



HLTH29031 Advanced Practice Gerontology

Nursing 2

Term 2 - 2023

Profile information current as at 03/05/2024 07:02 am

All details in this unit profile for HLTH29031 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 the opportunity to develop expertise in the complex needs and nursing care of older people. While many older people are healthy and independent, others are at risk of developing chronic and complex conditions. Complexity may be enhanced by individual genetic make-up and /or life experiences. Longevity increases the opportunity for exposure to disease and injury. The biophysical capacities of older people indicate they may become more vulnerable to disease and injury as they age. You will plan comprehensive health assessments and care in partnership with older people and their families, to address their complex needs.

Details

Career Level: *Postgraduate*

Unit Level: *Level 9*

Credit Points: 6

Student Contribution Band: 7

Fraction of Full-Time Student Load: 0.125

Pre-requisites or Co-requisites

Pre-Requisite - HLTH28001 Advanced Practice Gerontological Nursing 1

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 2 - 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. **Written Assessment**

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](#).

Unit Learning Outcomes

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

1. Critically appraise the impact of chronic health conditions on the older person's well-being and quality of life
2. Analyse and apply best practice initiatives to the nursing care of the older person with a complex health status
3. Advocate for an older person with a complex health status in consultation with the person and family
4. Critically reflect on practice to identify areas to advance gerontological nursing practice capabilities

N/A






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 - Written Assessment - 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)
- Academic Learning Centre services
- Access to MIMS through the university library
- CQ U library search engines for research articles
- CQUniversity library literature search tools
- Wordprocessing, spreadsheeting and powerpoint software
- Zoom account (Free)
- Zoom app on your smart phone or access to Zoom on your laptop
- Endnote bibliographic software. This is optional for formatting references.
- CQUniversity Library Nursing Resources
- Zoom (both microphone and webcam capability)

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 - 10 Jul 2023

Module/Topic	Chapter	Events and Submissions/Topic
Assessment and Management For Optimal Care: Nutrition and Hydration.	Complete the readings and activities as outlined in the Module.	Zoom - Welcome and unit introduction: please see 'virtual class tile' for date and time (includes assessment information).

Week 2 - 17 Jul 2023

Module/Topic	Chapter	Events and Submissions/Topic
Assessment and Management For Optimal Care: Elimination.	Complete the readings and activities as outlined in the Module.	Zoom - Nutrition and Hydration. Please see the 'virtual class tile' for dates and times.

Week 3 - 24 Jul 2023

Module/Topic	Chapter	Events and Submissions/Topic
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Assessment and Management For Optimal Care: Shock.

Complete the readings and activities as outlined in the Module.

Zoom: Q & A. Please see the 'virtual class tile' for dates and times (includes assessment one information).

Week 4 - 31 Jul 2023

Module/Topic

Chapter

Events and Submissions/Topic

Assessment and Management For Optimal Care: Respiratory Disorders.

Complete the readings and activities as outlined in the Module.

Zoom - Elimination and Shock. Please see the 'virtual class tile' for dates and times.

Week 5 - 07 Aug 2023

Module/Topic

Chapter

Events and Submissions/Topic

Assessment and Management For Optimal Care: Cardiovascular Disorders.

Complete the readings and activities as outlined in the Module.

Zoom: Q & A: Please see 'virtual class tile' for the date and time.

Vacation Week - 14 Aug 2023

Module/Topic

Chapter

Events and Submissions/Topic

There are no modules to complete during mid-term break.

Complete the readings and activities as outlined in the Module.

There are no timetabled learning activities during mid-term break. Please use this week to progress your assessments.

Week 6 - 21 Aug 2023

Module/Topic

Chapter

Events and Submissions/Topic

Assessment and Management For Optimal Care: Metabolic Disorders.

Complete the readings and activities as outlined in the Module.

Assessment One: Written Essay - **Due** Wednesday 23rd August, 5 pm.
Zoom - Respiratory and Cardiovascular Disorders. Please see the 'virtual class tile' for dates and times.

Written Essay Due: Week 6
Wednesday (23 Aug 2023) 5:00 pm AEST

Week 7 - 28 Aug 2023

Module/Topic

Chapter

Events and Submissions/Topic

Assessment and Management For Optimal Care: Renal Disorders.

Complete the readings and activities as outlined in the Module.

Zoom: Q & A: Please see the 'Virtual class tile' for the date and time.

Week 8 - 04 Sep 2023

Module/Topic

Chapter

Events and Submissions/Topic

Assessment and Management For Optimal Care: Neurological Disorders.

Complete the readings and activities as outlined in the Module.

Zoom - Metabolic and Renal Disorders (includes assessment two information). Please see the 'virtual class tile' for the date and time.

Week 9 - 11 Sep 2023

Module/Topic

Chapter

Events and Submissions/Topic

Assessment and Management For Optimal Care: Gastrointestinal Disorders.

Complete the readings and activities as outlined in the Module.

Zoom: Q & A: Please see the 'virtual class tile' for the date and time.

Week 10 - 18 Sep 2023

Module/Topic

Chapter

Events and Submissions/Topic

Assessment and Management For Optimal Care: Wound Care.

Complete the readings and activities as outlined in the Module.

Assessment Two: Written Case Study **Part A** - Due Wednesday 20th September, 5 pm.
Zoom- Neurological and Gastrointestinal Disorders. Please see the 'virtual class tile' for the date and time.

Written case study Due: Week 10 Wednesday (20 Sept 2023) 5:00 pm AEST

Week 11 - 25 Sep 2023

Module/Topic	Chapter	Events and Submissions/Topic
Assessment and Management For Optimal Care: End-of-Life Care Part A.	Complete the readings and activities as outlined in the Module.	Zoom: Q & A: Please see the 'virtual class tile' for the date and time.

Week 12 - 02 Oct 2023

Module/Topic	Chapter	Events and Submissions/Topic
Assessment and Management For Optimal Care: End-of-Life Care Part B.	Complete the readings and activities as outlined in the Module.	Assessment Two: Presentation Part B - Due Wednesday 4th October, 5 pm. Zoom: Wound Care and End-of-Life Care. Please see the 'Virtual class tile' for the date and time.

Review/Exam Week - 09 Oct 2023

Module/Topic	Chapter	Events and Submissions/Topic
Nil.	Nil.	Nil.

Exam Week - 16 Oct 2023

Module/Topic	Chapter	Events and Submissions/Topic
Nil.	Nil.	Nil.

Term Specific Information

As this unit is offered online, students are asked to prepare their own individual study plan to undertake self-directed study throughout the term. A key to your success is a strategic self-directed approach to learning and regular contact with your Unit Coordinator. Please check the Announcements page and unit content at least twice a week - there will be regular announcements about assessments and unit resources posted throughout the term and reviewing this information is essential to unit knowledge and your success.

Assessment Tasks

1 Written Essay

Assessment Type

Written Assessment

Task Description

Aim

The aim of this assessment is for you to analyse the effect of a chronic respiratory or cardiovascular health condition and its management, and advocate for improved healthcare outcomes for an individual with a chronic health condition, and their family.

Instructions

Please follow the steps below to write your academic essay and complete the task:

1. Select a person you have cared for in your clinical practice who has had an exacerbation of either a chronic respiratory or cardiovascular condition. Gain their consent to undertake a nursing health assessment. Verbal consent is acceptable.
2. Provide a brief introduction outlining the aim of your assessment (approximately 100 words).

3. Perform a comprehensive or focused nursing health assessment on a person with exacerbation of either a chronic respiratory or cardiovascular health condition whom you have cared for in your clinical practice.
 - a. After gaining consent from your patient, provide them with a de-identified name, and identify their gender, age and relevant health conditions.
 - b. Summarise your assessment data that indicates exacerbation of the person's chronic health condition (approximately 250 words).
4. Critically appraise the effect of the chronic health condition on the person and family including:
 - a. The person's and their family's understanding of the clinical manifestations indicating exacerbation of the chronic health condition.
 - b. The concerns/impact of the effect of the chronic health condition exacerbation on the persons' family's quality of life.
 - c. The coping mechanisms used by the person and/or family to partner with the collaborative treatment of the chronic health condition exacerbation (approximately 700 words).
5. Discuss nurse-led, person-centred advocacy required to support improved healthcare outcomes for the chronic health condition exacerbation for the person and their family:
 - a. Identify member/s of the multidisciplinary healthcare team who you are working with to advocate for improved healthcare outcomes.
 - b. Discuss one collaborative and one nurse-led intervention you are advocating for, for improved health outcomes for the person and their family.
 - c. Justify why the person and their family require you, the registered nurse to advocate for collaborative and nurse-led interventions to facilitate improved healthcare outcomes.
 - d. Provide a brief reflection outlining what, why and how you, the registered nurse have learned to advocate for improved healthcare outcomes for your patient with a complex or chronic health condition (approximately 800 words).
6. Use current evidence to support all aspects of this assessment task.
7. Use the following headings to structure your written essay:
 - a. Introduction
 - b. Assessment data
 - c. Effect of chronic health condition
 - d. Nurse-led advocacy
 - e. Conclusion.
8. Provide a concise conclusion summarising the main concepts from your assessment (approximately 150 words).

Assessment Due Date

Week 6 Wednesday (23 Aug 2023) 5:00 pm AEST

Return Date to Students

Week 8 Wednesday (6 Sept 2023)

Weighting

40%

Assessment Criteria

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
Introduction and conclusion (10%)	(10-8.5) The essay has a clear and succinct introduction and conclusion. The introduction provides excellent background information and outlines the direction of the essay, and the conclusion succinctly summarises the key points.	(8.4-7.5) The essay has a clear introduction and conclusion. The introduction provides good background information and outlines the direction of the essay, and the conclusion summarises most key points.	(7.4-6.5) The essay has an adequate introduction and conclusion. The introduction provides some background information and outlines the direction of the essay, and the conclusion summarises some key points.	(6.4-5) An essay and conclusion have been attempted. The introduction provides limited background information and outline of the essay'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 essay is unclear. The conclusion does not summarise the assessment or is omitted.	
Nursing assessment (20%)	(20-17) An appropriate chronic health condition (either respiratory or cardiovascular) was assessed. Comprehensive health assessment data was presented. Comprehensive review of credible literature using relevant, seminal and/or current evidence was accessed to inform the nursing assessment and impact of the case study's chronic health condition.	(16.9-15) An appropriate chronic health condition (either respiratory or cardiovascular) was assessed. Appropriate health assessment data was presented. Detailed review of predominantly credible literature using relevant, seminal and/or current evidence was accessed to inform the nursing assessment and impact of the case study's chronic health condition.	(14.9-13) An appropriate chronic health condition (either respiratory or cardiovascular) was assessed. Mostly appropriate health assessment data was presented. A review of the literature using mostly relevant, seminal and/or current evidence was accessed to inform the nursing assessment demonstrating the impact of the case study's chronic health condition.	(12.9-10) An appropriate chronic health condition (either respiratory or cardiovascular) was assessed. Some appropriate health assessment data was presented. Some health assessment data was omitted. An incomplete review of the literature using some relevant and/or current sources of evidence was accessed to inform the nursing assessment and impact of the case study's chronic health condition. Some content was omitted.	(9.9-0) An inappropriate chronic health condition was assessed. Minimal appropriate health assessment data was presented. Significant health relevant health assessment data was omitted. Minimal or no relevant evidence was accessed to inform the assessment and impact of the case study's chronic health condition. Significant content was omitted.	

Critical appraisal of effect of chronic illness on individual and family (20%)	(20-17) Comprehensive discussion of the person's and family's understanding of the clinical manifestations of the chronic health condition (either respiratory or cardiovascular). Thorough and concise discussion of the feelings and concerns of the individual's chronic health condition on their quality of life presented. Person-centred and family coping mechanisms for self-management of the chronic health condition meticulously discussed. Evidence was meticulously incorporated.	(16.9-15) Concise discussion of the person's and family's understanding of the clinical manifestations of the chronic health condition (either respiratory or cardiovascular). Concise discussion of the feelings and concerns of the individual's chronic health condition on their quality of life presented. Person-centred and family coping mechanisms for self-management of the chronic health condition concisely discussed. Evidence was challenged.	(14.9-13) Mostly concise discussion of the person's and family's understanding of the clinical manifestations of the chronic health condition (either respiratory or cardiovascular) n of the feelings and concerns of the individual's chronic health condition on their quality of life presented. Person-centred and family coping mechanisms for self-management of the chronic health condition was discussed with some detail. Evidence was accepted with some challenge.	(12.9-10) A discussion of the person's and family's understanding of the clinical manifestations of the chronic health condition (either respiratory or cardiovascular). A discussion of the feelings and concerns of the individual's chronic health condition on their quality of life presented. Person-centred and family coping mechanisms for self-management of the chronic health condition discussed. Evidence was accepted with minimal challenge.	(9.9-0) Discussion of the person's and family's understanding of the clinical manifestations of the chronic health condition was inaccurate or omitted. A discussion of the feelings and concerns of the individual's chronic health condition on their quality of life presented was omitted. Person-centred and family coping mechanisms for self-management of the chronic health condition comprehensively discussed. Evidence was incorrectly or not challenged.
	(20-17) Appropriate members of the multidisciplinary healthcare team thoroughly consulted with nurse-led advocacy for the person with a chronic health condition (either respiratory or cardiovascular). One appropriate collaborative and one nurse-led intervention related to management of the person's chronic health condition discussed. Advocacy for one collaborative and one nurse-led intervention for improved healthcare outcomes comprehensively justified. Evidence was meticulously incorporated.	(16.9-15) Appropriate members of the multidisciplinary healthcare team consistently consulted with nurse-led advocacy for the person with a chronic health condition (either respiratory or cardiovascular). One appropriate collaborative and one nurse-led intervention related to management of the person's chronic health condition discussed. Advocacy for one collaborative and one nurse-led intervention for improved healthcare outcomes concisely justified. Evidence was challenged.	(14.9-13) Appropriate members of the multidisciplinary healthcare team mostly consulted with nurse-led advocacy. One appropriate collaborative and one nurse-led intervention related to management of the person's chronic health condition (either respiratory or cardiovascular) discussed. Advocacy for one collaborative and one nurse-led intervention for improved healthcare outcomes mostly justified. Evidence was accepted with some challenge.	(12.9-10) Appropriate members of the multidisciplinary healthcare team occasionally consulted with nurse-led advocacy for the person with a chronic health condition. One appropriate collaborative and one nurse-led intervention related to management of the person's chronic health condition (either respiratory or cardiovascular) discussed. Justification for advocacy for one collaborative and one nurse-led intervention for improved healthcare outcomes attempted. Evidence was accepted with minimal challenge.	(9.9-0) Appropriate members of the multidisciplinary healthcare team not consulted with nurse-led advocacy for the person with a chronic health condition. One appropriate collaborative and one nurse-led intervention related to management of the person's chronic health condition inaccurately discussed or omitted. Justification for advocacy for one collaborative and one nurse-led intervention for improved healthcare outcomes inaccurately attempted or omitted. Evidence was incorrectly or not challenged.
Justification of nursing advocacy (20%)	(10-8.5) Reflection on what, why and how you, as the registered nurse have advocated for improved healthcare outcomes for your patient with a complex or chronic health condition is comprehensively and succinctly evident.	(8.4-7.5) Reflection on what, why and how you, as the registered nurse have advocated for improved healthcare outcomes for your patient with a complex or chronic health condition is consistently and clearly evident.	(7.4-6.5) Reflection on what, why and how you, as the registered nurse have advocated for improved healthcare outcomes for your patient with a complex or chronic health condition is discussed but there are some gaps in your reflection.	(6.4-5) Reflection on what, why and how you, as the registered nurse have advocated for improved healthcare outcomes for your patient with a complex or chronic health condition is overviewed but there are many gaps in your reflection.	(4.9-0) Reflection on what, why and how you, as the registered nurse have advocated for improved healthcare outcomes for your patient with a complex or chronic health condition is unclear, has many gaps or omitted.
	(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 15, appropriate contemporary peer reviewed journal articles. Formatting requirements applied without error. Literature cited is published in the last 5 years.	(8.4-7.5) Content is frequently clear, correct and presented in a logical order demonstrating a good understanding of the topic. English grammar, spelling and punctuation conventions have 1 error. Language of the discipline is frequently used. The assessment is substantiated with a minimum of 13 or 14 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 1 error. Majority of literature cited is published in the last 5 years.	(7.4-6.5) Content is mostly clear, correct and presented in a logical order demonstrating a sound understanding of the topic. English grammar, spelling and punctuation conventions have 2 errors. Language of the discipline is mostly used. The assessment is substantiated with a minimum of 11 or 12 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 2 errors. Most literature cited is published in the last 5 years.	(6.4-5) Content is frequently clear, correct and presented in a logical order demonstrating a reasonable understanding of the topic. English grammar, spelling and punctuation conventions have 3 errors. Language of the discipline is used. The assessment is substantiated with a minimum of 10 or 11 contemporary peer reviewed mostly appropriate journal articles. Formatting requirements applied with 3 errors. Some literature cited is published in the last 5 years.	(4.9-0) Content is consistently unclear or incorrect and is disorganised demonstrating insufficient understanding of the topic. English grammar, spelling and punctuation conventions have ≥4 errors. Language of the discipline is infrequently or incorrectly used. The assessment is substantiated with ≤10 contemporary peer reviewed, appropriate journal articles. Formatting requirements applied with ≥4 errors. Majority of literature cited is published ≥5 years.
Professional writing and presentation (10%)	(10-8.5) Acknowledges all sources or literature. Meets APA 7 th edn referencing standards with no errors.	(8.4-7.5) Acknowledges majority of sources of literature. Meets APA 7 th edn referencing standards with 1 error.	(7.4-6.5) Acknowledges most sources of literature. Meets APA 7 th edn referencing standards with 2 errors.	(6.4-5.0) Acknowledges some sources of literature. Meets APA 7 th edn referencing standards with 3 errors.	(4.9-0) Acknowledges some sources of literature, and/or has ≥4 or more APA 7 th edn referencing standards errors. Cites ≤10 sources of evidence and/or evidence is not appropriate.

TOTAL:

Marker's feedback:

MARKER:

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

- Critically appraise the impact of chronic health conditions on the older person's well-being and quality of life
- Analyse and apply best practice initiatives to the nursing care of the older person with a complex health status
- Advocate for an older person with a complex health status in consultation with the person and family
- Critically reflect on practice to identify areas to advance gerontological nursing practice capabilities

2 Written case study

Assessment Type

Portfolio

Task Description

Aim

The aim of this assessment is to critically analyse the role of and apply advanced nursing practice using best-practice initiatives, advocacy, person-centred care, and nursing practice capabilities in providing end-of-life care to an older person with an end stage complex or chronic health condition.

Instructions

Part A – Case Study (analysis of advanced practice nursing care)

Using your chosen case study and current literature to support your argument, analyse the provision of advanced high-quality, end-of-life care to the older person with an end stage complex or chronic health condition.

Please follow the steps below to complete Part A of your assessment task:

1. Select a person you have cared for in the last six months who is approaching the end of life. You will use this case study to reflect upon your advanced nursing practice. Ensure that you de-identify the person by using a pseudonym. Please state in your introduction that a pseudonym is used.
2. Provide a brief introduction outlining the aim of your assessment (approximately 150 words).
3. Case study – Provide a succinct overview of the person with an end stage complex or chronic health condition who is approaching the end of life. Your overview should include their demographic information (de-identified), the clinical care setting that the care being provided occurred in, the person's relevant past medical, surgical, and psychosocial history and how their current complex or chronic health condition impacts on their needs, values, goals and end-of-life care. Clearly identify the complex or chronic health condition your case study presented with during this episode of care (300 words).
4. Provide an overview of the following for your case study's complex or chronic end of life health condition:
 - a. Pathophysiology of the illness/disease/condition
 - b. Risk factors associated with the illness/disease/condition
 - c. Signs and symptoms of the illness/disease/condition
 - d. Potential complications associated with the illness/disease/condition (500 words).
5. Critically appraise two best-practice nurse-led interventions for the nursing management of your case study's end-of-life experience; for example, managing end-of-life symptoms (symptom burden), or end-of-life discussions amongst nurse, patients and their family members (Advanced Care Planning [ACP] and/or Advanced Care Directives [ACD]) (600 words).
6. Provide a reflection on the advanced nursing care you provided to the person and their family. This may include education on pathophysiology processes, and the physical process of dying and comfort measures, role of nurses in medication management and symptom management, or a person-centred care approach in end-of-life care. Your reflection should follow Driscoll's What Model (What? So what? Now what?) to explain what you did, why you did it and how effective it was, and what you will do differently in the future (800 words).
7. Use current evidence to support all aspects of this assessment task.
8. Use the following headings to structure your written essay:
 - Introduction
 - Case study
 - Pathophysiology
 - Best-practice interventions
 - Reflection on practice
 - Conclusion.
9. Provide a concise conclusion summarising the main concepts from your assessment (approximately 150 words).

Assessment Due Date

Week 10 Wednesday (20 Sept 2023) 5:00 pm AEST

Part A: Due Wednesday 20th September (Week 10). Part B: Due Wednesday 4th October (Week 12)

Return Date to Students

Week 12 Wednesday (4 Oct 2023)

Approximately two weeks

Weighting

60%

Assessment Criteria

Part A: Case Study

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
Introduction and conclusion (10%)	(10-8.5) The case study has a clear and succinct introduction and conclusion. The introduction provides excellent background information and outlines the direction of the case study, and the conclusion succinctly summarises the key points.	(8.4-7.5) The case study has a clear introduction and conclusion. The introduction provides good background information and outlines the direction of the case study, and the conclusion summarises most key points.	(7.4-6.5) The case study has an adequate introduction and conclusion. The introduction provides some background information and outlines the direction of the case study, and the conclusion summarises some key points.	(6.4-5) An introduction and conclusion have been attempted in the case study. The introduction provides limited background information and outline of the case study'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 case study is unclear. The conclusion does not summarise the assessment or is omitted.	
Case study (10%)	(10-8.5) A clear and detailed overview of the case study is provided, including the person's demographics, presenting issue, the care setting and the nurses role. A clear and detailed summary of the person's psychosocial information and their quality of life is provided.	(8.4-7.5) A clear overview of the case study is provided, including the person's demographics, presenting issue, the care setting and the nurses role. A clear summary of the person's psychosocial information and their quality of life is provided.	(7.4-6.5) Appropriate overview of the case study is provided, including the person's demographics, presenting issue, the care setting and the nurses role. Appropriate summary of the person's psychosocial information and their quality of life is provided.	(6.4-5) An overview of the case study is provided; however, it is not inclusive of all elements listed in the assessment. A summary of the psychosocial is apparent, but it not detailed.	(4.9-0) The case study is unclear or omitted, or very limited overview of the person is provided. Psychosocial information is missing or is limited.	
Critical analysis – Pathophysiology (10%)	(10-8.5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are comprehensively discussed.	(8.4-7.5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are discussed with moderate detail.	(7.4-6.5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are appropriately discussed with some detail.	(6.4-5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are presented, however lacks detailed discussion.	(4.9-0) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition have limited discussion or inaccurate discussion or are omitted from discussion.	
Critical analysis – Best-practice nurse-led interventions (30%)	(30-25.5) Two best practice nurse-led interventions for the RN are comprehensively discussed and related back to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(25.4-22.4) Two best practice nurse-led interventions for the RN are discussed in detail and related back to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(22.3-19.4) Two best practice nurse-led interventions for the RN are discussed with some detail and related back to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(19.3-15) Two best practice nurse-led interventions for the RN are presented, however there is limited discussion in its relevance and has limited discussion to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(14.9-0) Very limited or no discussion of two best practice nurse-led interventions for the RN. There is limited or no discussion in relation to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	
Critical analysis – Reflection (20%)	(20-17) A comprehensive reflection using Driscoll's framework is provided. Implications for future practice are comprehensively discussed.	(16.9-15) A detailed reflection using Driscoll's framework is provided. Implications for future practice are concisely discussed.	(14.9-13) An appropriate reflection using Driscoll's framework is provided. Implications for future practice are mostly discussed.	(12.9-10) A limited reflection using Driscoll's framework is provided. Some implications for future practice are presented but are limited.	(9.9-0) An inadequate reflection is provided using Driscoll's framework or is omitted. Minimal implications for future practice are provided or they are omitted.	
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. Formatting requirements applied without error. Literature cited is published in the last 5 years.	(8.4-7.5) Content is frequently clear, correct and presented in a logical order demonstrating a good understanding of the topic. English grammar, spelling and punctuation conventions have 1 error. Language of the discipline is frequently used. The assessment is substantiated with a minimum of 13 or 14 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 1 error. Majority of literature cited is published in the last 5 years.	(7.4-6.5) Content is mostly clear, correct and presented in a logical order demonstrating a sound understanding of the topic. English grammar, spelling and punctuation conventions have 2 errors. Language of the discipline is mostly used. The assessment is substantiated with a minimum of 11 or 12 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 2 errors. Most literature cited is published in the last 5 years.	(6.4-5) Content is frequently clear, correct and presented in a logical order demonstrating a reasonable understanding of the topic. English grammar, spelling and punctuation conventions have 3 errors. Language of the discipline is used. The assessment is substantiated with a minimum of 10 or 11 contemporary peer reviewed mostly appropriate journal articles. Formatting requirements applied with 3 errors. Some literature cited is published in the last 5 years.	(4.9-0) Content is consistently unclear or incorrect and is disorganised demonstrating insufficient understanding of the topic. English grammar, spelling and punctuation conventions have ≥4 errors. Language of the discipline is infrequently or incorrectly used. The assessment is substantiated with ≤10 contemporary peer reviewed, appropriate journal articles. Formatting requirements applied with ≥4 errors. Majority of literature cited is published ≥5 years.	
Referencing (10%)	(10-8.5) Acknowledges all sources or literature. The assessment is substantiated with a minimum of 15, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with no errors in-text and the reference list.	(8.4-7.5) Acknowledges majority of sources of literature. The assessment is substantiated with a minimum of 13-14, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 1 error in-text and the reference list.	(7.4-6.5) Acknowledges most sources of literature. The assessment is substantiated with a minimum of 11-12, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 2 errors in-text and the reference list.	(6.4-5.0) Acknowledges some sources of literature. The assessment is substantiated with a minimum of 10-11, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 3 errors in-text and the reference list.	(4.9-0) Acknowledges some sources and/or has ≥5 or more APA 7 th edn referencing errors or references not provided. Acknowledges some sources of literature, and/or has ≥4 or more APA 7 th edn referencing standards errors in-text and the reference list. Cites ≤10 sources of evidence and/or evidence is not appropriate.	

TOTAL:

MARKER:

Marker's feedback:

Part B: Oral Presentation

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
Introduction and conclusion (10%)	(10–8.5) The case study has a clear and succinct introduction and conclusion. The introduction provides excellent background information and outlines the direction of the case study, and the conclusion succinctly summarises the key points.	(8.4–7.5) The case study has a clear introduction and conclusion. The introduction provides good background information and outlines the direction of the case study, and the conclusion summarises most key points.	(7.4–6.5) The case study has an adequate introduction and conclusion. The introduction provides some background information and outlines the direction of the case study, and the conclusion summarises some key points.	(6.4–5) An introduction and conclusion have been attempted in the case study. The introduction provides limited background information and outline of the case study'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 case study is unclear. The conclusion does not summarise the assessment or is omitted.	
Case study (10%)	(10–8.5) A clear and detailed overview of the case study is provided, including the person's demographics, presenting issue, the care setting and the nurses role. A clear and detailed summary of the person's psychosocial information and their quality of life is provided.	(8.4–7.5) A clear overview of the case study is provided, including the person's demographics, presenting issue, the care setting and the nurses role. A clear summary of the person's psychosocial information and their quality of life is provided.	(7.4–6.5) Appropriate overview of the case study is provided, including the person's demographics, presenting issue, the care setting and the nurses role. Appropriate summary of the person's psychosocial information and their quality of life is provided.	(6.4–5) An overview of the case study is provided; however, it is not inclusive of all elements listed in the assessment. A summary of the psychosocial is apparent, but it not detailed.	(4.9–0) The case study is unclear or omitted, or very limited overview of the person is provided. Psychosocial information is missing or is limited.	
Critical analysis – Pathophysiology (10%)	(10–8.5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are comprehensively discussed.	(8.4–7.5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are discussed with moderate detail.	(7.4–6.5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are appropriately discussed with some detail.	(6.4–5) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition are presented, however lacks detailed discussion.	(4.9–0) Pathophysiology, risk factors, signs and symptoms and potential complications of an end-of-life complex or chronic end stage condition have limited discussion or inaccurate discussion or are omitted from discussion.	
Critical analysis – Best-practice nurse-led interventions (30%)	(30–25.5) Two best practice nurse-led interventions for the RN are comprehensively discussed and related back to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(25.4–22.4) Two best practice nurse-led interventions for the RN are discussed in detail and related back to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(22.3–19.4) Two best practice nurse-led interventions for the RN are discussed with some detail and related back to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(19.3–15) Two best practice nurse-led interventions for the RN are presented, however there is limited discussion in its relevance and has limited discussion to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	(14.9–0) Very limited or no discussion of two best practice nurse-led interventions for the RN. There is limited or no discussion in relation to the concept of advanced nursing practice for end-of-life complex or chronic illness management.	
Critical analysis – Reflection (20%)	(20–17) A comprehensive reflection using Driscoll's framework is provided. Implications for future practice are comprehensively discussed.	(16.9–15) A detailed reflection using Driscoll's framework is provided. Implications for future practice are concisely discussed.	(14.9–13) An appropriate reflection using Driscoll's framework is provided. Implications for future practice are mostly discussed.	(12.9–10) A limited reflection using Driscoll's framework is provided. Some implications for future practice are presented but are limited.	(9.9–0) An inadequate reflection is provided using Driscoll's framework or is omitted. Minimal implications for future practice are provided or they are omitted.	
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. Formatting requirements applied without error. Literature cited is published in the last 5 years.	(8.4–7.5) Content is frequently clear, correct and presented in a logical order demonstrating a good understanding of the topic. English grammar, spelling and punctuation conventions have 1 error. Language of the discipline is frequently used. The assessment is substantiated with a minimum of 13 or 14 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 1 error. Majority of literature cited is published in the last 5 years.	(7.4–6.5) Content is mostly clear, correct and presented in a logical order demonstrating a sound understanding of the topic. English grammar, spelling and punctuation conventions have 2 errors. Language of the discipline is mostly used. The assessment is substantiated with a minimum of 11 or 12 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 2 errors. Most literature cited is published in the last 5 years.	(6.4–5) Content is frequently clear, correct and presented in a logical order demonstrating a reasonable understanding of the topic. English grammar, spelling and punctuation conventions have 3 errors. Language of the discipline is used. The assessment is substantiated with a minimum of 10 or 11 contemporary peer reviewed mostly appropriate journal articles. Formatting requirements applied with 3 errors. Some literature cited is published in the last 5 years.	(4.9–0) Content is consistently unclear or incorrect and is disorganised demonstrating insufficient understanding of the topic. English grammar, spelling and punctuation conventions have ≥4 errors. Language of the discipline is infrequently or incorrectly used. The assessment is substantiated with ≤10 contemporary peer reviewed, appropriate journal articles. Formatting requirements applied with ≥4 errors. Majority of literature cited is published ≥5 years.	
Referencing (10%)	(10–8.5) Acknowledges all sources or literature. The assessment is substantiated with a minimum of 15, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with no errors in-text and the reference list.	(8.4–7.5) Acknowledges majority of sources of literature. The assessment is substantiated with a minimum of 13–14, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 1 error in-text and the reference list.	(7.4–6.5) Acknowledges most sources of literature. The assessment is substantiated with a minimum of 11–12, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 2 errors in-text and the reference list.	(6.4–5.0) Acknowledges some sources of literature. The assessment is substantiated with a minimum of 10–11, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 3 errors in-text and the reference list.	(4.9–0) Acknowledges some sources and/or has ≥5 or more APA 7 th edn referencing errors or references not provided. Acknowledges some sources of literature, and/or has ≥4 or more APA 7 th edn referencing standards errors in-text and the reference list. Cites ≤10 sources of evidence and/or evidence is not appropriate.	

TOTAL:

Marker's feedback:

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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MARKER:

Introduction and conclusion (10%)	(10-8.5) The case study has a clear and succinct introduction and conclusion. The introduction provides excellent background information and outlines the direction of the case study, and the conclusion succinctly summarises the key points.	(8.4-7.5) The case study has a clear introduction and conclusion. The introduction provides good background information and outlines the direction of the case study, and the conclusion summarises most key points.	(7.4-6.5) The case study has an adequate introduction and conclusion. The introduction provides some background information and outlines the direction of the case study, and the conclusion summarises some key points.	(6.4-5) An introduction and conclusion have been attempted in the case study. The introduction provides limited background information and outline of the case study'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 case study is unclear. The conclusion does not summarise the assessment or is omitted.
Oral presentation (10%)	(10-8.5) An engaging and well-planned presentation. The presentation material is logical, clear, concise, and convincing. Adheres to the time limit. Holds the audience's attention with use of eye contact. Speaks with fluctuation in volume and inflection to maintain audience engagement. Answers audiences' questions comprehensively.	(8.4-7.5) A well-planned, logical, and clear presentation. The presentation material is generally logical, concise and convincing. Adheres to the time limit. Holds the audience's attention with use of eye contact. Speaks with fluctuation in volume and inflection to maintain audience engagement. Answers audiences' questions soundly.	(7.4-6.5) The presentation needs to be more concise and convincing but is primarily comprehensive. Mostly adheres to the time limit. Mostly holds the audience's attention with use of eye contact. Speaks with some fluctuation in volume and inflection to maintain audience engagement. Answers audiences' questions adequately.	(6.4-5) The presentation requires more flow and be more concise and comprehensive. The presentation runs over the time limit. Some eye contact is made to engage the audience on occasion. Speaks with some fluctuation in volume and inflection to maintain audience engagement. Answers some of the audiences' questions but some content is omitted.	(4.9-0) The presentation could be clearer. It is not logical OR unclear. Does not adhere to the time limit. Minimal or no eye contact made reducing the audience's engagement. Speaks with minimal or no fluctuation in volume and inflection to maintain audience engagement. Answers audiences' questions incompletely or not at all.
Critical appraisal - Advanced nursing practice (20%)	(20-17) Comprehensively and concisely discussed the advanced nursing practice that they provided to the person with the complex or chronic end stage health condition. Succinctly articulated how this practice is 'advanced'.	(16.9-15) Concisely discussed the advanced nursing practice that they provided to the person with the complex or chronic end stage health condition. Provided a rationale for how this practice is 'advanced'.	(14.9-13) Mostly discussed the advanced nursing practice that they provided to the person with the complex or chronic end stage health condition. Provided a rationale for how this practice is 'advanced'.	(12.9-10) Provided some discussion on the advanced nursing practice that they provided to the person with the complex or chronic end stage health condition. Provided some rationale for how this practice is 'advanced'.	(9.9-0) Limited or no discussion on the advanced nursing practice that they provided to the person with the complex or chronic end stage health condition. Provided limited rationale for how this practice is 'advanced'.
Critical appraisal - Advocacy (20%)	(20-17) Comprehensively and concisely discussed the concept of advocacy linking this to advanced practice. Provided specific examples of how they advocated for the person with a complex or chronic end stage health condition and reflected upon the efficacy of this.	(16.9-15) Concisely discussed the concept of advocacy linking this to advanced practice. Provided specific examples of how they advocated for the person with a complex or chronic end stage health condition and reflected upon the efficacy of this.	(14.9-13) Discussed the concept of advocacy linking this to advanced practice. Provided examples of how they advocated for the person with a complex or chronic end stage health condition and reflected upon the efficacy of this.	(12.9-10) Appropriate discussion the concept of advocacy linking this to advanced practice. Provided examples of how they advocated for the person with a complex or chronic end stage health condition and reflected upon the efficacy of this.	(9.9-0) Limited discussion on the concept of advocacy with weak or no linking this to advanced practice. Provided minimal or no examples of how they advocated for the person with a complex or chronic end stage health condition and had limited reflection upon the efficacy of this.
Reflection on advocacy (20%)	(20-17) A comprehensive reflection is provided including: - Reflection on how peer nurses might be encouraged to develop advanced their nursing practice. - One factor which enabled and one barrier to advanced practice is discussed. - Explored one element of advanced practice that nurse does well. - Explored of one elements of advanced practice which can be further developed.	(16.9-15) A detailed reflection is provided including: - Reflection on how peer nurses might be encouraged to develop advanced nursing practice. - One factor which enabled and one barrier to advanced nursing practice was discussed. - Explored of one element of advanced practice that nurse does well. - Explored of one elements of advanced practice which can be further developed.	(14.9-13) An appropriate reflection is provided including: - Reflection on how peer nurses might be encouraged to develop advanced nursing practice. - One factor which enabled and one barrier to advanced nursing practice was discussed. - Explored of one element of advanced practice that nurse does well. - Explored of one elements of advanced practice which can be further developed.	(12.9-10) A limited reflection is provided including: - Reflection on how a peer nurses might be encouraged to develop advanced nursing practice. - One factor which enabled and one barrier to advanced nursing practice was discussed. - Explored of one element of advanced practice that nurse does well. - Explored of one elements of advanced practice which can be further developed.	(9.9-0) An inadequate reflection is provided which does not include all elements or is very limited in discussion: - Reflection on how a peer nurses might be encouraged to develop advanced nursing practice. - One factor which enabled and one barrier to advanced nursing practice was discussed. - Explored of one elements of advanced practice that nurse does well. - Exploration of one elements of advanced practice which can be further developed.
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. Formatting requirements applied without error. The poster is aesthetically pleasing and holds the audience's attention. Figures, photos, and text are well balanced on the PowerPoint presentation. Font size and style enhance readability of the PowerPoint presentation. Literature cited is published in the last 5 years.	(8.4-7.5) Content is frequently clear, correct and presented in a logical order demonstrating a good understanding of the topic. English grammar, spelling and punctuation conventions have 1 error. Language of the discipline is frequently used. The assessment is substantiated with a minimum of 13 or 14 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 1 error. Figures, photos, and text are well balanced on the PowerPoint presentation. Font size and style enhance readability of the PowerPoint presentation. Majority of literature cited is published in the last 5 years.	(7.4-6.5) Content is mostly clear, correct and presented in a logical order demonstrating a sound understanding of the topic. English grammar, spelling and punctuation conventions have 2 errors. Language of the discipline is mostly used. The assessment is substantiated with a minimum of 11 or 12 appropriate contemporary peer reviewed journal articles. Formatting requirements applied with 2 errors. Figures, photos, and text are well balanced on the PowerPoint presentation. Font size and style enhance readability of the PowerPoint presentation. Most literature cited is published in the last 5 years.	(6.4-5) Content is frequently clear, correct and presented in a logical order demonstrating a reasonable understanding of the topic. English grammar, spelling and punctuation conventions have 3 errors. Language of the discipline is used. The assessment is substantiated with a minimum of 10 or 11 contemporary peer reviewed mostly appropriate journal articles. Formatting requirements applied with 3 errors. Figures, photos, and text are well balanced on the PowerPoint presentation. Font size and style enhance readability of the PowerPoint presentation. Some literature cited is published in the last 5 years.	(4.9-0) Content is consistently unclear or incorrect and is disorganised demonstrating insufficient understanding of the topic. English grammar, spelling and punctuation conventions have ≥ 4 errors. Language of the discipline is infrequently or incorrectly used. The assessment is substantiated with ≤ 10 contemporary peer reviewed, appropriate journal articles. Formatting requirements applied with ≥ 4 errors. Figures, photos, and text are not balanced on the PowerPoint presentation. Font size and style detract from the readability of the PowerPoint presentation. Majority of literature cited is published ≥ 5 years.

Referencing (10%)	(10-8.5) Acknowledges all sources or literature. The assessment is substantiated with a minimum of 15, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with no errors in-text and the reference list.	(8.4-7.5) Acknowledges majority of sources of literature. The assessment is substantiated with a minimum of 13-14, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 1 error in-text and the reference list.	(7.4-6.5) Acknowledges most sources of literature. The assessment is substantiated with a minimum of 11-12, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 2 errors in-text and the reference list.	(6.4-5.0) Acknowledges some sources of literature. The assessment is substantiated with a minimum of 10-11, appropriate contemporary peer reviewed journal articles. Meets APA 7 th edn referencing standards with 3 errors in-text and the reference list.	(4.9-0) Acknowledges some sources and/or has ≥ 5 or more APA 7 th edn referencing errors or references not provided. Acknowledges some sources of literature, and/or has ≥ 4 or more APA 7 th edn referencing standards errors in-text and the reference list. Cites ≤ 10 sources of evidence and/or evidence is not appropriate.
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TOTAL:

Marker's feedback:

MARKER:

Referencing Style

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

Submission

Online

Submission Instructions

Part A – Submit your assessment via the unit Moodle site in Microsoft Word format only. • Part B – Submission will be a two-part process: I. Submit your presentation slides by the due date via the Unit Moodle site. II. You will deliver your oral presentation 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 filmed for marking purposes. Only your lecturer will have access to this video which will be stored securely.

Learning Outcomes Assessed

- Critically appraise the impact of chronic health conditions on the older person's well-being and quality of life
- Analyse and apply best practice initiatives to the nursing care of the older person with a complex health status
- Critically reflect on practice to identify areas to advance gerontological nursing practice capabilities

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