



HLTH28001 Advanced Practice Gerontological Nursing 1

Term 1 - 2023

Profile information current as at 08/05/2024 04:51 am

All details in this unit profile for HLTH28001 have been officially approved by CQUniversity and represent a learning partnership between the University and you (our student). The information will not be changed unless absolutely necessary and any change will be clearly indicated by an approved correction included in the profile.

General Information

Overview

This unit provides you with advanced knowledge of the possible metabolic, biophysical and cognitive effects of ageing on the efficiency of the body systems of older people and the consequential impact of these decreased efficiencies on the older person's health. You will explore the phenomena that commonly impact the health integrity of older people – polypharmacy, infections and falls. You will apply the Registered nurse standards of practice to the person centred nursing care of the older person at risk of these phenomena.

Details

Career Level: *Postgraduate*

Unit Level: *Level 8*

Credit Points: 6

Student Contribution Band: 7

Fraction of Full-Time Student Load: 0.125

Pre-requisites or Co-requisites

Students must be enrolled in CL22 Master of Clinical Nursing to undertake this unit.

Important note: Students enrolled in a subsequent unit who failed their pre-requisite unit, should drop the subsequent unit before the census date or within 10 working days of Fail grade notification. Students who do not drop the unit in this timeframe cannot later drop the unit without academic and financial liability. See details in the [Assessment Policy and Procedure \(Higher Education Coursework\)](#).

Offerings For Term 1 - 2023

- Online

Attendance Requirements

All on-campus students are expected to attend scheduled classes – in some units, these classes are identified as a mandatory (pass/fail) component and attendance is compulsory. International students, on a student visa, must maintain a full time study load and meet both attendance and academic progress requirements in each study period (satisfactory attendance for International students is defined as maintaining at least an 80% attendance record).

Website

[This unit has a website, within the Moodle system, which is available two weeks before the start of term. It is important that you visit your Moodle site throughout the term. Please visit Moodle for more information.](#)

Class and Assessment Overview

Recommended Student Time Commitment

Each 6-credit Postgraduate unit at CQUniversity requires an overall time commitment of an average of 12.5 hours of study per week, making a total of 150 hours for the unit.

Class Timetable

[Regional Campuses](#)

Bundaberg, Cairns, Emerald, Gladstone, Mackay, Rockhampton, Townsville

[Metropolitan Campuses](#)

Adelaide, Brisbane, Melbourne, Perth, Sydney

Assessment Overview

1. **Poster Sessions**

Weighting: 40%

2. **Portfolio**

Weighting: 60%

Assessment Grading

This is a graded unit: your overall grade will be calculated from the marks or grades for each assessment task, based on the relative weightings shown in the table above. You must obtain an overall mark for the unit of at least 50%, or an overall grade of 'pass' in order to pass the unit. If any 'pass/fail' tasks are shown in the table above they must also be completed successfully ('pass' grade). You must also meet any minimum mark requirements specified for a particular assessment task, as detailed in the 'assessment task' section (note that in some instances, the minimum mark for a task may be greater than 50%). Consult the [University's Grades and Results Policy](#) for more details of interim results and final grades.

CQUniversity Policies

All University policies are available on the [CQUniversity Policy site](#).

You may wish to view these policies:

- Grades and Results Policy
- Assessment Policy and Procedure (Higher Education Coursework)
- Review of Grade Procedure
- Student Academic Integrity Policy and Procedure
- Monitoring Academic Progress (MAP) Policy and Procedure – Domestic Students
- Monitoring Academic Progress (MAP) Policy and Procedure – International Students
- Student Refund and Credit Balance Policy and Procedure
- Student Feedback – Compliments and Complaints Policy and Procedure
- Information and Communications Technology Acceptable Use Policy and Procedure

This list is not an exhaustive list of all University policies. The full list of University policies are available on the [CQUniversity Policy site](#).

Previous Student Feedback

Feedback, Recommendations and Responses

Every unit is reviewed for enhancement each year. At the most recent review, the following staff and student feedback items were identified and recommendations were made.

Feedback from Feedback from a student following a Zoom education session.

Feedback

Inviting an industry expert was a useful learning opportunity for a student.

Recommendation

Continue to provide opportunities to students that align theory to practice.

Feedback from Student feedback.

Feedback

Learning about the impact of medication on the body was a useful experience for students with an allied health background.

Recommendation

Continue to provide practical examples to assist students in their learning.

Unit Learning Outcomes

On successful completion of this unit, you will be able to:

1. Analyse the metabolic, biophysical, and cognitive changes in the older person that are associated with health risks.
2. Explore phenomena that impact the health integrity of older people, inclusive of polypharmacy, infection, and falls.
3. Apply the Registered nurse standards of practice to the person centred nursing care of the older person to minimise health risks and optimise care outcomes.
4. Critically review and enhance the planned nursing care of the older person to minimise common health risks.

Not Applicable

Alignment of Learning Outcomes, Assessment and Graduate Attributes

 N/A Level	 Introductory Level	 Intermediate Level	 Graduate Level	 Professional Level	 Advanced Level
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Alignment of Assessment Tasks to Learning Outcomes

Assessment Tasks	Learning Outcomes			
	1	2	3	4
1 - Poster Sessions - 40%	•	•	•	•
2 - Portfolio - 60%	•	•	•	•

Alignment of Graduate Attributes to Learning Outcomes

Graduate Attributes	Learning Outcomes			
	1	2	3	4
1 - Knowledge	○	○	○	○
2 - Communication	○	○		○
3 - Cognitive, technical and creative skills	○		○	○
4 - Research		○	○	○
5 - Self-management				
6 - Ethical and Professional Responsibility			○	○
7 - Leadership				○
8 - Aboriginal and Torres Strait Islander Cultures				○

Textbooks and Resources

Textbooks

There are no required textbooks.

IT Resources

You will need access to the following IT resources:

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)

Referencing Style

All submissions for this unit must use the referencing style: [American Psychological Association 7th Edition \(APA 7th edition\)](#)

For further information, see the Assessment Tasks.

Teaching Contacts

Ainslie Monson Unit Coordinator

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Leanne Jack Unit Coordinator

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Schedule

Week 1 - 06 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
Defining health care settings: Acute		Zoom - Welcome and unit introduction: please see 'virtual class tile' for the date and time

Week 2 - 13 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
Defining health care settings: Community		Zoom - Health care settings (acute, community, and RACFs) AND assessment one information

Week 3 - 20 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
Defining health care settings: Residential aged care facilities (RACF)		Zoom: Q & A. Please see 'virtual class tile' for dates and times (includes assessment one information)

Week 4 - 27 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
Interprofessional communication		Zoom - interprofessional communication

Week 5 - 03 Apr 2023

Module/Topic	Chapter	Events and Submissions/Topic
Common safety issues		Zoom: Q & A: Please see 'virtual class tile' for date and time

Vacation Week - 10 Apr 2023

Module/Topic	Chapter	Events and Submissions/Topic
		No timetable learning activities. Please use this week to progress your assessments.

Week 6 - 17 Apr 2023

Module/Topic	Chapter	Events and Submissions/Topic
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Dignity of risk and health care directives

Assessment One: Oral poster presentation - **Due** Wednesday 19th April, 5 pm (Week 6)
Zoom - Common safety issues - dignity of risk and health care directives

Oral presentation Due: Week 6
Wednesday (19 Apr 2023) 5:00 pm AEST

Week 7 - 24 Apr 2023

Module/Topic	Chapter	Events and Submissions/Topic
Nutrition and hydration		Zoom: Q & A: Please see 'virtual class tile' for date and time (includes assessment two information)

Week 8 - 01 May 2023

Module/Topic	Chapter	Events and Submissions/Topic
Shock		Zoom - nutrition and hydration and shock

Week 9 - 08 May 2023

Module/Topic	Chapter	Events and Submissions/Topic
Post-operative care		Zoom - post-operative care

Week 10 - 15 May 2023

Module/Topic	Chapter	Events and Submissions/Topic
Pharmacology and the older adult		Zoom: Q & A: Please see 'virtual class tile' for date and time (includes assessment two information)

Week 11 - 22 May 2023

Module/Topic	Chapter	Events and Submissions/Topic
Oncology		<i>Assessment Two:</i> Portfolio - Due Wednesday 24th May, 5 pm (Week 11) Zoom -Pharmacology and oncology

Week 12 - 29 May 2023

Module/Topic	Chapter	Events and Submissions/Topic
Falls, impaired mobility, pressure injury, and prevention		Zoom - Impaired mobility and falls Portfolio Due: Week 12 Wednesday (31 May 2023) 5:00 pm AEST

Review/Exam Week - 05 Jun 2023

Module/Topic	Chapter	Events and Submissions/Topic
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Exam Week - 12 Jun 2023

Module/Topic	Chapter	Events and Submissions/Topic
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Assessment Tasks

1 Oral presentation

Assessment Type

Poster Sessions

Task Description

Aim

The aim of this assessment is to apply the Registered nurse standards of practice to the person-centred nursing care of the older person with sepsis or septic shock.

Instructions

You are preparing an oral presentation on the nursing assessment and management of sepsis or septic shock in older people. Choose either sepsis **OR** septic shock to base your presentation on. Access the poster examples on the Unit Moodle Assessment portal – you may adapt these to develop your presentation.

Please follow the steps below to complete your assessment task:

1. Search current literature to support the content of your presentation.
2. The first slide will include your name and the title of your presentation.
3. The second slide will provide a definition and the various clinical presentations of sepsis or septic shock in an older person.
4. Slide 3 will cover the impact of sepsis or septic shock on the older person in relation to metabolic, biophysical, and cognitive changes.
5. Slides 4 and 5 will present a critically devised plan of nursing care for the management of sepsis or septic shock to minimise the risk and improve the health care outcome/s of older people in your health care facility. Your plan should include:
 - Nursing management of sepsis or septic shock including clinical signs and symptoms and patient assessment data that will prompt you to further investigate a person who may be in the initial stages of sepsis or septic shock
 - The Registered nurse standards for practice
 - A person-centred care approach.
6. The last slide presents your reference list.
7. Use no more than six slides in PowerPoint format for this assessment.
8. Your presentation should include graphics/pictures and text to present your discussion points. Your content does not include your notes for you to deliver your presentation.

Assessment Due Date

Week 6 Wednesday (19 Apr 2023) 5:00 pm AEST

Return Date to Students

Week 8 Wednesday (3 May 2023)

Weighting

40%

Assessment Criteria

HLTH28001 Advanced Practice Gerontology Nursing 1

Assessment One - Oral Presentation Student name:

Key Criteria	High Distinction 84.5 - 100%	Distinction 74.50 - 84.49%	Credit 64.50 - 74.49%	Pass 49.50 - 64.49%	Fail <49.5%	TOTAL
Knowledge – assessment and management (20%)	(20-17) The presentation demonstrates a comprehensive search of the literature on the nursing assessment and management of sepsis or septic shock. Content accurately defines sepsis or septic shock and thoroughly discusses the various clinical presentations and the impact of sepsis or septic shock in relation to metabolic, biophysical, and cognitive changes in the older person.	(16.9-15) The presentation demonstrates a concise search of the literature on the nursing assessment and management of sepsis or septic shock. Content clearly defines sepsis or septic shock and discusses the various clinical presentations and the impact of sepsis or septic shock in relation to metabolic, biophysical, and cognitive changes in the older person.	(14.9-13) The presentation demonstrates a generalised search of the literature on the nursing assessment and management of sepsis or septic shock. Content defines sepsis or septic shock and discusses some aspects of clinical presentations and the impact of sepsis or septic shock in relation to metabolic, biophysical, and cognitive changes in the older person.	(12.9-10) The presentation provides some content on the nursing assessment and management of sepsis or septic shock. A definition of sepsis or septic shock is simplistically presented or quoted. The discussion of the of clinical presentations and the impact of sepsis or septic shock in relation to metabolic, biophysical, and cognitive changes in the older person is partly presented with some omitted content.	(9.9-0) The presentation incompletely or inaccurately presents the nursing assessment and management of sepsis or septic shock. A definition of sepsis or septic shock is vague or inaccurate. Discussion of the of clinical presentations and the impact of sepsis or septic shock in relation to metabolic, biophysical, and cognitive changes in the older person is incomplete or inaccurate.	
Knowledge – nursing care (20%)	(20-17) Extremely concise and comprehensive explanation and justification of a planned nursing care approach of an older person experiencing sepsis or septic shock. Scholarly literature is consistently used to support the nursing care plan.	(16.9-15) Concise explanation and justification of a planned nursing care approach of an older person experiencing sepsis or septic shock. Scholarly literature is used to support the nursing care plan.	(14.9-13) Mostly concise explanation and justification of a planned nursing care approach of an older person experiencing sepsis or septic shock. Scholarly literature is mostly used to support the nursing care plan.	(12.9-10) The nursing care approach is provided for older persons experiencing sepsis or septic shock. Some scholarly literature is used to support the nursing care plan.	(9.9-0) The nursing care approach for older persons experiencing sepsis or septic shock is minimally provided or is inaccurate. Minimal scholarly literature is used to support the nursing care plan.	

Critical thinking and advanced knowledge (30%)	(30–25.5) Comprehensively devised nursing care plan for the nursing assessment and management of sepsis or septic shock that applies the Registered Nurse Standards of Practice to deliver person-centred care. The nursing care plan succinctly discusses assessment data prompting the registered nurse to further investigate the early stages of sepsis or septic shock to minimise health risks and optimise health outcomes of the older person.	(25.4–22.4) Concisely devised nursing care plan for the nursing assessment and management of sepsis or septic shock that applies pertinent Registered Nurse Standards of Practice to deliver person-centred care. The nursing care plan concisely discusses assessment data prompting the registered nurse to further investigate the early stages of sepsis or septic shock to minimise health risks and optimise health outcomes of the older person.	(22.3–19.4) Mostly concise nursing care plan presenting the nursing assessment and management of sepsis or septic shock and applies some relevant Registered Nurse Standards of Practice to deliver person-centred care. The nursing care plan discusses most assessment data prompting the registered nurse to further investigate the early stages of sepsis or septic shock to minimise health risks and optimise health outcomes of the older person.	(19.3–15) A nursing care plan is presented however some nursing assessment and management of sepsis or septic shock is vaguely discussed. Registered Nurse Standards of Practice to deliver person-centred care are presented but with minimal detail. The nursing care plan content has limited discussion of the assessment data prompting the registered nurse to further investigate the early stages of sepsis or septic shock to minimise health risks and optimise health outcomes of the older person.	(14.9–0) A nursing care plan is presented however there are many inaccuracies in the nursing assessment and management of sepsis or septic shock. Registered Nurse Standards of Practice to deliver person-centred care are discussed with little detail. The nursing care plan content has minimal or inaccurate discussion of the assessment data prompting the registered nurse to further investigate the early stages of sepsis or septic shock to minimise health risks and optimise health outcomes of the older person.
Slide presentation (10%)	(10–8.5) A total of 6 slides is used that are very aesthetically pleasing and holds the audience's attention. The slides are free of unnecessary detail, are succinct and readable. The slides contain a very appealing array of appropriate script and graphics.	(8.4–7.5) A total of 6 slides used that are aesthetically pleasing and holds the audience's attention. The slides are free of unnecessary detail, are succinct and readable. The slides contain an appealing array of appropriate script and graphics.	(7.4–6.5) A total of 6 slides used that are mostly aesthetically pleasing and hold the audience's attention. The slides are mostly free of unnecessary detail, are succinct and readable. The slides contain appropriate script and graphics.	(6.4–5) A total of 6 slides used that contain some unnecessary detail but are readable. The slides contain somewhat appropriate script and graphics.	(4.9–0) 6 slides have not been used. The slides are not aesthetically pleasing and do not hold the audience's attention. The slides contain unnecessary detail, are cluttered and are not readable. The slides do not contain appropriate script and graphics.
Oral presentation (10%)	(10–8.5) The presenter very readily engages the audience. The presenter speaks very clearly, demonstrating enthusiasm for the topic. Each slide is very clearly articulated and justified. Topic is very clearly presented. The presenter comprehensively addresses audience questions.	(8.4–7.5) The presenter readily engages the audience. The presenter speaks clearly, demonstrating enthusiasm for the topic. Each slide is clearly articulated and justified. Topic is clearly presented. The presenter clearly addresses audience questions.	(7.4–6.5) The presenter engages the audience. The presenter speaks well and demonstrates some enthusiasm for the topic. Each slide is articulated and justified. Topic is presented. The presenter effectively addresses audience questions.	(6.4–5) The presenter somewhat engages the audience. The presenter speaks well at times and attempts to demonstrate enthusiasm for the topic. Each slide is discussed and somewhat justified. Topic is presented but lacks clarity. The presenter mostly addresses the audience questions.	(4.9–0) The presenter does not engage the audience in the presentation. The presenter does not speak clearly nor demonstrate enthusiasm for the topic. Each slide is either not discussed or is poorly discussed, or poorly or not justified. Topic is not clearly presented. Audience questions are not adequately addressed.
Professional writing (5%)	(5–4.25) Content is clear, accurate and presented in a logical, succinct order demonstrating a comprehensive understanding of the topic. There are no errors in grammar, spelling and punctuation. Language of the discipline is comprehensively used. The presentation is substantiated with ≥8 contemporary, appropriate peer reviewed journal articles and integration of the Registered Nurse Standards for Practice.	(4.24–3.8) Content is frequently clear, correct and presented in a logical order demonstrating good understanding of the topic. Grammar, spelling and punctuation conventions have 1 error. Language of the discipline frequently used. The presentation is substantiated with 7 contemporary peer reviewed journal articles and the Registered Nurse Standards for Practice are applied throughout the presentation.	(3.75–3.55) Content is mostly clear, correct and presented in a logical order demonstrating sound understanding of the topic. Grammar, spelling and punctuation conventions have 2 errors. Language of the discipline mostly used. The presentation is substantiated with 6 contemporary peer reviewed journal articles and there is reference to the Registered Nurse Standards for Practice throughout the presentation.	(3.5–2.5) Content is presented with some clarity, is mostly correct and presented with some structure demonstrating reasonable understanding of the topic. Grammar, spelling and punctuation conventions have 3 errors. Language of the discipline is sometimes used. The presentation is substantiated with 5 contemporary peer reviewed journal articles and the Registered Nurse Standards for Practice are inconsistently referred to.	(2.4–0) Content is unclear or incorrect, and presentation of content is disorganised demonstrating insufficient understanding of the topic. Grammar, spelling and punctuation conventions have 4 errors. Language of the discipline infrequently used. The presentation is substantiated with ≤5 contemporary peer reviewed journal articles and the Registered Nurse Standards for Practice are occasionally cited.
Referencing (5%)	(5–4.25) Acknowledges all sources and meets APA 7 referencing standards with no errors. Literature cited is published in the last 5 years.	(4.24–3.8) Acknowledges majority or sources and/or meets APA 7 referencing standards with 1 or 2 errors. Literature cited is published in the last 5 years.	(3.75–3.55) Acknowledges most sources and/or meets APA 7 referencing standards with 3 errors. Literature cited is published in the last 5 years.	(3.5–2.5) Acknowledges sources and/or meets APA 7 referencing standards with 4 errors. Some literature cited is published in the last 5 years.	(2.4–0) Acknowledges some sources and/or has 5 or more APA 7 referencing errors.

TOTAL:

Marker's comments:

MARKER:

Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

Submission

Online

Submission Instructions

Submission will be a two-part process: 1. Please submit your presentation slides by the due date via the Unit Moodle site. 2. You will present live to your lecturer and fellow students using Zoom, a video conferencing program. Your lecturer will help you with using Zoom and arrange a suitable time with you to present. With your permission, your presentation may be recorded for marking purposes. Only your lecturer will have access to this video which will be stored securely on a CQUniversity database. Once marked, you may like to use this presentation for in-service education at your workplace.

Learning Outcomes Assessed

- Analyse the metabolic, biophysical, and cognitive changes in the older person that are associated with health risks.
- Explore phenomena that impact the health integrity of older people, inclusive of polypharmacy, infection, and falls.
- Apply the Registered nurse standards of practice to the person centred nursing care of the older person to minimise health risks and optimise care outcomes.
- Critically review and enhance the planned nursing care of the older person to minimise common health risks.

2 Portfolio

Assessment Type

Portfolio

Task Description

Aim

The aim of this assessment is to develop the planned nursing care of an older adult to minimise common health risks.

Mrs Elsie Morgan, an 83-year-old lady, was transferred via ambulance to the emergency department from her residential aged care facility following a fall. She has fractured her left shoulder in two places and has just had surgery to internally fix the fractures. She has multiple complex health conditions including a diagnosis of Dementia - Alzheimer's disease, degenerative spinal disease causing poorly controlled back pain, a mild stroke five years ago and wears glasses for myopia and bilateral hearing aids. Mrs Morgan is admitted to an acute care unit for post-operative nursing care and investigation of chronic pain associated with adverse outcomes including an increase in falls and sleep disturbances.

Instructions

Please follow the steps below to complete your task:

1. Provide a brief introduction outlining the aim of your assessment (approximately 100 words).
2. Access the [NANDA nursing care plans](#) and use the five-column format to develop a nursing care plan for Mrs. Morgan. This format allows you to include a nursing assessment, diagnosis, outcomes, intervention and rationale, and evaluation (approximately 500 words).
3. Search current literature to support the content of your nursing care plan you will develop for Mrs. Morgan. This search should include falls and degenerative spinal disease and the impact these have on the health integrity of older people with cognitive impairment.
4. Justify your nursing care plan (approximately 2,200 words) - include a rationale and justification for the nursing assessments, nursing diagnosis, interventions, and the proposed outcomes.
5. Develop a comprehensive nursing care plan for the management of falls and degenerative spinal disease to minimise the risk of older people in your health care organisation. Your plan should include:
 - a. Metabolic, biophysical, and cognitive changes that Mrs. Morgan may be experiencing
 - b. Registered nurse standards of practice
 - c. A person-centred care approach.
6. Provide a concise conclusion summarising the main concepts in your assessment (approximately 200 words).
7. Once your work has been assessed, make your corrections and add your document to your Portfolio documents in your ePortfolio. Access to ePortfolio is located on the top right-hand side of the HLTH28001 Unit Moodle page.

Assessment Due Date

Week 12 Wednesday (31 May 2023) 5:00 pm AEST

Return Date to Students

Exam Week Wednesday (14 June 2023)

Weighting

60%

Assessment Criteria

HLTH28001 Advanced Practice Gerontology 1

Assessment Two - Portfolio Student name:

Key Criteria	High Distinction 84.5 - 100%	Distinction 74.50 - 84.49%	Credit 64.50 - 74.49%	Pass 49.50 - 64.49%	Fail <49.5%	TOTAL
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Introduction and conclusion (10%)	(10–8.5) The portfolio has a clear and succinct introduction and conclusion. The introduction provides excellent background information and outlines the direction of the portfolio, and the conclusion succinctly summarises the key points.	(8.4–7.5) The portfolio has a clear introduction and conclusion. The introduction provides good background information and outlines the direction of the portfolio, and the conclusion summarises most key points.	(7.4–6.5) The portfolio has an adequate introduction and conclusion. The introduction provides some background information and outlines the direction of the portfolio, and the conclusion summarises some key points.	(6.4–5) An introduction and conclusion have been attempted. The introduction provides limited background information and outline of the portfolio's direction, and the conclusion has a few key points.	(4.9–0) The introduction has significant errors or omissions of aims and direction of content or the introduction is not provided. Logical direction of the assessment is unclear. The conclusion does not summarise the assessment or is omitted.
Nursing assessment and management (20%)	(20–17) Comprehensive review of credible literature using relevant, seminal and/or current evidence was accessed to inform the nursing assessment and management of falls and degenerative spine disease and the impact it has on the health integrity of older people with cognitive impairment.	(16.9–15) Detailed review of predominantly credible literature using relevant, seminal and/or current evidence was accessed to inform the nursing assessment and management of falls and degenerative spine disease and the impact it has on the health integrity of older people with cognitive impairment.	(14.9–13) A review of the literature using mostly relevant, seminal and/or current evidence was accessed to inform the nursing assessment and management of falls and degenerative spine disease and the impact it has on the health integrity of older people with cognitive impairment.	(12.9–10) An incomplete review of the literature using some relevant and/or current sources of evidence was accessed to inform the nursing assessment and management of falls and degenerative spine disease and the impact it has on the health integrity of older people with cognitive impairment. Some content was omitted.	(9.9–0) Minimal or no relevant evidence was accessed to inform the assessment and management of falls and degenerative spine disease and the impact it has on the health integrity of older people with cognitive impairment. Significant content was omitted.
Justification of nursing care plan (25%)	(25–21.25) The NANDA nursing care plan comprehensively included nursing assessments, diagnosis, interventions, outcomes and evaluation criteria for Mrs Morgan. Rationale/s and justification for the nursing care plan were consistently integrated throughout assessment demonstrating person-centred care for Mrs Morgan.	(21.24–18.75) The NANDA nursing care plan concisely included nursing assessments, diagnosis, interventions, outcomes and evaluation criteria for Mrs Morgan. Rationale/s and justification for the nursing care plan integrated throughout assessment demonstrating person-centred care for Mrs Morgan.	(18.74–16.25) The NANDA nursing care plan included most nursing assessments, diagnosis, interventions, outcomes and evaluation criteria for Mrs Morgan. Most rationale/s and justification for nursing care plan were provided demonstrating person-centred care for Mrs Morgan.	(16.2–12.5) The NANDA nursing care plan was partly provided however some nursing assessments, diagnosis, interventions, outcomes and evaluation criteria for Mrs Morgan were omitted. Some rationale/s and justification for nursing care plan were provided. Person-centred care for Mrs Morgan was not consistently evident.	(12.5–0) The NANDA nursing care plan was inaccurate or omitted demonstrating lack of person-centred care for Mrs Morgan's nursing assessments, diagnosis, interventions, outcomes and evaluation criteria. Rationale/s and justification for nursing care plan were inaccurate or omitted.
Critical thinking – Nursing care plan (30%)	(30–25.5) Thorough, concise, comprehensive and appropriate person-centred NANDA nursing care plan that demonstrates effective nursing management of falls and spinal degeneration to minimise the risk of older people, such as Mrs Morgan. Evidence was comprehensively challenged.	(25.4–22.4) Concise and appropriate person-centred NANDA nursing care plan that demonstrates effective nursing management of falls and degenerative spinal disease to minimise the risk of older people, such as Mrs Morgan. Evidence was challenged.	(22.3–19.4) Mostly concise and appropriate person-centred NANDA nursing care plan that demonstrates effective nursing management of falls and degenerative spinal disease to minimise the risk of older people, such as Mrs Morgan. Evidence was accepted with minimal challenge.	(19.3–15) The NANDA nursing care plan was mostly complete and included some person-centred care for the nursing management falls and degenerative spinal disease to minimise the risk of older people, such as Mrs Morgan. Evidence was accepted with minimal challenge.	(14.9–0) The NANDA nursing care plan is inaccurate or omitted and/or demonstrates little or no person-centred care related to falls and degenerative spinal disease to minimise the risk of older people, such as Mrs Morgan. Evidence was minimally or not challenged.
Professional writing and presentation (10%)	(10–8.5) Content is clear, accurate and presented in a logical, succinct order demonstrating a comprehensive understanding of the topic. There are no errors in English grammar, spelling and punctuation. Language of the discipline is comprehensively used. The assessment is substantiated with a minimum of ≥10–12 contemporary peer reviewed journal articles. Formatting requirements applied without error.	(8.4–7.5) Content is frequently clear, correct and presented in a logical order demonstrating good understanding of the topic. English grammar, spelling and punctuation conventions have 1 error. Language of the discipline frequently used. The assessment is substantiated with 8–10 contemporary peer reviewed journal articles. Formatting requirements applied with minimal error.	(7.4–6.5) Content is mostly clear, correct and presented in a logical order demonstrating sound understanding of the topic. English grammar, spelling and punctuation conventions have 2 errors. Language of the discipline mostly used. The assessment is substantiated with 6–7 contemporary peer reviewed journal articles. Formatting requirements applied with some error.	(6.4–5) Content is frequently clear, correct and presented in a logical order demonstrating good understanding of the topic. English grammar, spelling and punctuation conventions have 3 errors. Language of the discipline frequently used. The assessment is substantiated with 6 contemporary peer reviewed journal articles. Formatting requirements applied with moderate error.	(4.9–0) Content is unclear or incorrect and content is disorganised demonstrating insufficient understanding of the topic. English grammar, spelling and punctuation conventions have ≥4 errors. Language of the discipline infrequently or incorrectly used. The assessment is substantiated with ≤4 contemporary peer reviewed journal articles. Formatting requirements are inaccurately or not applied.
Referencing (5%)	(5–4.25) Acknowledges all sources and meets APA 7 referencing standards with no errors. Literature cited is published in the last 5 years.	(4.24–3.8) Acknowledges majority or sources and/or meets APA 7 referencing standards with 1 or 2 errors. Literature cited is published in the last 5 years.	(3.75–3.55) Acknowledges most sources and/or meets APA 7 referencing standards with 3 errors. Literature cited is published in the last 5 years.	(3.5–2.5) Acknowledges sources and/or meets APA 7 referencing standards with 4 errors. Some literature cited is published in the last 5 years.	(2.4–0) Acknowledges some sources and/or has ≥5 or more APA 7 referencing errors or references not provided.

TOTAL:

Marker's comments:

Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

Submission

Online

Submission Instructions

Submit your assessment via the unit Moodle site in Microsoft Word format only.

Learning Outcomes Assessed

- Analyse the metabolic, biophysical, and cognitive changes in the older person that are associated with health risks.

- Explore phenomena that impact the health integrity of older people, inclusive of polypharmacy, infection, and falls.
- Apply the Registered nurse standards of practice to the person centred nursing care of the older person to minimise health risks and optimise care outcomes.
- Critically review and enhance the planned nursing care of the older person to minimise common health risks.

Academic Integrity Statement

As a CQUniversity student you are expected to act honestly in all aspects of your academic work.

Any assessable work undertaken or submitted for review or assessment must be your own work. Assessable work is any type of work you do to meet the assessment requirements in the unit, including draft work submitted for review and feedback and final work to be assessed.

When you use the ideas, words or data of others in your assessment, you must thoroughly and clearly acknowledge the source of this information by using the correct referencing style for your unit. Using others' work without proper acknowledgement may be considered a form of intellectual dishonesty.

Participating honestly, respectfully, responsibly, and fairly in your university study ensures the CQUniversity qualification you earn will be valued as a true indication of your individual academic achievement and will continue to receive the respect and recognition it deserves.

As a student, you are responsible for reading and following CQUniversity's policies, including the [Student Academic Integrity Policy and Procedure](#). This policy sets out CQUniversity's expectations of you to act with integrity, examples of academic integrity breaches to avoid, the processes used to address alleged breaches of academic integrity, and potential penalties.

What is a breach of academic integrity?

A breach of academic integrity includes but is not limited to plagiarism, self-plagiarism, collusion, cheating, contract cheating, and academic misconduct. The Student Academic Integrity Policy and Procedure defines what these terms mean and gives examples.

Why is academic integrity important?

A breach of academic integrity may result in one or more penalties, including suspension or even expulsion from the University. It can also have negative implications for student visas and future enrolment at CQUniversity or elsewhere. Students who engage in contract cheating also risk being blackmailed by contract cheating services.

Where can I get assistance?

For academic advice and guidance, the [Academic Learning Centre \(ALC\)](#) can support you in becoming confident in completing assessments with integrity and of high standard.

What can you do to act with integrity?

**Be Honest**

If your assessment task is done by someone else, it would be dishonest of you to claim it as your own

**Seek Help**

If you are not sure about how to cite or reference in essays, reports etc, then seek help from your lecturer, the library or the Academic Learning Centre (ALC)

**Produce Original Work**

Originality comes from your ability to read widely, think critically, and apply your gained knowledge to address a question or problem