Postgraduate Diploma in Neuroscience Nursing

The following would need to be clarified/addressed:  
On assessment: The design strategy includes an assessment strategy for research, but no research module is described. The Exit level outcomes table contains no clinical assessment methods though such a purpose was listed.   
On Work-based WIL: As the programme leads to registration at SANC, it is unlikely that there would be no work-based WIL. Due to the choice of non-work-based WIL, no information regarding the WIL has been described. More information is required.

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 is where students are required to use the literature and their own assessments to produce a nursing care plan for the management of a specific patient with a neurological problem (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.

Regarding clinical assessments, students are assessed via case presentations, clinical skills assessment is conducted in their health facility, and they complete patient-based assignments. Completion of clinical assessments is a duly performed requirement.

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.