# MEDS20001 *Quality Practice in Medical Ultrasound*

## Term 1 - 2017

Profile information current as at 20/05/2024 12:41 am

All details in this unit profile for MEDS20001 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

In this unit you will apply knowledge of patient safety, risk management and quality improvement in health care to undertake a limited clinical audit of a medical sonography department. You will examine reasons for adverse events identified, prioritise action and identify appropriate intervention as part of a quality improvement implementation strategy. You will apply quality assurance principles to a review of clinical report writing. As part of the clinical governance process you will evaluate your own professional performance and plan for your own continuing professional development.

## Details

Career Level: *Postgraduate*
Unit Level: *Not Applicable*
Credit Points: *6*
Student Contribution Band: *8*
Fraction of Full-Time Student Load: *0.125*

## Pre-requisites or Co-requisites

Co-requisite MEDS20002 Medical Sonography Clinical Course 3
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 - 2017

- Distance

## 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 pass/fail (non-graded) unit. To pass the unit, you must pass all of the individual assessment tasks shown in the table above.

# 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 Student course "Have your say" Feedback.

**Feedback**

Students commented that assessment task 2 had some conflicting instructions between the video and the task.

**Recommendation**

I will rerecord the instruction video to align with the information in the task directives.

**Action**

Videos were aligned to the term 1 2017 delivery. Assessment task two instructions were reworked for clarity of delivery.

### Feedback from SMAS program review committee.

**Feedback**

Suggested change to this course to be changed from a graded course to a pass/fail course.

**Recommendation**

I will undertake a course change proposal to achieve this recommendation.

**Action**

This Unit will be replaced by MEDS13010

# Unit Learning Outcomes

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

1. Discuss the key components of clinical governance, quality improvement, risk management and patient safety cultures in health care.
2. Appraise your own professional performance to identify goals for continuing professional development.
3. Employ quality improvement tools and strategies in the context of a clinical sonography environment.

Australasian Sonography Association Competency Standards for the Entry Level Sonographer
Units 1-4.

# Alignment of Learning Outcomes, Assessment and Graduate Attributes

| — | N/A Level | ○ | Introductory Level | ● | Intermediate Level | ● | Graduate Level | ○ | Professional Level | ○ | Advanced Level |

## Alignment of Assessment Tasks to Learning Outcomes

| Assessment Tasks | Learning Outcomes | | |
|---|---|---|---|
| | 1 | 2 | 3 |
| 1 - Written Assessment - 40% | ● | ● | |
| 2 - Portfolio - 60% | ● | | ● |

## Alignment of Graduate Attributes to Learning Outcomes

| Graduate Attributes | Learning Outcomes | | |
|---|---|---|---|
| | 1 | 2 | 3 |
| 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 | | | |

## Alignment of Assessment Tasks to Graduate Attributes

| Assessment Tasks | Graduate Attributes | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 - Written Assessment - 40% | ○ | ○ | | | ○ | ○ | ○ | |
| 2 - Portfolio - 60% | ○ | ○ | ○ | | ○ | ○ | ○ | |

## Textbooks and Resources

## Textbooks
MEDS20001

**Prescribed**

**Enhancing Patient Care: a practical guide to improving quality and safety in hospitals**
First edition (2009)
Authors: Wolff, Alan., Taylor, Sally.
MJA Books, Australasian Medical Publishing Company Limited (AMPCo)
Sydney , NSW , Australia
ISBN: 9780977578665
Binding: Paperback

**Additional Textbook Information**


**View textbooks at the CQUniversity Bookshop**

## 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 6th Edition (APA 6th edition)
For further information, see the Assessment Tasks.

## Teaching Contacts

**Bernie Mason** Unit Coordinator
b.mason@cqu.edu.au

## Schedule

| Week 1 - 06 Mar 2017 | | |
| --- | --- | --- |
| **Module/Topic** | **Chapter** | **Events and Submissions/Topic** |
| Self-Study Guide 1 - Lecture - Introduction & Clinical Governance | Wolff A., Taylor S. 2009. Enhancing Patient Care:A Practical Guide to Improving Quality and Safety in Hospitals. Pages 1-14. Baird M., Lombardo P. 2005.Establishing competency in clinical practice.Sound Effects issue 4.pg 23-27.Clay N. 2004. Strategies for Eliminating the Sonographer Shortage: Recruitment, Retention, and Educational Perspectives. JDMS. 20: 408-413.. Lewis C., 2005. Teleultrasound survey reveals sonographer practitioners a reality in Queensland public hospitals. | Zoom Tutorial Wednesday 7:30 - 8:30 pm AEST. 8:30 pm - 9:30pm Daylight savings time |

### Week 2 - 13 Mar 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| Self-Study Guide 2 - Lecture -- Quality Improvement- Closing Gaps in Patient Care | Wolff A., Taylor S. 2009. Enhancing Patient Care: A Practical Guide to Improving Quality and Safety in Hospitals. Pages 17-33. Hoe J., 2007. Quality Service in Radiology. Biomed Imaging Interv J., 3(3):e24 Chervenak FA, Chervenak JL.2012. Medicolegal Issues in Obstetric and Gynecologic Ultrasound. Litigation- A personal account.Suzanne Marschall,Sound Effects Editorial. Issue 2. 2010 | |

### Week 3 - 20 Mar 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| Self-Study Guide 3 - Lecture- Quality Management in Sonography Facilities | Wolff A., Taylor S. 2009. Enhancing Patient Care:A Practical Guide to Improving Quality and Safety in Hospitals. Pages 37-46 Papp J., 2011. Quality Management in the Imaging Sciences.4th edn. Mosby. Chapter 1, pages 1-16. Persutte W. 2002. It's About Time. JDMS. 18:52-58. | Zoom Tutorial Wednesday 7:30 - 8:30 pm AEST. 8:30 pm - 9:30pm Daylight savings time |

### Week 4 - 27 Mar 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| Self-Study Guide 4 - Lecture- Risk Management and Adverse Events | Wolff A., Taylor S. 2009 Enhancing Patient Care: A Practical Guide to Improving Quality and Safety in Hospitals.Pages 37-46 Fitzgerald R. 2001. Error in Radiology. Clinical Radiology 56: 938-946. Sanders R.C., 2003. Saunders R.C, 2003. Changing Patterns of Ultrasound-Related Litigation. J Ultrasound Med. 22:1009-1015. | Daylight savings ends 2nd April 2017 |

### Week 5 - 03 Apr 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| Self-Study Guide 5 - Lecture - Detecting Adverse Events | Wolff A., Taylor S. 2009. Enhancing Patient Care: A Practical Guide to Improving Quality and Safety in Hospitals. Pages 49-89 Russell S., 2014. Ultrasound quality assurance and equipment governance. Ultrasound; 22:66-69. Johnson D. et al. 2014. Designing a Safer Radiology Department. AJR: 198:398-404. Kiss J. 1998. What the Sonographer should know about the Bioeffects of Ultrasound. Sound Effects; 27-30 | Zoom Tutorial Wednesday 7:30 - 8:30 pm AEST **Written Assessment 1** Due: Week 5 Tuesday (4 Apr 2017) 3:00 pm AEST |

### Vacation Week - 10 Apr 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| Break Week | | |

### Week 6 - 17 Apr 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |

| Module/Topic | Chapter | Events and Submissions/Topic |
|---|---|---|
| Self-Study Guide 6<br>Lecture - Risk Management in Radiology | Wolff A., Taylor S. 2009 Enhancing Patient Care: A Practical Guide to Improving Quality and Safety in Hospitals. Pages 95-115<br>Risk Management in Radiology in Europe p1-12<br>Link on Moodle<br>How to Manage Work Health and Safety Risks Code of Practice 2011 p 1- 27<br>Healthcare risk assessment made easy. 2007. NHS National Patient Safety Agency.<br>Wolff A., Taylor S. 2009 Enhancing Patient Care: A Practical Guide to Improving Quality and Safety in Hospitals. Pages 119-150. | Zoom Tutorial Wednesday 7:30 - 8:30 pm AEST. |

**Week 7 - 24 Apr 2017**

| Module/Topic | Chapter | Events and Submissions/Topic |
|---|---|---|
| Self-Study Guide 7-<br>Lecture - Quality Assurance in Radiology. | Comprehensive Clinical Audits of Diagnostic Radiology Practices: A Tool for Quality Improvement. 2010.International Atomic Energy Agency. Vienna.<br><br>Russell S., 2014. Ultrasound quality assurance and equipment governance.Ultrasound; 22:66-69.<br><br>Johnson D. et al. 2014.Designing a Safer Radiology Department. AJR: 198:398-404.<br><br>Kiss J. 1998. What the Sonographer should know about the Bioeffects of Ultrasound. Sound Effects; 27-30.<br><br>Foote J. Houston D. North N. 2002. Tierney H. 2012. Why sonographers need Professional Indemnity Insurance. Sound Effects 1: 12-14. | |

**Week 8 - 01 May 2017**

| Module/Topic | Chapter | Events and Submissions/Topic |
|---|---|---|

| Self-Study Guide 8 -<br>Lecture - Taking Action to Close Gaps in Care | Dickie JA., Ellwood DA., Robertson M. 2011. What's in a referral letter: does the detail matter? AJUM: 14(30; page 11-14.<br>Muir M. Hrynkow P., Chase R., Boyce D., & Mclean D. 2004.<br>The Nature, Cause and Extent of Occupational Musculoskeletal Injuries among Sonographers: Recommendations for Treatment and Prevention. JDMS 20:317-325.<br>The Royal Australian and New Zealand College of Radiologists (2010) Radiology Written Report Guideline Project (pages 10-16) Appendix 1A pages 30-32<br>Good practice for Radiological Reporting: Guidelines from the European Society of Radiology (2011) European Society of Radiology (ESR) Guidelines for Report Writing (2016)The Society and College of Radiographers. | Zoom Tutorial Wednesday 7:30 - 8:30 pm AEST. |

### Week 9 - 08 May 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| Self-Study Guide 9 -<br>Lecture - A Practical Framework for Improving Patient Care<br>Report writing 1 | Wolff A., Taylor S. 2009 Enhancing Patient Care: A Practical Guide to Improving Quality and Safety in Hospitals. Pages 155-185.<br>Tierney H. 2012.Why sonographers need Professional Indemnity Insurance Sound Effect 1:page 12-14<br>Walvoord K. 2006.Understanding Sonographer Burnout. JDMS 22:200-205<br>Foote J. Houston D. North N.2002. Betwixt and Between:Ritual and the Management of an Ultrasound Waiting List.Health Care Analysis. 10: 357-377. | |

### Week 10 - 15 May 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| Self-Study Guide 10 -<br>Lecture - Patient Safety Cultures<br>Report writing 2 | Wolff A., Taylor S. 2009 Enhancing Patient Care: A Practical Guide to Improving Quality and Safety in Hospitals. Pages 189-200, 223-227.<br>Donnelly L. Dickerson J.Goodfriend M. Muething S.2010. Improving Patient Safety in Radiology. AJR:194: 1183-1187.<br><br>Taylor J. 2002. The Public Life of the Fetal Sonogram and the Work of the Sonographer. JDMS 18:367-379.<br><br>Manchester Patient Safety Framework. 2006. NHS National Patient Safety Agency | Zoom Tutorial Wednesday 7:30 - 8:30 pm AEST. |

### Week 11 - 22 May 2017

| Module/Topic | Chapter | Events and Submissions/Topic |
| --- | --- | --- |
| | | **Written Assessment 2** Due: Week 11 Tuesday (23 May 2017) 3:00 pm AEST |

# Term Specific Information

The unit coordinator for MEDS20001 is Bernadette Mason. The best way to contact Bernie is by e-mail: b.mason@cqu.edu.au. CQUniversity phone number is 02 93245057. Days of work are **Tuesday, Wednesday and Thursday.** Please use email whenever possible.

The online tutorials are an opportunity to ask questions, gain feedback and join in discussions concerning theoretical concepts and completion of assessment tasks. The tutorials are offered at night as this allows students on clinical placement to attend.

Access to the internet is required to undertake this course, as course materials, tutorials and updates will be provided via Moodle, email and Zoom. It is important to check your student email regularly as updates about the course will be sent from the course coordinator via email.

**Please note written assessment task 1 due date is Week 5 (Tuesday).**

**Please note that written assessment 2 due date is Week 11 (Tuesday).**

Weekly resources will include access to relevant readings, however you will need to acquire the prescribed text to successfully complete this course.

# Assessment Tasks

## 1 Written Assessment 1

**Assessment Type**
Written Assessment

**Task Description**
APPLICATION FOR THE POSITION OF TRAINEE SONOGRAPHER
No word limit.
Page limits apply.
Pass/Fail grading
Weighting 0

**'You need to be aware that as this is a non-graded unit, all assessment items are Pass/Fail in nature. As per the Assessment Procedures document, for such units all assessment items must be completed by the due date and there is no provision for a late penalty. In the absence of an approved extension, any assessment not completed by the due date will receive a Fail score. Any student who fails a pass/fail assessment item or any assessment item in a non-graded unit will be deemed to have failed that unit.'**

As an accredited sonography student working in a health care facility you must possess the qualifications and experience to fulfill the requirements of your position. The media report adverse events occurring in health facilities due to health professionals not possessing the required qualifications, experience or currency for practice. This deficit can have significant impact on the quality of patient care and safety. Clinical governance of health care facilities includes processes to ensure that health care professionals possess satisfactory credentials and undertake appropriate professional development.

Your assessment task is to describe your current credentials and detail your future plans for professional development in an application for the position of Trainee Sonographer at a health facility (the position description is available in the assessment block in the Moodle site). By completing this assessment task you will gain the ability to write applications for employment which will be useful to you throughout your professional career.

Your application will comprise:

- ***A cover letter (one page)***
- ***Your curriculum vitae (CV) (maximum three pages)***
- ***A key selection criteria outline (maximum three pages)***

The best applicants will tailor their application to the facility details in the position description.

You will write a **cover letter** which will explain your motivation and ability to be a Trainee Sonographer. In the **curriculum vitae** you will identify the skills and experience that qualify you for the role of a trainee sonographer at this facility. You will also provide a **key selection criteria outline.**

One of the **key selection criteria** asks you to demonstrate your '***interest in maintaining, reviewing and updating training and education needs, both individually and, for the practice***'. In response to this key selection criteria you will identify your own strengths, weaknesses, opportunities and threats in the form of a **SWOT analysis** (Strengths, Weaknesses, Opportunities and Threats) and clearly articulate five (5) goals which relate to the maintenance, review and update of your own training and education (professional development) over the next three (3) years. These five goals must be specific, measurable, achievable, realistic and timely (**SMART goals**).
In the **curriculum vitae, cover letter and key selection criteria outline** you will be expected to demonstrate relevant knowledge of the concepts of quality practice covered up to the week of submission, including the use of appropriate terminology.
Further details will be available on the course Moodle site, including a video presentation on this assessment task. Please note the following details:

- The length of each component of your application in pages is indicated above. Applications which are too long rarely rate as highly as those that match these expectations. However you can exceed this guide by 0.5 page / application component.
- Save/upload your file in Word format (.doc or .docx).


**Assessment Due Date**
Week 5 Tuesday (4 Apr 2017) 3:00 pm AEST
Please save/upload your file in Word format (.doc or .docx) so I can open the file and mark in Word.

**Return Date to Students**
Week 6 Wednesday (19 Apr 2017)

**Weighting**
40%

**Minimum mark or grade**
Pass

**Assessment Criteria**
The assessment criteria for your application for the position of Trainee Sonographer will be based on:

- Production of a comprehensive application
- Honesty in stressing skills, accomplishments, strengths, weaknesses, opportunities and threats
- Linking the information chosen to the organisations values
- Targeting the information chosen towards the position specifications by framing them in terms of transferable or generic skills
- Adherence to the protocol of "application writing"
- Explicit organisation in a logical way, so most recent, strongest or relevant are first
- Relevancy and prioritisation of content
- Application of concepts and correct use of terminology
- Complying with equal opportunity and/or anti-discrimination legislation
- Correct use of grammar, spelling and punctuation
- Adherence to the page limit
- Legible font( size 12)


More detailed marking criteria will be posted on the course Moodle site.

**Referencing Style**

- [American Psychological Association 6th Edition (APA 6th edition)](#)

**Submission**
Online

**Submission Instructions**
Please save/upload your file in Word format (.doc or .docx) so I can open the file and mark in Word.

**Learning Outcomes Assessed**

- Discuss the key components of clinical governance, quality improvement, risk management and patient safety cultures in health care.
- Appraise your own professional performance to identify goals for continuing professional development.

**Graduate Attributes**

- Knowledge
- Communication
- Self-management
- Ethical and Professional Responsibility
- Leadership

# 2 Written Assessment 2

**Assessment Type**
Portfolio

**Task Description**
**MEDS20001 2017 Assessment 2**
**Word count 2000**
**Pass/Fail grading.**
**"You need to be aware that this is a non-graded unit, all assessment items are Pass/fail in nature. As per the Assessment Procedures document, for such units all items must be completed by the due date and there is no provision for a late penalty. In the absence of an approved extension, any assessment not completed by the due date will receive a fail score. Any student who fails a pass/fail assessment item or any assessment item in a non-graded unit will be deemed to have failed that unit."**
**QUALITY IMPROVEMENT PORTFOLIO**

Quality practice in healthcare is about enhancing patient care with the aim of reducing morbidity and mortality. When an adverse event in health care occurs it can have devastating and far reaching effects. It may have an impact on those directly involved - patients, relatives, staff and visitors - and on the reputation of the healthcare organisation, the service or the profession within which the incident occurred. The steps to implementing quality change in patient care are many and are encompassed in various quality improvement frameworks.
You are going to take part in a quality improvement and risk management process related to experiences in a medical imaging department, as part of a "clinical audit."
You will complete the quality improvement tools, and make relevant evidence based comments, to produce a portfolio style report in response to the task posed.

**Portfolio Requirements – Tasks**

- Identify 5 adverse events within a clinical sonographic environment

- Research into best practice and current policy standards

- Data collection

- Descriptions of implementation plans for proposed solutions

- A risk assessment based on your clinical environment

- An analysis of the patient safety culture in your clinical workplace

- A review of sonographic report writing

The portfolio will be divided into subsections - one for each tasks. Your portfolio will include a range of quality improvement tools for you to complete and submit.

**1:The first part of this assessment task will be spent describing problems** in a sonographic environment and identifying contributing factors.

**a) List 5 (five)** adverse events, or potential adverse events, from within a clinical sonographic department and describe 2 (two) in depth.

**b) Fish Bone Diagram**

Complete a fish bone diagram for **one (1)** adverse event, or potential adverse event, in the clinical workplace, as described in 1a.

**2: In the second part of the assessment you will analyze** one problem with the aim of developing a solution and implementation plan. Use the **FADE** method (as detailed below) to undertake this section.

**a) <u>Focus</u> on the problem and construct a Priority Ranking Tool.** Complete a priority ranking tool to include each of **Five (5)** adverse events discussed in part 1. This is to be accompanied by a brief rationale for the allocation of the '**highest** total problem priority' in the table. You will support your decision with evidence (references). For the '**highest** total problem priority' identify **three** (3) possible ideas for improvement which you would advocate for implementation.

**b) <u>Analyse</u> to decide what you need to know.** Gather baseline data related to this problem by talking to two clinical colleagues about their experiences.List and discuss the most influential factors identified and include a limited identification of root causes / barrier analysis.

**c) <u>Develop</u> a solution and implementation plan.** List possible solutions, select one for further development giving rationale for its selection and outline an implementation plan for this solution. Discuss approaches for implementing change, engagement with key personnel and the probability of success.

**You will not execute the "e" in the FADE method or monitor implementation plan.**

**3: Quality Management Tables**

Complete **five** (5) quality management tables about **one** (1) of the adverse events you identified in part 1.

**a) Management causation scale**, to determine whether medical management rather than disease process caused an adverse event.

**b) Medical management analysis severity scale**, to rate the severity and preventability of an adverse events.

**c) An error causation scale**

**d) Assessment of the preventability of adverse errors**

**e) What further action would you recommend?** Include discussion of opportunities to implement proactive risk managment methods, such as barriers, trigger tools, benchmarking, indicators, national databases and methods to facilitate patients taking an active role in prevention.

**4**: **Risk Assessment Tables**

**Complete a task / activity risk assessment matrix / register to include ten (10) possible hazards in the clinical workplace.**

**Complete a partial risk assessment based on a week in your clinical environment.**

This will involve describing ten possible hazards and the risk(s) associated with each hazard, an evaluation of each risk using a **risk matrix / register** and a description/ evaluation of precautions likely to reduce consequences and/or likelihood.

**a) Step 1: Identify and describe ten possible hazards ( activities that could go wrong ) in your clinical days work-related activities.** Describe the activity within the context of the physical and emotional environment,and the culture of the organisation and the staff who perform the activity, include any up-to-date research findings or worldwide database records of clinical incidents or media reports related to this hazard, include things which you know, have observed or heard have either gone

wrong in the past or near-miss incidents.

**b) Step 2: Decide who might be harmed and how ( what can go wrong? Who is exposed to the hazard?)**

People will make mistakes so it is neccessary to anticipate some degree of human error and try to prevent the error resulting in harm.

Describe each risk associated with that hazard separately and clearly.

**c) Step 3: Evaluate the risks:** Consider both consequences (how bad?) and likelihood ( how often?). Is there need for additional action?

The law requires everyone providing a service to do everything reasonably practicable to protect patients from harm.**Complete a risk matrix / register.** Once a risk has been identified the matrix is used to estimate the chances of an incident occuring or recurring,taking into account the measure in place to prevent it. The chances are rated from unlikely to very likely. The matrix is used to assess the actual or potential consequences of the risk to patients.

**Describe precautions (controls) that will most likely reduce consequences and/or likelihood.**

**Re-evaluate the risks assuming that the precautions ( controls) have been taken.**

**5.** You will measure and evaluate the **patient safety culture in your workplace.**

**Complete the Manchester Patient Safety Framework Evaluation Sheets, in partnership with a work colleague, to measure the patient safety culture in your clinical workplace.**

The "safety culture" is a new concept in the health sector and can be difficult to assess and change. You are going to use the Manchester Patient Safety Framework (MaPSaF) - Ambulance, to measure the patient safety culture in your clinical workplace. This framework has been adapted for use in various health care professions, but as yet, not medical imaging.

**How to use the Manchester Patient Safety Framework (MaPSaF):**

a. For each of the nine aspects of safety culture on the final page (7) of the **Manchester Patient Safety Framework** each person selects the description that best fits the organisation and /or team being assessed. Do this individually and privately, with no discussion. Use a T (team) or O (organisation) on the **evaluation sheet** to indicate your choices. If you really can't decide between two of the descriptions, tick both. This will give you an indication of the current patient safety culture profile in your organisation and / or team.

b. Now discuss your profiles with your colleague. You may notice differences, if this happens discuss possible reasons. Address each dimension in turn and see if you can reach consensus.

c. Consider the overall patient safety culture picture for your organisation and /or team. The emerging picture may not be uniform- there will be areas where your organisation and / or team is doing well and in other areas less well.

d. Produce a written description of this patient safety culture picture for your organisation and /or team. Where things are going less well consider the descriptions of more mature risk management cultures. Why is your organisation not like that? How can you move to a higher level? Include responses to these questions in your description. Reference your discussion using up-to-date literature.

Submit the **completed Manchester Patient Safety Framework Evaluation Sheets** and produce a brief written discussion of your results.

You will support your analysis with evidence (references).

**6. Diagnostic report**

A sonographers report communicates an interpretation of sonographic findings and patient history.

The process of translation into a final report for the referrer is a potential source of error.

You will consider strategies which could minimise this error.

You will produce a final report for the referrer based on a given sonographers worksheet, and other relevant data.

You will discuss potential errors and miimisation strategies.

Conclusion:

These quality improvement tools will form the body of the portfolio. Your portfolio will consist of a series of chapters corresponding to the tasks 1-6 listed above. Your portfolio will demonstrate your ability to apply knowledge of quality practise in the clinical context. The portfolio will form part of a **clinical audit** which you have undertaken.

This task meets with the external accreditation body (ASAR) quality practice requirements for entry-level sonographers.

- Your portfolio will include:
- Cover page
- Contents page
- Data presented in figures, tables and diagrams
- Short directive paragraphs and objective language

An introduction and conclusion is not required. Recommendations for improvement will relate to specific sections of the portfolio.

**Please note:**

Assessment length should be **2000 (maximum)** words, excluding reference list, diagrams, tables, graphics, diagnostic report and completed quality improvement tool. Diagrams can be used to illustrate specific aspects but must be cited and referenced.

The list of references should be contained at the end of the assessment.

Use the American Psychological Association (APA) referencing system.

**Assessment Due Date**
Week 11 Tuesday (23 May 2017) 3:00 pm AEST
Include a title page with student, unit and assessment details. Please save/upload your file in Word format (.doc or .docx) so I can open the file and mark in Word.

**Return Date to Students**
Review/Exam Week Wednesday (7 June 2017)

**Weighting**
60%

**Minimum mark or grade**
Pass

**Assessment Criteria**
The assessment criteria for your Quality Improvement Portfolio will be based on:

- Production of a complete, informative quality management portfolio
- Informed rationale for choices made
- Application of concepts to analysis of events, observations and data collected
- Proposal of relevant, feasible plans for improvement
- Explicit organisation in a logical way, including use of appropriate titles, headings and sub-headings
- Relevancy and prioritisation of content
- Application of concepts and correct use of terminology
- Information supported by credible, up to date references correctly cited
- Correct labelling of legible diagrams, tables and graphics appropriately cited
- Completion of quality improvement tools
- Production and critique of a valid sonographers diagnostic report with strategies for error reduction
- Correct grammar and spelling
- Adherence to the word limit
- Legible font 12 pt 1.5 spacing

Marking criteria available on Moodle

**Referencing Style**

- [American Psychological Association 6th Edition (APA 6th edition)](#)

**Submission**
Online

**Submission Instructions**
Include a title page with student, unit and assessment details. Please save/upload your file in Word format (.doc or .docx) so I can open the file and mark in Word.

**Learning Outcomes Assessed**

- Discuss the key components of clinical governance, quality improvement, risk management and patient safety cultures in health care.
- Employ quality improvement tools and strategies in the context of a clinical sonography environment.

**Graduate Attributes**

- Knowledge
- Communication
- Cognitive, technical and creative skills
- Self-management
- Ethical and Professional Responsibility
- Leadership

# 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