



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

e-mail: registrar@sanc.co.za
website: www.sanc.co.za

SANC Fraud Hotline: 0800 20 12 16

Cecilia Makiwane Building,
602 Pretorius Street, Arcadia,
Pretoria, 0083

Tel: 012 420-1000
Fax: 012 343-5400

Private Bag X132, Pretoria, 0001
Republic of South Africa

EXIT LEVEL OUTCOMES – POSTGRADUATE DIPLOMA IN CRITICAL CARE: CHILD

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 Critical Care child nursing.</p> <p>1.2 The relevant latest legislation, policies, protocols, regulations, guidelines, directives and applicable ethics regarding Child Care nursing are applied in practice.</p> <p>1.3 The professional/ ethical legal frameworks guide the Critical Care Child Specialist practice.</p> <p>1.4 Practice and facilitate advocacy for the rights and best interests of critically ill children.</p> <p>1.5 Ethical codes, professional accountability, responsibility, confidentiality and standards for Critical Care child 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 critical care of children.</p>	<p>2.1 Academic writing skills are demonstrated in research reports.</p> <p>2.2 Research articles in the field of Critical Care child nursing and related fields 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>The Critical Care child nursing Specialist will:</p>	
<p>3. Demonstrate advanced knowledge of child and family-centred care of children in a variety of clinical settings, to promote health outcomes.</p>	<p>3.1 Health outcomes are promoted through the demonstration of advanced child and family centred nursing care in a variety of critical care settings, from onset of critical illness or injury through stabilisation and transfer to a Paediatric Intensive Care Unit (PICU).</p> <p>3.2 Epidemiological data pertaining to child health and critical illness and injury of children are interpreted and used to plan a community awareness programme/campaign.</p> <p>3.3 Legislation, policies and guidelines relevant to the protection and care of children are identified and utilised in providing care for individuals and groups of children.</p> <p>3.4 Strategies are identified to ensure that the human rights of children in critical care settings are respected.</p> <p>3.5 Evidenced-based resources are used to plan a healing environment for critically ill children of different ages and across the Critical Care continuum.</p> <p>3.6 The influence of the psychosocial, political, cultural and economic developments within the country on the provision of child critical care are debated.</p> <p>3.7 Comprehensive nursing assessment of the critically ill neonate, toddler, pre-schooler, school-age child and adolescent are compared and debated.</p> <p>3.8 Developmentally appropriate techniques are explored during assessment of children across the age range.</p> <p>3.9 Biomedical, pharmacology and psycho-social sciences are used to explain the interpretation of assessment findings that are age, development and culturally congruent.</p>

	<p>3.10 Physical assessment findings, results from side room investigations, and laboratory results are interpreted and evaluated in order to make a diagnosis.</p> <p>3.11 Individual treatment and care plans are based on assessment of findings and standardised national and contextually appropriate guidelines.</p> <p>3.12 Care priorities are established in relation to the critical ill child's problems and severity, with due consideration of health care system and practice challenges.</p> <p>3.13 The health status of the critically ill child is continuously monitored, interpreted and communicated, while actions are planned within an inter-professional team.</p> <p>3.14 Different communication modalities are explored and debated in order to convey specialist knowledge accurately and effectively when speaking to children, their families and inter-professional team members.</p> <p>3.15 The use and safety measures of technological devices used in caring for a critically ill/injured child are explained and debated.</p> <p>3.16 A genogram is used to illustrate and understand the family resources available to the critically ill child and primary care giver.</p> <p>3.17 Care pathways and the referral system are explored and debated.</p> <p>3.18 Stabilisation and transportation of critically ill/injured children are discussed and appropriately planned for.</p> <p>3.19 Legalistic standards are used to evaluate records of critically ill children.</p> <p>3.20 Care standards are used to evaluate the records of critically ill children.</p> <p>3.21 Accuracy of data pertaining to a critically ill child is evaluated.</p>
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4. Render and coordinate comprehensive Critical Care child nursing to patients in a variety of health care settings, in order to promote health outcomes.

4.1 Health outcomes are promoted through rendering and coordinating specialist Critical Care child nursing in a variety of Critical Care units.

4.2 Community awareness campaigns are based on epidemiological data pertaining to the critical care of children.

4.3 Care of critically ill/injured children are provided within ethical-legal parameters.

4.4 The human rights of critically ill/ injured children across the continuum of childhood are respected.

4.5 A healthy environment for critically ill children of different ages across the Critical Care continuum, which is based on best available evidence, is created and sustained.

4.6 Comprehensive nursing assessment of the critically ill/ injured neonate, toddler, pre-schooler, school-age child and adolescent is demonstrated.

4.7 Child-suitable techniques are discussed and explored during assessment of critically ill/injured children across the continuum of childhood.

4.8 Biomedical, pharmacology and psychosocial sciences are used to explain the interpretation of assessment findings that are age, development and culturally congruent.

4.9 Individual person-centred treatment plans are executed and coordinated competently within an inter-professional team.

4.10 The severity and deterioration of a child's condition is calculated according to standardised tools, and optimal interventions are executed within the limitations of the system and practice.

4.11 The health status of the critically ill child is continuously monitored, interpreted, communicated and acted on within an inter-professional team.

4.12 Different communication modalities are used to convey specialist knowledge accurately and effectively when speaking to children, their families and inter-professional team members.

	<p>4.13 Technological devices are used safely and in ways that facilitate diagnosis, care and treatment of the critically ill child.</p> <p>4.14 Family resources available to the critical ill child and primary care giver are identified through a genogram.</p> <p>4.15 Principles of health dialogue are used to maintain family involvement and to enrol family in care and negotiate the treatment plan.</p> <p>4.16 Care pathways and the referral system are used appropriately.</p> <p>4.17 Critical ill/ injured children are transported safely inter-departmentally and inter-facility.</p> <p>4.18 Legal standards are used to evaluate Critical Care child records.</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 Critical Care child practice.</p>	<p>5.1 Current evidence-based guidelines used in Pediatric Critical Care practice is evaluated by applying knowledge of the systematic review and guideline development process.</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 the care of critically ill children 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 Child nursing care.</p>	<p>6.1 Quality of Child care and safety in critical care settings are promoted by implementing evidence-based practice.</p> <p>6.2 Use systematic reviews to improve client experience and outcomes in Critical Care health services.</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 critically ill patients.</p>

	<p>6.5 Patient outcomes in Critical healthcare services, 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 Critical Care child nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team.</p>	<p>8.1 Pediatric Critical Care settings 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 Critical Care team.</p> <p>8.3 Shared decision making opportunities regarding Critical Care child 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 Critical Care child nursing.</p> <p>8.5 Resources are mobilized and utilized to optimize Critical Care child nursing.</p> <p>8.6 Referral/care pathways are used optimally.</p> <p>8.7 The activities of the inter-professional team within within the Critical Care unit are well coordinated.</p> <p>8.8 Morbidity and mortality data of critically ill children are used to guide decision making.</p>