENTS
IN THE PROGRAMME LEADING TO REGISTRATION
AS A
NURSE (GENERAL, PSYCHIATRIC AND COMMUNITY) AND MIDWIFE**

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Annexure 1:

Conceptual representation of the dynamics of operationalization of the scientific approach to nursing

MINIMUM REQUIREMENTS FOR THE EDUCATION AND GUIDE CONCERNING THE
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A NURSE (GENERAL, PSYCHIATRIC AND COMMUNITY) AND MIDWIFE

1. SUBJECTS AND SUBJECT CONTENT

The weight of a full course in a subject is equivalent to one academic year.

Each school develops its own curriculum and presents this to the Council for approval. When such a curriculum has been approved, it is binding and may be amended only after approval by the Council.

The following are the minimum requirements of the Council with regard to subject content and practice guidelines and shall be read in conjunction with the

- * The Philosophy and Policy of the South African Nursing Council with regard to Professional Nursing Education,
- * Regulations relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978, (published under Government Notice R.2598 of 30 November, 1984),
- * Rules Setting out the acts or omissions in respect of which the Council may take disciplinary steps, (published under Government Notice R.387 of 15 February, 1985) and
- * Regulations relating to the conditions under which registered midwives and enrolled midwives may carry on their profession (published under Government Notice R.2488 of 26 October 1990),
- * "Standards for Nursing Practice" : South African Nursing Council Policy Statements.
- * Other legislation affecting the practice of the nurse and midwife, such as section 22A of the Medicines and Related Substances Control Act, 1965 (Act 101 of 1965), as amended.

1.1 FUNDAMENTAL NURSING SCIENCE, ETHOS AND PROFESSIONAL PRACTICE

Fundamental Nursing Science, Ethos and Professional Practice are fundamental to all aspects of the curriculum, must be integrated throughout the training and must be consolidated in the final year of study.

1.1.1 Fundamental Nursing Science

- Introduction to the study of man - viewpoints
- Origin, nature and destination of man
 - The development of man from conception to old-age (physical, psychological, spiritual, social and cultural)
 - The basic needs of man

Health and illness

- Definitions of health and illness, including cultural determinants relevant to the community served
- Cultural differences in regard to health and illness including health practices and the nature of the sick role and their implications for nursing relevant to the community served

Health Care

- Organization of health services in the RSA
- Levels of prevention
- Components of a comprehensive health service, and the principles of primary, secondary and tertiary health care
- The hierarchical structure of a hospital/health service unit
- The nursing team, its role players and their scope of practice
- The multiprofessional health team and the position of the nurse within the team
- Lay workers in health care settings - both in institutions and in the community

Introduction to nursing science

- The definitions of nursing science and of nursing as a scientific process
- A scientific frame of reference as a basis for practising nursing in all the clinical sub-disciplines
- The scientific foundations of the cognitive, psychomotor and affective skills required to apply a scientific approach to nursing in respect of the basic needs of healthy and sick people in all age groups and including basic needs during pregnancy, labour and the puerperium.

1.1.2 Ethos and Professional Practice

History, philosophy and essence of nursing, nursing values, ethical codes, moral standards

Leadership

Management approaches and principles, methods and techniques for the management (in normal and emergency situations) of

* the nursing and

* the personnel

in a health service unit and

* of a private nursing practice.

Teaching principles and methods for clinical and patient teaching and teaching of lay workers.

Ethos of nursing and professionalization: the dynamics of professional practice, including legislation and control.

Contemporary moral-ethical questions which may arise in nursing practice.

Characteristics of professional organization in nursing - aims and functions of a professional association.

Characteristics, aims and functions of labour organizations.

1.2 GENERAL NURSING SCIENCE

The Science and Art of General Nursing

The teaching must enable the student to extend and integrate the subject content of fundamental nursing science with the other nursing sub-disciplines, the related social, natural and biological sciences and the relevant medicine and surgery to provide a scientific basis for the cognitive, psychomotor and affective skills required for comprehensive nursing, in institutional or community setting, of patients in various age groups whose capacity to meet their own needs is compromised, completely or partially, by an inherited or acquired physical illness or injury.

1.3 PSYCHIATRIC NURSING SCIENCE

The Science and Art of Psychiatric Nursing

The teaching must enable the student to extend and integrate the subject content of fundamental nursing science with the other nursing sub-disciplines, the related social and biological sciences and the relevant psychiatry to provide a scientific basis for the cognitive and affective skills required for comprehensive nursing, in institutional or community setting, of patients in various age groups whose capacity to meet their own needs is compromised, completely or partially, by a psychiatric disorder.

1.4 COMMUNITY NURSING SCIENCE

The teaching must enable the student to extend and integrate the subject content of fundamental nursing science with the other nursing sub-disciplines, the related social, natural and biological sciences and the

- factors influencing the health and welfare of people of all age groups in rural and urban communities
- principles of epidemiology and biostatistics
- principles of environmental, personal and food hygiene
- prevention and control of prevalent infectious and communicable diseases, the formidable epidemic diseases and non-communicable diseases of public health significance
- the health of the
 - * mother and (pre-school) child
 - * school-going child
 - * the adolescent
 - * the adult/worker
 - * the aged
- family planning/spacing and parenting
- health education
- rehabilitation in the community
- indicators and criteria in health programme evaluation
- community resources
- community involvement and development strategies
- national and international health organizations

1.5 MIDWIFERY

The science and art of midwifery

The teaching must enable to student to extend and integrate the subject content of fundamental nursing science with the other nursing sub-disciplines, the related social, natural and biological sciences and relevant obstetrics to provide a scientific basis for the cognitive, psychomotor and affective skills required for the practice of midwifery in respect of both mother and foetus/neonate/infant, in hospital and community settings.

To achieve this, this the student also needs subject content in respect of

- the health of the mother, the course of normal pregnancy, labour, and puerperium, and the development and health of the foetus, neonate and infant, including
 - * anatomical and physiological changes
 - * diagnosis
 - * management
 - * early identification of mother and child (foetus, neonate and infant) at risk
 - * psychosocial aspects
- abnormalities/complications in respect of of pregnancy, labour, puerperium, and the foetus, neonate and infant, including the
 - * aetiology
 - * pathology
 - * clinical presentation
 - * diagnosis
 - * prevention
 - * managementof such abnormalities/complications.

1.6 BIOLOGICAL SCIENCES

1.6.1 Anatomy, Physiology, Chemistry, Biophysics, Microbiology and Parasitology

An overview enabling the student to understand and to apply the following:

- the structural composition of the body
- the anatomical relations and structures
- the functions of the body as a whole
- the relevant
 - . chemistry and biophysics
 - . microbiology and parasitology

1.6.2 Nutrition

An overview enabling the student to understand and to apply the following:

- basic components and kilojoule values of food
- nutritional needs of man in all stages of his development
- nutrition within cultural context
- importance of nutrition in the prevention and treatment of disease
- socio-economic aspects of nutrition
- factors influencing food production, storage and preservation

1.6.3 Pharmacology

Pharmacokinetics (the absorption, distribution, metabolism, biotransformation and excretion of medicines);
Pharmacodynamics (the biological and therapeutic effects of medicines/drugs);

Dosages;

Drug interactions;

Drug incompatibility;

Undesirable effects of drugs and emergency procedures for specific phenomena;

Acquiring (procurement and transport), storing, prescribing and issuing of medicines and related substances - legal and practical requirements;

Legislation concerning the handling of medicines and related substances;

Pharmacotherapy, including relevant patient education/counselling.

1.7 SOCIAL SCIENCES

An overview of the social sciences to enable the student to

- develop insight into the developmental stages of man
- understand man in his family, group, community and cultural context
- develop viewpoints on life and man
- understand psycho-social pathology within communities

1.8 MEDICINE AND SURGERY (this implies also the medical/surgical specialties such as orthopaedics etc.)

The aetiology, pathology, clinical presentation, diagnostic investigations, diagnosis, treatment, prognosis, and complications of the most prevalent inherited and acquired conditions and injuries affecting patients in various age groups nursed in institutional or community setting.

1.9 PSYCHIATRY

The aetiology, pathology, clinical presentation, diagnostic investigations, diagnosis, treatment, and prognosis in respect of the most prevalent psychiatric disorders affecting patients in various age groups in institutional or community setting who require either

- short-term psychiatric treatment and nursing or
- long-term psychiatric treatment and nursing.

2. GUIDELINES FOR PRACTICE

These guidelines should be read in conjunction with the Council's policy regarding clinical practica (see par 2.9 of the Philosophy and Policy of the South African Nursing Council with regard to Professional Nursing Education), the programme objectives and subject content.

2.1. INTRODUCTION

- 2.1.1 It is essential that all available resources are identified optimally to provide the requisite learning opportunities to ensure that by the end of the programme, the student is competent to function comprehensively and within the scope of practice of the registered nurse and midwife*.
- 2.1.2 The nurse is a clinician, motivator and facilitator. Therefore, learning opportunities need to be provided for the student to practice and master** the skills not only in clinical nursing and nursing interventions, management and teaching, but also those needed to facilitate the development of sound interpersonal relationships.
- 2.1.3 The school should identify the critical nursing skills in which the student must achieve competence in order to assume responsibility for the nursing regimen* for individuals, groups and a community and be able to function as an active member of the nursing and health teams and, in so doing, promote the health of the community. Such critical skills must be mastered in the practice.
- 2.1.4 The learning opportunities in all the nursing sub-disciplines should be appropriately distributed throughout the programme and evaluated according to the level of training and stage objectives.

* cf. Regulations concerning the Scope of Practice of Persons Registered or Enrolled under the Nursing Act, 1978: R.2598 of 30 November 1984

** In the context of this document, "master" means the acquisition of the skills necessary for safe, accountable practice.

2.1.5 In identifying and creating learning opportunities, and in evaluation of the student, cognizance must be taken of the following:

- the importance of the nurse's own observations and the need to develop problem-solving skills so as to be able to act on these observations. Technological aids are merely an adjunct to the nurse's observations and should never replace these.
- the necessity for keeping accurate records and of acting upon the interpretation of these;
- the importance of health education being emphasized whenever appropriate;
- the importance of family involvement and of nursing which takes cognizance of each patient's unique circumstances;
- the importance of ensuring that the nursing philosophy is reflected in all nursing situations;
- the importance of interpreting and applying the legislation governing practice as a nurse and midwife.

2.2 GUIDELINES

The following guidelines with due consideration of the subject content and stage objectives, shall apply to practice instruction in the science and art of nursing and midwifery. Practice instruction is to be presented with accompaniment for the full duration of the programme.

Practice instruction takes place in the clinical nursing laboratory/ environment/situation (including simulation) and by means of clinical instruction according to the stage objectives of the curriculum and must make provision for instruction which includes at least the learning activities set out below in which the student must achieve competence.

The overall objective is to provide meaningful learning opportunities in every area of placement according to the level of training, to ensure that on completion of the programme the student is able to nurse effectively.

This implies that the student should be able to demonstrate the ability to solve problems effectively in order to apply a scientific approach to nursing, from the initial assessment to the rehabilitation of a patient or group.

2.2.1 FUNDAMENTAL NURSING SCIENCE

Practice instruction in fundamental nursing must be directed at the provision of learning opportunities for the student to acquire nursing skills in the cognitive, psychomotor and affective domains which will provide the basis for the development of skills specific to the nursing sub-disciplines during the full period of the programme.

From the outset, the student should be provided with practice accompaniment aimed at integrating the various skills into the application of a scientific approach to nursing+ as described below.

- Scientific approach to nursing

Although the four components set out below are shown in a linear progression, it is essential that the student should understand that the process is neither linear, nor cyclical, but spiral, i.e. evaluation does not lead back to the same point, but rather to assessment at a different level (see diagram in Annexure 1).

These components should be the basis for the student's clinical learning activities and apply whether the "patient" is an individual, a group, the community or a sector of it.

Assessment -

This involves the identification and recording of the unique needs of the patient by -

- * in the case of an individual, examining the patient and making sensory observations;
- * in the case of groups or community, carrying out the relevant observations;

+ cf. 2.2 Philosophy of the South African Nursing Council with regard to Professional Nursing Education)

- * conducting an assessment interview;
- * reading and interpreting existing and/or newly-created patient records/statistical data;
- * confirming and supplementing sensory observations by using alternative observation skills and/or technological aids.

Diagnosis -

Diagnosing means the identification of a health problem or problems after assessment of the patient. Depending on the circumstances in which the nurse is practising, this may include a clinical diagnosis.

The diagnosis is recorded to form the basis for planning the nursing interventions.

Intervention -

Intervention consists of two facets which are interwoven in practice, i.e. planning and implementation:

Planning -

Planning is undertaken in consultation with the patient (and family or significant others) and, where appropriate, with other members of the health team, with a view to restoring optimal functioning of the patient, and involves -

- * setting objectives;
- * determining priorities;
- * choosing appropriate nursing method/s and strategy/ies and/or the appropriate medicine;
- * developing a unique nursing plan and prescribing nursing interventions on the patient record.

Implementation -

This entails nursing the patient in accordance with the prescribed plan, with maximum involvement of the patient and family or, in a community setting, instituting the planned nursing interventions within the group context, with their maximum involvement. The ability to recognize and to take appropriate action to handle an emergency is implicit in this concept.

Appropriate recording takes place continuously.

Evaluation

Evaluation is a continuous process and an integral part of all the components of a scientific approach. The extent to which the nursing plan and the implementation thereof meet the identified needs of the patient requires evaluation by both nurse and patient, and continuous re-assessment is necessary in order to re-plan if the needs have changed because of successful nursing interventions or if the previously prescribed nursing interventions have failed to meet the patient's needs.

In addition to the basic nursing skills referred to above, clinical learning opportunities are needed right from the outset, which will enable the student finally to -

- utilize scientific knowledge and integrate subject content with the intent of nursing man comprehensively;
- consolidate the natural sciences, biological sciences, social sciences and the nursing sub-disciplines into nursing science;
- apply management principles in the implementation of the nursing regimen and in unit management;
- apply teaching principles in clinical teaching, patient teaching and health education;
- apply interpersonal skills in all social interactions, in demonstrating empathy, providing reassurance, in crisis management and in exercising assertiveness. In this regard the mastery of communication skills, including those of written communication, to ensure effective interaction with individual patients and groups, with colleagues, and in providing for continuity of safe patient care, is vital;
- integrate the nursing philosophy into the practice situation.

2.2.2 ETHOS AND PROFESSIONAL PRACTICE

Learning opportunities must be created for the student, with suitable accompaniment, to master the skills related to -

- * exercising leadership
- * management of a health service unit in normal and emergency situations taking cognizance, inter alia, of labour relations
- * patient teaching
- * clinical teaching
- * moral-ethical reasoning
- * interpretation and application of relevant legislation

2.2.3 GENERAL NURSING SCIENCE

Clinical allocation in general nursing shall be so planned that the student is enabled not only to master the necessary nursing skills, but also to be integrated into the nursing and multi-disciplinary teams functioning in the area concerned.

The student should eventually be assessed not only in respect of clinical nursing skills but also on the ability to apply management and teaching principles in the implementation of the nursing regimen and management of the nursing unit and also to evaluate own practice in such a setting. This implies inter alia, allocation for a meaningful period in each area, and the elimination of avoidable fragmentation.

In the course of such allocation the student shall, with suitable accompaniment -

- nurse a meaningful number of patients in different age groups and representative of a broad spectrum of the general nursing component of the programme.

These patients shall include both

- * those who are acutely ill and
- * those with long-term or chronic illness who are nursed either in hospital or at home.

- be responsible for the nursing regimen, in totality or partly depending on the level of training, of a meaningful number of these patients (both acutely ill and those with long-term or chronic illnesses). This shall include preparation for discharge for the patients. Before being implemented, the nursing plan for each patient shall be approved by the responsible registered nurse;
- assess the outcome of the preparation for discharge and patient's re-integration into the home and community, by carrying out a home visit and making appropriate recommendations and referrals where necessary. (This aspect could be incorporated into the community nursing component, forming the student's point of entry into the community setting).
- submit a comprehensive patient study in respect of both an acutely ill patient and a patient who has a long-term or chronic illness.

2.2.4 PSYCHIATRIC NURSING SCIENCE

Apart from any of the interpersonal skills which the student has mastered in other areas of practice, before being allocated to a psychiatric hospital/unit/service, the student shall have had the appropriate orientation in respect of the following:

- * communication skills -
 - diagnostic
 - therapeutic
- * group skills
- * counselling skills
- * crisis-intervention skills
- * skills in management of stress

Clinical allocation in psychiatric nursing shall be so planned that the student is enabled to master the necessary psychiatric nursing skills (in a multi-disciplinary context wherever possible).

The student should eventually be assessed not only on clinical psychiatric nursing skills but on the ability to apply management and teaching principles in the implementation of the nursing regimen and management of the psychiatric nursing unit, and to evaluate own practice in such a setting.

This implies inter alia, allocation for meaningful periods of continuous practice, and the elimination of avoidable fragmentation. It is also essential that the student should be an active participant rather than a passive observer in the psychiatric setting.

Throughout, specific emphasis shall be placed on the promotion of mental health, and prevention of mental illness and the interpretation and implementation of relevant legislation.

In the course of such allocation the student shall, with suitable accompaniment

- nurse a meaningful number of patients in different age groups (including children where possible) receiving treatment in a psychiatric hospital, psychiatric unit or psychiatric community service;

These patients shall include both

- * those requiring short-term psychiatric treatment; and
- * those requiring long-term psychiatric treatment

as in-patients or out-patients.

- be responsible for the nursing regimen to ensure continuity of nursing for a meaningful number of the above patients - both short-term and long-term. Before being implemented, the nursing plan for each patient shall be approved by the registered nurse responsible for the nursing regimen for the patient.
- conduct a meaningful number group sessions/activities, taking cognizance of cultural differences/preferences where relevant;
- conduct a meaningful number of therapeutic interactions for evaluation purposes;
- make an assessment and plan care for a patient who is being cared for in the community and who requires psychiatric nursing;
- recognize a crisis situation and apply appropriate crisis intervention skills. This includes timeous referral to appropriate members of the multidisciplinary team and/or appropriate support systems.

- observe and monitor the progress of a mentally retarded person in a care and rehabilitation centre or any other institution for the care of mentally retarded persons, or of a family with a mentally retarded member, combining personal interaction with the person/s involved with the study of existing and/or newly-created records.
- make an assessment of such an mentally retarded person and participate in the planning and/or implementation of a stimulation/conditioning programme which will promote the mastering of skills needed for daily living activities and the fostering of self-respect, with a view of habilitation of the individual. Before implementation this plan must be approved by the registered nurse responsible for this person.

2.2.5 COMMUNITY NURSING SCIENCE

Clinical allocation in community nursing shall be so planned that the student is enabled not only to master the necessary nursing skills, but also to be integrated into the nursing and multi-disciplinary (and where possible, multi-sectoral) teams functioning in a community setting.

The student should eventually be assessed not only in regard to the specific nursing skills, but also on the ability to apply the principles of management and teaching in the implementation of the nursing regimen in the community, the provision of appropriate health education and the management of an identified component of a community nursing service. The student should also demonstrate the ability to evaluate own practice in this regard.

This implies inter alia that the allocation shall be for a meaningful period of practice in each case and that the student should be an active participant rather than a passive observer in each area of practice. Practice areas shall include at least the following:

- * environmental control
- * prevention and control of communicable and non-communicable diseases of public health significance
- * mother and child care, including the pre-school child and family planning/spacing
- * school health services
- * occupational health services
- * facilities for care of the aged
- * facilities/opportunities for early diagnosis and treatment of minor/common conditions/ailments/injuries and prevalent diseases
- * rehabilitation services

In the course of such allocation the student shall, with suitable accompaniment -

- carry out a mini-epidemiological study based on a community profile drafted in respect of an identifiable sector of the community;
- make a diagnosis based on the needs identified in the community profile;
- provide appropriate nursing interventions in accordance with the diagnosis, including follow-up by home visits where necessary and referral to other members of the health team or appropriate community resources. Specific emphasis shall be placed on primary prevention and community involvement.
- in a primary health care setting, apply the components fundamental to a scientific approach in providing appropriate nursing for an individual in each of the groups listed below. Particular emphasis shall be given to
 - * the application of the GOBIFFF+F concept;
 - * health promotion;
 - * primary prevention;
 - * early diagnosis;
 - * treatment of minor/common ailments and prevalent diseases, including the prescription of medication;
 - * rehabilitation; and
 - * appropriate referral if necessary to other members of the health team (lay and professional) or to community resources.

The groups from which the individuals shall be drawn shall include -

- the newborn/infant
 - the toddler and pre-school child
 - the school-going child
 - the adolescent
 - the adult/worker
 - the aged
 - the physically, socially or mentally disabled person
- be responsible for the nursing regimen in respect of at least 2 of the above patients to ensure the maintenance, improvement and promotion of health and rehabilitation. Before implementation, the nursing plan shall be approved by the responsible registered nurse.
 - prepare a comprehensive family study in respect of a family in the community.

- participate in the planning and/or implementation of -

- * a programme to motivate a community to become involved in its own development;
- * a programme of health education designed for a particular risk group in the community;
- * a rehabilitation programme for an individual or group.

The student shall be enabled to recognize and take appropriate action in the event of an emergency affecting the normal lives of the community and/or the provision of health services (e.g. in the event of an epidemic, an unexpected influx of people into an informal settlement, etc.)

2.2.6 MIDWIFERY

N.B. Before being permitted to personally deliver a patient, the student shall attend at least 5 normal deliveries as an observer.

Clinical allocation in midwifery shall be so planned that the student is enabled not only to master the necessary midwifery skills, but also to be integrated into the midwifery and multi-disciplinary teams functioning in the area.

The student should eventually be assessed not only in respect of clinical midwifery skills but also on the ability to apply management and teaching principles in the implementation of the midwifery regimen and management of the maternity unit, and also to apply self-evaluation in such a setting. This implies inter alia, allocation for a meaningful period and the elimination of avoidable fragmentation.

Practising within the legal scope of midwifery practice, the student shall, in the course of such allocation and with suitable accompaniment -

- apply the components fundamental to a scientific approach in -

- * carrying out the comprehensive ante-natal assessment and care of at least 30 pregnant women and recording all relevant information;
- * carrying out pelvic assessments cases of primigravida's or at the onset of labour where pelvic disproportion is suspected, the findings of which shall be checked by a registered midwife or medical practitioner;
- * recognizing the different stages of labour;
- * critically observing, monitoring and interpreting the findings in the course of all stages of labour, and providing appropriate nursing, including the provision of pain relief, in order to ensure the safety of mother and child throughout;

The findings shall be checked by a registered midwife or a medical practitioner. The use of simulation to practise the skill is permissible, but should not be applied exclusively;

Opportunities should be created for students to experience continuity of care throughout all stages of labour.

- * delivering at least 15 patients and conducting the 2nd and 3rd stages of labour of at least 5 patients either in the course of carrying out the deliveries indicated above, or conducting deliveries for other students;
- * mastering the skills needed for the the cutting of an episiotomy to prevent a severe tear of the perineum or complication relating to the child, provided the head is distending the perineum;
- * mastering the skills needed for administering local anaesthetic, excluding pudendal block and epidural anaesthesia, and the suturing of first and second degree tears and episiotomies;

* undertaking post-natal care, including guiding the mother in:

- post-natal exercises
- care of herself and her child during the puerperium
- recognizing early signs of ill health in her child
- breast-feeding and artificial feeding, including oral rehydration therapy for her child
- understanding the necessity for immunization

The student shall be responsible for the midwifery regimen in respect of mothers and babies to ensure continuity of nursing during hospitalization and after discharge. Before being implemented, each nursing plan shall be approved by the responsible registered midwife.

* presenting a comprehensive patient study based on a mother and baby nursed;

* carrying out post-natal assessments of mothers and babies during the routine post-natal visits to promote the health of both mothers and their babies. This includes comprehensive assessment of the development of infants.

The student must be enabled to recognize and take appropriate action at all times to handle complications, including obstetrical emergencies. This includes timeous referral to a midwife specialist or medical practitioner. The student must be able to assist in the carrying out of common obstetrical interventions such a induction of labour and vacuum extraction.

2.3. ALLOCATION OF CLINICAL PRACTICE HOURS

The Council requires the student's clinical practice to be appropriately distributed in respect of the nursing sub-disciplines - that is general nursing science, psychiatric nursing science, community nursing science and midwifery; relevant integration is essential.

It is recommended that the following be used as a guideline for clinical allocation:

A. Nursing Practice (general, psychiatric and community)

Preventive and promotive health	1000 hours
Curative health	1500 hours
Rehabilitation and other, at the discretion of the school	500 hours

B. Midwifery Practice (including preventive and promotive health, curative health and rehabilitation) 1000 hours

Clinical teaching and simulation laboratory hours may constitute part of the above-mentioned hours.

3. RECOMMENDATIONS REGARDING QUALIFICATIONS OF TEACHING STAFF

3.1 The Council recommends that the qualifications set for the appointment of tutors in a nursing college should include both academic and clinical qualifications and expertise.

3.2 The Council further recommends that the following should be used as a guideline in respect of the minimum qualifications for teaching staff for the nursing and midwifery disciplines -

(* = essential; # = desirable)

3.3 Fundamental nursing science, ethos and professional practice

3.3.1 Departmental/subject head

- * (a) Registered nurse
- * (b) Registered midwife
- # (c) Registered psychiatric nurse
- # (d) Registration in community nursing science
- * (e) Registered tutor
- # (f) Degree in nursing or other relevant degree
- * (g) Up-to-date in respect of clinical practice, preferably with a relevant post-basic clinical qualification

3.3.2 Tutor

- * (a) Registered nurse
- * (b) Registered midwife
- * (c) Registered tutor
- * (d) Up-to-date in respect of clinical practice, preferably with a relevant post-basic clinical qualification

3.3.3 Clinical tutor

- * (a) Registered nurse
- * (b) Registered midwife
- # (c) Registered tutor (preferably)
- * (d) If not a registered tutor - should have been through an appropriate programme of in-service training with particular emphasis on accompaniment and evaluation of students.

3.4 General nursing science

3.4.1 Departmental/subject head

- * (a) Registered nurse
- # (b) Registered midwife
- # (c) Registered psychiatric nurse
- # (d) Registration in community nursing science
- * (e) Registered tutor
- # (f) Degree in nursing or other relevant degree
- * (g) Up-to-date in respect of clinical practice, preferably with a relevant post-basic clinical qualification

3.4.2 Tutor

- * (a) Registered nurse
- * (b) Registered tutor
- * (c) Up-to-date in respect of clinical practice, preferably with a relevant post-basic clinical qualification

3.4.3 Clinical tutor

- * (a) Registered nurse
- # (b) Registered tutor (preferably)
- * (c) If not a registered tutor - should have been through an appropriate programme of in-service training with particular emphasis on accompaniment and evaluation of students.

3.5 Psychiatric nursing science

3.5.1 Departmental/subject head

- # (a) Registered nurse
- # (b) Registered midwife
- * (c) Registered psychiatric nurse
- # (d) Registration in community nursing science
- * (e) Registered tutor
- # (f) Degree in nursing or other relevant degree
- * (g) Up-to-date in respect of clinical practice, preferably with a post-basic qualification in psychiatric nursing science

3.5.2 Tutor

- * (a) Registered psychiatric nurse
- * (b) Registered tutor
- * (c) Up-to-date in respect of clinical practice, preferably with a post-basic qualification in psychiatric nursing science

3.5.3 Clinical tutor

- * (a) Registered psychiatric nurse
- # (b) Registered tutor (preferably)
- * (c) If not a registered tutor - should have been through an appropriate programme of in-service training with particular emphasis on accompaniment and evaluation of students.

3.6 Community nursing science

3.6.1 Departmental/subject head

- * (a) Registered nurse
- * (b) Registered midwife
- # (c) Registered psychiatric nurse
- * (d) Registration in community nursing science
- * (e) Registered tutor
- # (f) Degree in nursing or other relevant degree
- * (g) Up-to-date in the field of community nursing practice

3.6.2 Tutor

- * (a) Registered nurse
- * (b) Registered midwife
- * (c) Registered in community nursing science
- * (d) Registered tutor
- * (e) Up-to-date in in the field of community nursing practice

3.6.3 Clinical tutor

- * (a) Registered nurse
- * (b) Registered midwife
- * (c) Registered in community nursing science
- # (d) Registered tutor (preferably)
- * (e) If not a registered tutor - should have been through an appropriate programme of in-service training with particular emphasis on accompaniment and evaluation of students.

3.7 Midwifery

3.3.1 Departmental/subject head

- * (a) Registered nurse
- * (b) Registered midwife
- # (c) Registered psychiatric nurse
- # (d) Registration in community nursing science
- * (e) Registered tutor
- # (f) Degree in nursing or other relevant degree
- * (g) Up-to-date in respect of clinical practice, preferably with a post-basic qualification in midwifery and neonatal nursing science

3.3.2 Tutor

- * (a) Registered nurse
- * (b) Registered midwife
- * (c) Registered tutor
- * (d) Up-to-date in respect of clinical practice, preferably with a post-basic qualification in midwifery and neonatal nursing science

3.3.3 Clinical tutor

- # (a) Registered nurse
- * (b) Registered midwife
- # (c) Registered tutor (preferably)
- * (d) If not a registered tutor - should have been through an appropriate programme of in-service training with particular emphasis on accompaniment and evaluation of students.

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3.6.92.

amended 24.5.94

(pages 1, 6, 11, 16, 17, 19, 20)

CONCEPTUAL REPRESENTATION OF THE DYNAMICS OF OPERATIONALIZATION OF THE SCIENTIFIC APPROACH TO NURSING

ANNEXURE I

