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

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EXIT LEVEL OUTCOMES – POSTGRADUATE DIPLOMA IN MIDWIFERY

TABLE 1: FOUNDATIONAL EXIT LEVEL OUTCOMES WITH ASSOCIATED ASSESSMENT CRITERIA

Exit level outcomes	Associated assessment criteria
1. Practice within the ethical-legal parameters of the nursing and midwifery profession, and resolve professional-ethical dilemmas by using decision-making and moral reasoning models.	1.1 Critical decision-making and moral reasoning models are used to guide clinical practice and resolve professional-ethical dilemmas within Midwifery and Neonatal care. 1.2 The relevant latest legislation, policies, protocols, regulations, guidelines, directives and applicable ethics regarding Midwifery and Neonatal care are applied in practice. 1.3 The professional/ ethical legal frameworks guide the Midwife Specialist practice. 1.4 Practice and facilitate advocacy for the rights of women, partners or husbands, children and families in their best interests. 1.5 Ethical codes, professional accountability, responsibility, confidentiality and standards for practice of Midwifery and Neonatal nursing are interpreted and applied consistently and correctly.
2. Apply knowledge of basic research methodology in the appraisal of articles in the field of Midwifery and Neonatal care.	2.1 Academic writing skills are demonstrated in research reports. 2.2 Research articles in the field of Mmidwifery and neonatal healthcare are appraised through the application of basic knowledge of research methodology. 2.3 Qualitative, quantitative and mixed method research designs are accurately differentiated. 2.4 Evidence-based practice of research findings are integrated for safe, effective and efficient practice.

TABLE 2: CORE EXIT LEVEL OUTCOMES WITH ASSOCIATED ASSESSMENT CRITERIA

Exit level outcomes	Associated assessment criteria
The Specialist Midwife will:	
3. Demonstrate advanced knowledge of midwifery and neonatal nursing care of patients in a variety of clinical settings, to promote health outcomes.	**3.1** Health outcomes are promoted through the demonstration of knowledge of midwifery and neonatal specialist care of patients in a variety of clinical settings. **3.2** Epidemiological data on mother-and-child health is interpreted and used to plan a community awareness programme/campaign **3.3** Biomedical, pharmacology and psychosocial sciences are used to explain the interpretation of health assessment findings and management of conditions affecting the pregnant woman and neonates. **3.4** Best available evidence, theories or models on mother-and-child health are compared and debated. **3.5** Legislation that applies to mother-and-child health are identified and debated, and recommendations are communicated to authorities. **3.6** The influence of the social, political, cultural and economic developments within the country on the provision of Midwifery and Neonatal nursing care are debated and recommendations communicated to authorities with the ultimate goal of improving midwifery and neonatal practice. **3.7** Subjective and objective assessment findings, results from investigations and laboratory results are interpreted in order to make a nursing diagnoses. **3.8** Comprehensive individual, people-centred, inter-professional midwifery and neonatal specialist treatment plans are based on assessment findings and standardised national and contextually appropriate guidelines. **3.9** The rationale and safety measures of technology used in assessing and treating pregnant women and neonates are explained and debated.

	3.10 Care pathways and the referral system are explored and debated
	3.11 Medico-legal standards (national core standards) are used to audit files of pregnant women and neonates.
	3.12 Accuracy of data on mother-and-child health care is evaluated.
4. Render and coordinate comprehensive midwifery and neonatal healthcare in a variety of healthcare settings in order to promote health outcomes.	**4.1** Health outcomes are promoted through rendering and coordinating Midwifery and Neonatal specialist nursing care across the different levels of healthcare provision.
	4.2 Community awareness is raised through implementation of epidemiologically informed programmes.
	4.3 Underlying theories that endorse the role of the Midwife Specialist are operationalized.
	4.4 A healthy environment for pregnant women, mothers and their infants of different ages across the health continuum, which is based on best available evidence and resources, is created and sustained.
	4.5 Clinical reasoning is demonstrated by considering social determinants of health and all relevant clinical findings in order to make a diagnosis.
	4.6 Comprehensive individualised family-centred care plans, which are based on assessment findings, are executed and coordinated.
	4.7 Comprehensive, individualised family-centred care plans for healthy and sick neonates which are based on assessment findings, are executed and coordinated competently within an inter-professional team.
	4.8 Technology is used appropriately and safely while providing specialised care for the pregnant woman and neonate to facilitate diagnosis, monitoring and management thereof.
	4.9 Principles of health dialogue are used to negotiate the care plan with the pregnant women and significant others.
	4.10 Care pathways and efficient referral systems are used appropriately and effectively.

	4.11 Emergencies during pregnancy, intrapartum and postnatal periods are managed according to best available evidence and national protocols. **4.12** Midwife specialist care is documented according to care-and legal standards. **4.13** Records of pregnant women are audited to evaluate the standard of care. **4.14** Maternal and neonatal health data is captured accurately and utilized to improve midwifery practice.
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 midwifery and neonatal care.	**5.1** Current evidence-based guidelines used in Midwifery and Neonatal practice are evaluated and reported at predetermined times to improve health care. **5.2** Academic and professional writing skills are demonstrated in reports and guidelines. **5.3** Research questions are formulated according to the PICO format and any other formats. **5.4** Evidence-based practice, theories or models on mother and child are critically appraised and best practice guidelines are adopted to improve health care service delivery. **5.5** Databases are searched by using *Boolean* and other information search strategies.
6. Apply principles of evidence-based care to ensure quality midwifery and neonatal healthcare.	**6.1** Quality of patient care and safety in Midwifery and Neonatal care are promoted by implementing evidence-based practice. **6.2** Use systematic reviews to improve client experience and outcomes in Midwifery and Neonatal healthcare. **6.3** Quality audits aimed at improving patient services are performed at predetermined times. **6.4** Critique, develop and implement clinical standards for midwifery and neonatal healthcare. **6.5** Patient outcomes in Midwifery and Neonatal healthcare, including quality patient care and safety, are continuously monitored.

7.	Implement strategies to develop self and peers by promoting self-directedness through a process of precepting and mentoring.	**7.1** Precepting and mentoring processes are applied to develop self and peers. **7.2** Activities towards enhancing Continuous Professional Development (CPD) are evident. **7.3** Thinking/reasoning processes of self and others are developed through facilitation of learning. **7.4** Learning theories are applied in own development and the development of others. **7.5** A positive learning environment is created by supporting peers and novices. **7.6** Academic networks are established and used to sustain personal development.
8.	Manage midwifery and neonatal services by implementing effective medico-legal norms, practices and standards within an inter-professional team.	**8.1** Midwifery and Neonatal health services are managed according to medico-legal norms, practices and standards within an inter-professional team. **8.2** Appropriate leadership styles are demonstrated within the Midwifery and Neonatal inter-professional team. **8.3** Shared decision-making opportunities regarding Midwifery and Neonatal healthcare services are created and documented. **8.4** Benchmarks and best practices are accessed and used to develop indicators for quality and cost-effectiveness in Midwifery and Neonatal nursing. **8.5** Resources are mobilized and utilized to optimize midwifery and neonatal nursing care. **8.6** Care pathways and referral system are analyzed and optimized. **8.7** The activities of the inter-professional team within midwifery and neonatal nursing care are well coordinated. **8.8** Morbidity and mortality data on midwifery and neonatal care is used for decision-making.