



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

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**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><b>1.</b> 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><b>1.1</b> 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><b>1.2</b> The relevant latest legislation, policies, protocols, regulations, guidelines, directives and applicable ethics regarding Child Care nursing are applied in practice.</p> <p><b>1.3</b> The professional/ ethical legal frameworks guide the Critical Care Child Specialist practice.</p> <p><b>1.4</b> Practice and facilitate advocacy for the rights and best interests of critically ill children.</p> <p><b>1.5</b> Ethical codes, professional accountability, responsibility, confidentiality and standards for Critical Care child nursing are interpreted and applied consistently and correctly.</p>
<p><b>2.</b> Apply knowledge of basic research methodology in the appraisal of articles in the field of critical care of children.</p>	<p><b>2.1</b> Academic writing skills are demonstrated in research reports.</p> <p><b>2.2</b> 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><b>2.3</b> Qualitative, quantitative and mixed methods research designs are accurately differentiated.</p> <p><b>2.4</b> 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><b>The Critical Care child nursing Specialist will:</b></p>	
<p><b>3.</b> Demonstrate advanced knowledge of child and family-centred care of children in a variety of clinical settings, to promote health outcomes.</p>	<p><b>3.1</b> 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><b>3.2</b> 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><b>3.3</b> 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><b>3.4</b> Strategies are identified to ensure that the human rights of children in critical care settings are respected.</p> <p><b>3.5</b> 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><b>3.6</b> The influence of the psychosocial, political, cultural and economic developments within the country on the provision of child critical care are debated.</p> <p><b>3.7</b> Comprehensive nursing assessment of the critically ill neonate, toddler, pre-schooler, school-age child and adolescent are compared and debated.</p> <p><b>3.8</b> Developmentally appropriate techniques are explored during assessment of children across the age range.</p> <p><b>3.9</b> Biomedical, pharmacology and psycho-social sciences are used to explain the interpretation of assessment findings that are age, development and culturally congruent.</p>

	<p><b>3.10</b> Physical assessment findings, results from side room investigations, and laboratory results are interpreted and evaluated in order to make a diagnosis.</p> <p><b>3.11</b> Individual treatment and care plans are based on assessment of findings and standardised national and contextually appropriate guidelines.</p> <p><b>3.12</b> 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><b>3.13</b> 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><b>3.14</b> 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><b>3.15</b> The use and safety measures of technological devices used in caring for a critically ill/injured child are explained and debated.</p> <p><b>3.16</b> A genogram is used to illustrate and understand the family resources available to the critically ill child and primary care giver.</p> <p><b>3.17</b> Care pathways and the referral system are explored and debated.</p> <p><b>3.18</b> Stabilisation and transportation of critically ill/injured children are discussed and appropriately planned for.</p> <p><b>3.19</b> Legalistic standards are used to evaluate records of critically ill children.</p> <p><b>3.20</b> Care standards are used to evaluate the records of critically ill children.</p> <p><b>3.21</b> 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><b>4.13</b> Technological devices are used safely and in ways that facilitate diagnosis, care and treatment of the critically ill child.</p> <p><b>4.14</b> Family resources available to the critical ill child and primary care giver are identified through a genogram.</p> <p><b>4.15</b> Principles of health dialogue are used to maintain family involvement and to enrol family in care and negotiate the treatment plan.</p> <p><b>4.16</b> Care pathways and the referral system are used appropriately.</p> <p><b>4.17</b> Critical ill/ injured children are transported safely inter-departmentally and inter-facility.</p> <p><b>4.18</b> Legal standards are used to evaluate Critical Care child records.</p>
<p><b>5.</b> 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><b>5.1</b> 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><b>5.2</b> Academic and professional writing skills are demonstrated in reports and guidelines.</p> <p><b>5.3</b> Research questions are formulated according to the PICO and other formats.</p> <p><b>5.4</b> 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><b>5.5</b> Databases are searched by using <i>Boolean</i> and other information search strategies.</p>
<p><b>6.</b> Apply principles of evidence-based care to ensure quality in Child nursing care.</p>	<p><b>6.1</b> Quality of Child care and safety in critical care settings are promoted by implementing evidence-based practice.</p> <p><b>6.2</b> Use systematic reviews to improve client experience and outcomes in Critical Care health services.</p> <p><b>6.3</b> Quality audits aimed at improving patient services are performed at predetermined times.</p> <p><b>6.4</b> Critique, develop and implement clinical standards for critically ill patients.</p>

	<p><b>6.5</b> Patient outcomes in Critical healthcare services, including quality patient care and safety, are continuously monitored.</p>
<p><b>7.</b> Implement strategies to develop self and peers by promoting self-directedness through a process of precepting and mentoring.</p>	<p><b>7.1</b> Precepting and mentoring processes are applied to develop self and peers.</p> <p><b>7.2</b> Activities towards enhancing Continuous Professional Development (CPD) are evident.</p> <p><b>7.3</b> Thinking/reasoning processes of self and others are developed through facilitation of learning.</p> <p><b>7.4</b> Learning theories are applied in own development and the development of others.</p> <p><b>7.5</b> A positive learning environment is created by supporting peers and novices.</p> <p><b>7.6</b> Academic networks are established and used to sustain personal development.</p>
<p><b>8.</b> Manage Critical Care child nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team.</p>	<p><b>8.1</b> Pediatric Critical Care settings are managed according to medico-legal norms, practices and standards within an inter-professional team.</p> <p><b>8.2</b> Appropriate leadership styles are demonstrated within the Critical Care team.</p> <p><b>8.3</b> Shared decision making opportunities regarding Critical Care child services are created and documented.</p> <p><b>8.4</b> Benchmarks and best practices are accessed and used to develop indicators for quality and cost effectiveness in Critical Care child nursing.</p> <p><b>8.5</b> Resources are mobilized and utilized to optimize Critical Care child nursing.</p> <p><b>8.6</b> Referral/care pathways are used optimally.</p> <p><b>8.7</b> The activities of the inter-professional team within within the Critical Care unit are well coordinated.</p> <p><b>8.8</b> Morbidity and mortality data of critically ill children are used to guide decision making.</p>