



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

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EXIT LEVEL OUTCOMES: POSTGRADUATE DIPLOMA IN PERIOPERATIVE 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, 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 Perioperative nursing.</p> <p>1.2 The relevant latest legislation, policies, protocols, regulations, guidelines, directives and applicable ethics regarding Perioperative care nursing are applied in practice.</p> <p>1.3 The professional/ ethical legal frameworks guide the practice of the Perioperative Nursing Specialist.</p> <p>1.4 Practice and facilitate advocacy for the rights and best interests of patients.</p> <p>1.5 Ethical codes, professional accountability, responsibility, confidentiality and standards for the practice of Perioperative 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 perioperative care.</p>	<p>2.1 Academic writing skills are demonstrated in research reports.</p> <p>2.2 Research articles in the field of Perioperative nursing care are appraised through the application of basic knowledge of research methodology.</p> <p>2.3 Qualitative, quantitative and mixed method 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 Perioperative Nurse Specialist will:</p>	
<p>3. Demonstrate advanced knowledge of perioperative nursing care of patients in a variety of clinical settings, to promote health outcomes.</p>	<p>3.1 Health outcomes are promoted through the demonstration of knowledge of perioperative care.</p> <p>3.2 Epidemiological data pertaining to perioperative care is interpreted and used to plan a community awareness programme/campaign.</p> <p>3.3 Subjective and objective assessment findings from investigations and laboratory results are interpreted in order to make nursing diagnoses.</p> <p>3.4 Comprehensive individual, people-centre, perioperative treatment plans are based on assessment findings and standardized national and contextually appropriate guidelines.</p> <p>3.5 Applicable legislation, policies and guidelines are identified, debated and recommendations communicated to authorities.</p> <p>3.6 Strategies are identified to ensure that the human rights of surgical patients are respected.</p> <p>3.7 Pre-operative surgical patients are assessed holistically and findings are relayed to relevant team members.</p> <p>3.8 Biomedical, pharmacology and psychosocial sciences are used to explain assessment findings.</p> <p>3.9 Infection control measures are compared to best available evidence, and debated.</p> <p>3.10 Sequence of operating cases are planned according to standards.</p> <p>3.11 Evidence-based practice, theories or models on surgical patients are critically appraised and best practice guidelines are adopted to improve health care service delivery.</p> <p>3.12 Patient safety measures are compared to best available evidence.</p> <p>3.13 Record of surgical-related procedures are kept according to legal requirements.</p>

	<p>3.14 Accurate record-keeping on surgical patients perioperatively are audited to maintain quality standards.</p> <p>3.15 Legislation, policy and guidelines are used to plan management of adverse events during perioperative care.</p> <p>3.16 Plans/ procedures/ guidelines on how to deal with possible disasters in the geographical or operating theatre environment are compared to best available evidence.</p> <p>3.17 Care pathways and the referral system are evaluated by comparing them with best available evidence.</p> <p>3.18 The rationale and safety measures of technological devices used in the perioperative environment are explained and debated.</p> <p>3.19 Accuracy of data pertaining to a perioperative patient is evaluated.</p> <p>3.20 National core standards are used to audit files for perioperative patients.</p>
<p>4. Render and coordinate comprehensive perioperative health care to patients in a variety of health care settings, in order to promote health outcomes.</p>	<p>4.1 Health outcomes are promoted through rendering and coordinating specialist perioperative care of surgical patients in a variety of clinical settings.</p> <p>4.2 Health and well-being of patients and staff are promoted through the execution of a health awareness campaign.</p> <p>4.3 Perioperative nursing care is provided within the professional ethical-legal parameters.</p> <p>4.4 Principles of health dialogue are applied to negotiate the treatment plan with the patient and family.</p> <p>4.5 Infection control measures are maintained or improved in order to minimize nosocomial infections.</p> <p>4.6 The perioperative holistic care plan for all the patients is executed competently.</p> <p>4.7 Safety measures that are based on best available evidence are implemented throughout the perioperative period.</p>

	<p>4.8 Records of surgical-related procedures are kept according to legal requirements.</p> <p>4.9 Technological devices in the perioperative environment are used appropriately and safely in ways that facilitate diagnosing, monitoring and management of the surgical patient.</p> <p>4.10 Perioperative data (statistics) are captured accurately and utilized to improve specialist 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 Perioperative nursing.</p>	<p>5.1 Current evidence-based guidelines used in perioperative practice are evaluated and reported at predetermined 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 Perioperative practice 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 perioperative nursing care.</p>	<p>6.1 Quality of patient care and safety in Perioperative nursing is promoted by implementing evidence-based practice.</p> <p>6.2 Use systematic reviews to improve client experience and outcomes in Perioperative nursing.</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 Perioperative nursing.</p> <p>6.5 Patient outcomes in Perioperative nursing, 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 Perioperative nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team</p>	<p>8.1 Perioperative 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 Perioperative inter-professional team.</p> <p>8.3 Shared decision making opportunities regarding perioperative 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 perioperative nursing care.</p> <p>8.5 The activities of the Perioperative inter-professional team are well coordinated.</p> <p>8.6 Data on perioperative nursing care is used for decision making.</p>