Postgraduate Diploma in Child Nursing

The upgrade from NQF Level 7 to 8 has been appropriately described and the programme complies with the 120 required for a postgraduate diploma. The assessment of research has been included in the strategy but in the programme design, as there is no research module. The acronym MCQ has not been explained. According to the application, the postgraduate diploma leads to registration at SANC. The implication is a prescribed number of hours of work-based WIL, but the table only indicates non-work-based WIL. The non-work-based WIL constitutes 60% of learning time which is not logical for a clinical nursing programme. It is suggested that the institution revisits the reference to the case study -- in one instance it refers to a specific case and in others to a child with a chronic illness, whereas the qualification title refers to critical care. This may be as intended, but please check for consistency.

UCT response:

Regarding the assessment of research, the qualification has been recurriculated over time. The fundamental components were originally in four separate modules. These have been combined into the module Professional Development Studies. Therefore, the four original components were integrated into one module. This module now includes interpersonal and communication skills, leadership in management in a primary healthcare approach, ethics, human rights and social determinants of heath, and research competencies. All aspects of this module are continuously evaluated and there is also an integrated final assessment. When the students are assessed on research, they are assessed on research knowledge and utilisation of research in practice, not competencies as incorrectly indicated. There is therefore no requirement that students must be able to conduct research as this is not HEQSF requirement. It must be noted though that advanced health professionals studying at a PGDip level will be required to utilise research in their professional practice.

The fundamental research knowledge/literacy that is taught in Professional Development is assessed in an MCQ (Multiple Choice Questionnaire as a formative assessment and the application of the skills is utilised and tested in the clinical courses. An example of this in is where students are required to use the literature and their own assessments to present on the aetiology, pathophysiology and nursing care of a child with a specific condition (as indicated in the original application for accreditation). All health care practitioners are expected to practice evidence-based practice, within which research literacy is embedded and is therefore developed at this level of study.

The acronym MCQ is the acronym for multiple choice questions. Students are for example, assessed on research competencies via the following question: In quantitative research, which sampling method would be most appropriate to obtain a representative sample?

• Purposive sampling

• Convenience sampling

• Random sampling

• Snowball sampling

Regarding the WiL component, as per the DHET definition, we have drawn a distinction between practical learning that is integrally linked to the formal tuition process as opposed to workplace based learning that takes place after the formal instruction (WIL as per DHET definition). The HEQSF definition of WIL covers both forms. In this qualification, all practical/experiential learning takes place within the duration of the qualification. During the academic year, in the theoretical learning component, there are clinical practice days. In addition, the SANC has a set number of hours for practical learning - 962. We have therefore allocated 60% of the learning activities to practical learning. Students have supervised clinical learning experience and keep a logbook of clinical learning experiences, including hours, and particular skills that are assessed and signed for by an assessor. In line with the specialisation, students undergo clinical experience in cooperation with authorities at the clinical platform. UCT is responsible for placing the student and the convenor is responsible for monitoring. The experiential learning is done on a formal contractual basis and there is a formal process of feedback from the health facility and UCT input. Students may not enter the final exam without completing a minimum of 50% of the clinical learning time. Students are not allowed to graduate without having completed these hours.

Regarding the reference to use of case study, it is unclear what the comment refers to. There is no reference to critical care in the title or to a case study in the application. It must be noted in the context of this application though that a child with a chronic illness can become critically ill. We have the child nursing programme for children from birth to 13, who have all kinds of illnesses. The critical care programme is specific to a child with critically acute illness or conditions, which requires intensive nursing or critical care. A child with a chronic condition may also require critical intensive nursing at times during exacerbation of illness.