



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 OCCUPATIONAL HEALTH 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 Occupational Health nursing.</p> <p>1.2 The relevant latest legislation, policies, protocols, regulations, guidelines, directives and applicable ethics regarding occupational nursing care are applied in practice.</p> <p>1.3 The professional/ ethical legal frameworks guide the practice of the Occupational Health Nurse Specialist.</p> <p>1.4 Practice and facilitate advocacy for the patient’s rights and best interests.</p> <p>1.5 Ethical codes, professional accountability, responsibility, confidentiality and standards for practice of Occupational Health 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 occupational healthcare.</p>	<p>2.1 Academic writing skills are demonstrated in research reports.</p> <p>2.2 Research articles in the field of Occupational 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 Occupational Health Nurse Specialist will:</p>	
<p>3. Demonstrate advanced knowledge of Occupational Health care of people in a variety of settings, to promote health outcomes.</p>	<p>3.1 Health outcomes are promoted through the demonstration of knowledge of occupational nursing care of the workforce in a variety of workplaces.</p> <p>3.2 Surveillance and epidemiological data is interpreted and used to plan a workforce awareness campaign.</p> <p>3.3 Applicable legislation is identified, debated and recommendations communicated to authorities.</p> <p>3.4 Strategies are identified to ensure that the human rights of the workforce are respected.</p> <p>3.5 Occupation-related risks are identified and debated per workplace, and recommendations communicated to authorities.</p> <p>3.6 Biomedical, pharmacology and psychosocial sciences are used to explain the interpretation of assessment findings and management of conditions affecting workers.</p> <p>3.7 Subjective and objective assessment findings are interpreted in order to make nursing diagnoses.</p> <p>3.8 Comprehensive individual, inter-professional, people-centred treatment plans for workers with occupation-related and/or chronic conditions are based on assessment findings and standardized national and contextually appropriate guidelines.</p> <p>3.9 Surveillance methods of ‘at risk’ workers are compared and evaluated.</p> <p>3.10 Models and theories of occupational health services are discussed.</p> <p>3.11 Risk management strategies are identified and debated.</p> <p>3.12 Principles of health dialogue are used to communicate with patient, families and the inter-professional team.</p> <p>3.13 Care pathway and the referral system are explored and debated.</p>

	<p>3.14 Legalistic and care standards are used to evaluate health records of workers.</p> <p>3.15 Accuracy of data pertaining to occupational health is evaluated.</p>
<p>4. Render and coordinate comprehensive occupational nursing care to workers in a variety of workplaces in order to promote health outcomes.</p>	<p>4.1 Health outcomes are promoted through rendering and coordinating specialist occupational nursing care of workers in a variety of workplaces.</p> <p>4.2 Surveillance and epidemiological data are used to plan and implement health promotion campaigns.</p> <p>4.3 Human rights of the workforce are respected.</p> <p>4.4 Clinical reasoning is demonstrated by considering social determinants of health and all relevant clinical findings in order to make a diagnosis.</p> <p>4.5 Comprehensive individual, person-centred treatment plans for workers with occupation related and/or chronic conditions are executed and coordinated competently.</p> <p>4.6 Emergencies within the workplace are managed according to best available evidence and national protocols.</p> <p>4.7 Monitoring of at-risk workers are done according to set standards.</p> <p>4.8 Occupational risks are minimised by applying standardized guidelines.</p> <p>4.9 'At risk' workers are monitored through standardized strategies.</p> <p>4.10 Principles of health dialogue are applied to negotiate with the worker and family.</p> <p>4.11 Care pathways and the referral system are used appropriately and effectively.</p> <p>4.12 Interventions by the Occupational Health Nurse are accurately recorded according to legislation and care standards.</p> <p>4.13 Accurate statistic of occupational health services are captured to improve workplace environment.</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 Occupational clinical practice.</p>	<p>5.1 Current evidence-based guidelines used in Occupational 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 occupational 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 patient care and safety in Occupational nursing care.</p>	<p>6.1 Quality of patient care and safety in Occupational nursing is promoted by implementing evidence-based practice.</p> <p>6.2 Use systematic reviews to improve client experience and outcomes in Occupational 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 occupational nursing care.</p> <p>6.5 Patient outcomes in Occupational 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 Occupational Nursing services by implementing effective medico-legal norms, practices and standards within an inter-professional team.</p>	<p>8.1 Occupational Health 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 Occupational inter-professional team.</p> <p>8.3 Shared decision-making opportunities regarding Occupational Nursing care 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 Occupational Health nursing.</p> <p>8.5 Resources are mobilized and utilized to optimize Occupational nursing care.</p> <p>8.6 Referral/care pathways are analyzed and optimized.</p> <p>8.7 The collaboration of the inter-professional Occupational Health team is well coordinated.</p> <p>8.8 Statistics on Occupational nursing services are used to make decisions.</p>
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