



NURS13134 Community Nursing Perspectives

Term 1 - 2017

Profile information current as at 17/05/2024 08:36 am

All details in this unit profile for NURS13134 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

The focus of this unit is on the lifespan approach to nursing management that supports promoting the health of the individual experiencing a long-term illness. It will provide you with theoretical knowledge that will complement Clinical Nursing Practice 4. You will build on your critical thinking and clinical reasoning skills through the development of knowledge with regards to nursing interventions required to provide safe nursing care to individuals, families and carers in the sub-acute and community setting.

Details

Career Level: *Undergraduate*

Unit Level: *Level 3*

Credit Points: 6

Student Contribution Band: 7

Fraction of Full-Time Student Load: 0.125

Pre-requisites or Co-requisites

Pre-requisites NURS12158 Clinical Nursing Practice 3 BIOH12008 Human Pathophysiology NURS12157 Concepts of Mental Health Nursing NURS12156 Clinical Nursing Practice 2 or NURS11156 Acute Nursing Management NURS12154 Pharmacology for Nursing Practice or NURS12151 Pharmacology for Nursing NURS11158 Evidence Informed Nursing Practice or NHLT12001 Evidence Informed Practice

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

- Bundaberg
- Distance
- Rockhampton

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 Undergraduate 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: 50%

2. **Written Assessment**

Weighting: 50%

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. Consider legal and ethical frameworks and evidence based practice principles to explore the complexity of person centred nursing care across the lifespan in the sub-acute and community settings.
2. Discuss a lifespan approach to local, national and international chronic disease patterns and preventative measures.
3. Explore the safe use of technology to facilitate person centred nursing care across the lifespan within the sub-acute and community settings.
4. Appraise communication processes that enable continuity of care, person safety and quality within the sub-acute and community setting.
5. Integrate cultural competence to develop person centred nursing interventions across the lifespan including discharge planning where relevant to the sub-acute and community setting.

The learning outcomes are linked to the Australian Nursing and Midwifery Accreditation Standards for registered nurses and the Nursing and Midwifery Board of Australia competencies.

Alignment of Learning Outcomes, Assessment and Graduate Attributes



Alignment of Assessment Tasks to Learning Outcomes

Assessment Tasks	Learning Outcomes				
	1	2	3	4	5
1 - Written Assessment - 50%	•	•	•	•	•
2 - Written Assessment - 50%	•	•	•	•	•

Alignment of Graduate Attributes to Learning Outcomes

Graduate Attributes	Learning Outcomes				
	1	2	3	4	5
1 - Communication	•	•	•	•	•
2 - Problem Solving	•	•	•	•	•
3 - Critical Thinking	•	•	•	•	•
4 - Information Literacy		•	•	•	•
5 - Team Work				•	
6 - Information Technology Competence		•	•		
7 - Cross Cultural Competence	•	•	•	•	•
8 - Ethical practice	•	•	•	•	•

Graduate Attributes	Learning Outcomes				
	1	2	3	4	5
9 - Social Innovation					
10 - 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	9	10
1 - Written Assessment - 50%	•	•	•	•	•	•	•	•		
2 - Written Assessment - 50%	•	•	•	•	•	•	•	•		

Textbooks and Resources

Textbooks

There are no required textbooks.

IT Resources

You will need access to the following IT resources:

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

Referencing Style

All submissions for this unit must use the referencing style: [American Psychological Association 6th Edition \(APA 6th edition\)](#)

For further information, see the Assessment Tasks.

Teaching Contacts

Sharon Stanton Unit Coordinator
s.stanton@cqu.edu.au

Schedule

Week 1 - 06 Mar 2017

Module/Topic	Chapter	Events and Submissions/Topic
The Way Forward.		

Week 2 - 13 Mar 2017

Module/Topic	Chapter	Events and Submissions/Topic
Meet Molly		

Week 3 - 20 Mar 2017

Module/Topic	Chapter	Events and Submissions/Topic
Molly has been transferred from TCP to home		

Week 4 - 27 Mar 2017

Module/Topic	Chapter	Events and Submissions/Topic
Molly is transferred to a Residential Rehabilitation Unit		

Week 5 - 03 Apr 2017

Module/Topic	Chapter	Events and Submissions/Topic
Meet Barry		Literature Review Due: Week 5 Friday (7 Apr 2017) 11:45 pm AEST

Vacation Week - 10 Apr 2017

Module/Topic	Chapter	Events and Submissions/Topic
Vacation Week		

Week 6 - 17 Apr 2017

Module/Topic	Chapter	Events and Submissions/Topic
Barry has some health complications secondary to his diabetes		

Week 7 - 24 Apr 2017

Module/Topic	Chapter	Events and Submissions/Topic
Barry receives some bad news regarding his health		

Week 8 - 01 May 2017

Module/Topic	Chapter	Events and Submissions/Topic
Barry meets Pam from the Palliative Care Team		

Week 9 - 08 May 2017

Module/Topic	Chapter	Events and Submissions/Topic
Meet Bobbi		

Week 10 - 15 May 2017

Module/Topic	Chapter	Events and Submissions/Topic
Bobbi's asthma is acting up		Case Study Due: Week 10 Friday (19 May 2017) 11:45 pm AEST

Week 11 - 22 May 2017

Module/Topic	Chapter	Events and Submissions/Topic
Bobbi goes into Respite Care		

Week 12 - 29 May 2017

Module/Topic	Chapter	Events and Submissions/Topic
Bobbi moves into "Yes, I can, House"		

Review/Exam Week - 05 Jun 2017

Module/Topic	Chapter	Events and Submissions/Topic
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Exam Week - 12 Jun 2017

Module/Topic	Chapter	Events and Submissions/Topic
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Assessment Tasks

1 Literature Review

Assessment Type

Written Assessment

Task Description

Literature review 2000 words +/- 10%

A literature review is a critical investigation of published sources, or literature, on a particular topic. It is an evaluation of the literature and provides a summary, categorisation, comparison and assessment of different sources.

You will find a link to the Academic Learning Centre Fact Sheet on Literature Reviews on the Moodle site under the Assessments tab.

For this assessment you are required to conduct a literature review on the subacute and community management of a patient with a diagnosis of renal failure. For clarification on the descriptions of subacute or community management, please review the appropriate section in Week 1 of the Study Guide and on the Moodle site.

While the focus of the literature review should be the Australian setting, you should consider the lifespan approach and preventative measures in the local, national and international settings.

As this is a literature review, it is an expectation that you will have **at least**, 20 peer reviewed **journal articles**. Remember the three R's. **Recent, Reliable and Relevant.**

Some points to remember:

- You **must** reference as per the APA Referencing Guide. There is a link to this on the Moodle site, under the assessments tab.
- The word count for your literature review is 2000 words (+/- 10%). This includes your in text referencing.
- Your assessment should be word processed, with appropriate formatting, font size, line spacing and layout.
- You may choose to use headings in your literature review. This may assist you in organising the different points you are covering.
- If you use headings, you will be required to add a Contents/Headings page into your assessment.
- You must write in academic style. Be mindful of casual language, grammar, spelling, punctuation and sentence structure.
- Save and upload your file as a word document (or equivalent) so it can be read by the marker.

IMPORTANT INFORMATION!

The CQUniversity Assessment Policy and Procedure (4.58) states:

· If a student does not submit an extension request or does not give sound reasons for a late request, a penalty of five percent (or equivalent) of the total available marks for the assessment will be deducted for each calendar day (full or part) the assessment task is overdue.

What this means for you. If you are having any issues or problems, make contact with the unit co-ordinator **BEFORE** the due date.

Finally, if you have any questions regarding this assessment item, please address your questions in the first instance to the Assessment 1 Forum on the Moodle site. If it is of a

personal nature, then, of course, please contact your unit coordinator directly.

Assessment Due Date

Week 5 Friday (7 Apr 2017) 11:45 pm AEST

Return Date to Students

Week 8 Friday (5 May 2017)

Weighting

50%

Minimum mark or grade

50%

Assessment Criteria

HD 85-100%	D 75-84%	C 65-74%	P 50-64%	F <50%	Marks
Structure -15% 5%	4%	3%	2.5%	>2.5%	
Clear and succinct introduction that introduces the topic of subacute and community management of a patient with a diagnosis of renal failure and outlines the direction of the paper. (5%)	Clear and appropriate introduction that introduces the topic of subacute and community management of a patient with a diagnosis of renal failure and outlines the direction of the paper.	Appropriate introduction that introduces the topic of subacute and community management of a patient with a diagnosis of renal failure and outlines the direction of the paper.	Introduction is apparent although consists only of a list of the contents of the paper. Topic of subacute and community management of a patient with a diagnosis of renal failure not clearly introduced.	No recognisable introduction— the topic of subacute and community management of a patient with a diagnosis of renal failure is not introduced and/or there is no direction offered in respect of the paper.	
Clear and succinct conclusion that outlines the main points and brings the argument to a logical close. (5%)	Clear and appropriate conclusion that outlines the main points and brings the argument to a close.	Conclusion outlines most of the main points and brings some sense of closure.	Conclusion apparent - outlines most of the main points and endeavours to bring the argument to a close -some incongruity.	No recognisable conclusion - little reference to the main points does not offer a clear conclusion to the paper.	/15
Consistently accurate with spelling, grammar, use of punctuation. Excellent presentation of assignment, double spaced with 12 point font. Organisation and structure is clear and concise. (5%)	Generally accurate (1-2inaccuracies) with spelling, grammar, use of punctuation. A well-presented assignment, double spaced with 12 point font. Organisation and structure is clear	Occasional inaccuracies (3-4) with spelling, grammar, use of punctuation. A well-presented assignment, double spaced with 12 point font. Organisation and structure is appropriate.	Frequent inaccuracies (5-6) with spelling, grammar, use of punctuation. A well-presented assignment, double spaced with 12 point font. Organisation and structure allows misinterpretation of the meaning of the content.	Many inaccuracies (>6) with spelling, grammar, use of punctuation. Poorly presented assignment, double spacing not used, 12 point font not used. Organisation and structure detract from the meaning of the content/or is irrelevant.	
Approach and Argument (70%)					
There is a highly developed appraisal and evaluation of most or all literature cited. Very clearly linked back to the topic of subacute and community management of a patient with a diagnosis of renal failure. (25.5-30)	There is a well-developed appraisal and evaluation of most literature cited. Somewhat clearly linked back to the topic of subacute and community management of a patient with a diagnosis of renal failure. (22.5-25)	There is evident appraisal and evaluation of some literature cited. Some links back to the topic of subacute and community management of a patient with a diagnosis of renal failure. (19.5-22)	There is limited appraisal and evaluation of literature cited. Not clearly linked back to the topic of subacute and community management of a patient with a diagnosis of renal failure. (15-19)	There is a no appraisal and evaluation of the cited literature evident. Not linked back to the topic of subacute and community management of a patient with a diagnosis of renal failure. (<15)	/30
The focus of literature review is the Australian setting with extensive consideration of the lifespan approach and preventative measures in the local, national and international settings. (17-20)	The focus of literature review is the Australian setting with substantial consideration of the lifespan approach and preventative measures in the local, national and international settings. (15-16.5)	The focus of literature review is the Australian setting with general consideration of the lifespan approach and preventative measures in the local, national and international settings. (13-14.5)	The focus of literature review is the Australian setting with limited consideration of the lifespan approach and preventative measures in the local, national and international settings. (10-12.5)	The focus of literature review is not evident or the Australian setting with no consideration of the lifespan approach and preventative measures in the local, national and international settings. (<10)	/20

Clear, coherent and convincing critical thought displayed. All or most points supported with recent, peer-reviewed and quality references relevant to the topic of subacute and community management of a patient with a diagnosis of renal failure. (17-20)	Well-developed critical thought displayed. Many points supported with recent, peer-reviewed and quality references relevant to the topic of subacute and community management of a patient with a diagnosis of renal failure. (15-16.5)	Some critical thought displayed. Some points supported with recent, peer-reviewed and quality references relevant to the topic of subacute and community management of a patient with a diagnosis of renal failure. (13-14.5)	Minimal critical thought displayed. Minimal points supported with recent peer-reviewed and quality references relevant to the topic of subacute and community management of a patient with a diagnosis of renal failure. (10-12.5)	No critical thought evident. No points supported with recent peer-reviewed and quality references relevant to the topic of subacute and community management of a patient with a diagnosis of renal failure. (<10)	/20
Referencing-15% 5%	4%	3%	2.5%	>2.5%	
Consistently accurate with in-text peer reviewed and quality referencing to support and reflect all ideas, factual information and quotations. (5%)	Frequently integrates up to date peer reviewed and quality references to support and reflect ideas, actual information and quotations, with 1 or 2 exceptions.	Generally integrates up to date peer reviewed and quality references to support and reflect ideas, factual information and quotations, with 3 to 5 exceptions.	Occasionally integrates up to date peer reviewed and quality references to support and reflect ideas, factual information and quotations (6-10 exceptions).	Fails to or infrequent attempts to integrate up to date peer reviewed and quality references to support and reflect ideas, factual information and quotations (>10).	/15
Peer reviewed and quality references in reference list have been entered as per APA referencing style guide. Reference list in alphabetical order No errors identified in the reference list. Consistently accurate with in text referencing. (5%)	Peer reviewed and quality references list in alphabetical order. Referencing is mostly consistent throughout with APA style of referencing (1-2 errors) with in text referencing.	Peer reviewed and quality references list in alphabetical order. References have been entered consistently throughout with APA style of referencing (3-5 errors) with in text referencing.	Peer reviewed and quality references list in alphabetical order. References have been entered as per APA style of referencing is occasionally consistent with APA style. Frequent inaccuracies (6-10 errors) with in text referencing.	Peer reviewed and quality references list not alphabetical order. APA referencing style is not used. Many inaccuracies (>10) with in text referencing.	
A minimum of 20 peer reviewed and quality journal articles used. At least 18 journal articles are recent and relevant. (5%)	A minimum of 20 peer reviewed and quality journal articles used. At least 15 journal articles are recent and relevant.	A minimum of 20 peer reviewed and quality journal articles used. At least 12 journal articles are recent and relevant.	A minimum of 20 peer reviewed and quality journal articles used. At least 10 journal articles are recent and relevant.	A minimum of 20 peer reviewed and quality journal articles not used and /or >10 journal articles are not recent or relevant.	
Total Marks					

Referencing Style

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

Submission

Online

Learning Outcomes Assessed

- Consider legal and ethical frameworks and evidence based practice principles to explore the complexity of person centred nursing care across the lifespan in the sub-acute and community settings.
- Discuss a lifespan approach to local, national and international chronic disease patterns and preventative measures.
- Explore the safe use of technology to facilitate person centred nursing care across the lifespan within the sub-acute and community settings.
- Appraise communication processes that enable continuity of care, person safety and quality within the sub-acute and community setting.
- Integrate cultural competence to develop person centred nursing interventions across the lifespan including discharge planning where relevant to the sub-acute and community setting.

Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Information Technology Competence

- Cross Cultural Competence
- Ethical practice

2 Case Study

Assessment Type

Written Assessment

Task Description

Assessment 2 - Due Date Friday of Week 10 at 11.45pm

Case Study 2000 words +/- 10%

There are two different methods for working with case studies. There is the Analytical Approach and the Problem-Oriented Method. For this assessment you will be expected to use the Problem-Oriented Method.

"A successful case study analyses a real life situation where existing problems need to be solved" (Monash University, 2007).

A case study should relate the theory to a practical situation. What that means is you will need to apply the ideas and knowledge discussed in the coursework to the practical issues you will discuss in the case study. To do this you will need to:

- Identify the problems
- Select the major problems in the case and suggest solutions to these problems
- Recommend the best solution to be implemented and detail how it should be implemented

Remember: The Case is the 'real life' situation; the Case Study is the analysis of the situation

Using the information gathered from Assessment 1, the literature review, the student is to write a Case Study based on a patient with renal failure. The student may choose to base some information on patients they have come into contact with during their clinical placements to date. **NB:** Remember to maintain confidentiality and de-identify any information surrounding the patient or health facility. The case study should include the timeframe from pre-discharge management to discharge into the subacute/community setting. The student should include in the discussion any community services that may be required.

Some points to remember:

- You **must** reference as per the APA Referencing Guide. There is a link to this on the Moodle site, under the assessments tab.
- The word count for your case study is 2000 words (+/- 10%). This includes your in text referencing.
- Your assessment should be word processed, with appropriate formatting, font size, line spacing and layout.
- You are not required to use headings in your case study.
- You are not required to add a Contents/Headings page into your assessment.
- You must write in academic style. Be mindful of casual language, grammar, spelling, punctuation and sentence structure.
- Save and upload your file as a word document (or equivalent) so it can be read by the marker.
- The case study is to be written in the Problem-Oriented Method as described at the beginning of this document.

IMPORTANT INFORMATION!

The CQUniversity Assessment Policy and Procedure (4.58) states:

· If a student does not submit an extension request or does not give sound reasons for a late request, a penalty of five percent (or equivalent) of the total available marks for the assessment will be deducted for each calendar day (full or part) the assessment task is overdue.

What this means for you. If you are having any issues or problems, make contact with the unit co-ordinator **BEFORE** the due date.

Finally, if you have any questions regarding this assessment item, please address your questions in the first instance to the Assessment 1 Forum on the Moodle site. If it is of a personal nature, then, of course, please contact your unit coordinator directly.

Assessment Due Date

Week 10 Friday (19 May 2017) 11:45 pm AEST

Return Date to Students

Review/Exam Week Friday (9 June 2017)

Weighting

50%

Minimum mark or grade

50%

Assessment Criteria

HD 85-100%	D 75-84%	C 65-74%	P 50-64%	F <50%	Marks
Structure -15% 5%	4%	3%	2.5%	>2.5%	/15
Clear and succinct introduction that presents the case study subject (patient) and their issues and needs in relation to the topic of subacute and community management of a patient with a diagnosis of renal failure and outlines the direction of the paper. (5%)	Clear and appropriate introduction that presents the case study subject (patient) and their issues and needs in relation to the topic of subacute and community management of a patient with a diagnosis of renal failure and outlines the direction of the paper.	Appropriate introduction that presents the case study subject (patient) and their issues and needs in relation to the topic of subacute and community management of a patient with a diagnosis of renal failure and outlines the direction of the paper.	Introduction is apparent although consists only of a list of the contents of the paper and/or only presents the case study subject (patient). The issues and needs of the case study subject (patient) in relation to the topic of subacute and community management of a patient with a diagnosis of renal failure not clearly introduced.	No recognisable introduction— the case study subject (patient) and their issues and needs in relation to the topic of subacute and community management of a patient with a diagnosis of renal failure is not presented and/or there is no direction offered in respect of the paper.	/15
Clear and succinct conclusion that outlines all/most of the main points and brings the discussion to a logical close. (5%)	Clear and appropriate conclusion that outlines most of the main points and brings the discussion to a close.	Conclusion generally outlines the main points and brings some sense of closure to the discussion.	Conclusion apparent although only outlines some of the main points and endeavours to bring the discussion to a close -some incongruity.	No recognisable conclusion - little or no reference to the main points and does not offer a clear conclusion to the paper.	
Consistently accurate with spelling, grammar, use of punctuation. Excellent presentation of assignment, double spaced with 12 point font. Organisation and structure is clear and concise. (5%)	Generally accurate (1-2 inaccuracies) with spelling, grammar, use of punctuation. A well-presented assignment, double spaced with 12 point font. Organisation and structure is clear.	Occasional inaccuracies (3-4) with spelling, grammar, use of punctuation. A well-presented assignment, double spaced with 12 point font. Organisation and structure is appropriate.	Frequent inaccuracies (5-6) with spelling, grammar, use of punctuation. A well-presented assignment, double spaced with 12 point font. Organisation and structure allows misinterpretation of the meaning of the content.	Many inaccuracies (>6) with spelling, grammar, use of punctuation. Poorly presented assignment, double spacing not used, 12 point font not used. Organisation and structure detract from the meaning of the content/or is irrelevant.	
Approach and Argument (70%)				>7	/70

Comprehensively includes the timeframe from pre-discharge management to discharge into the subacute/community setting. The Problem-oriented Method is very clearly utilised. (8.5 - 10)	Extensively includes the timeframe from pre-discharge management to discharge into the subacute/community setting. The Problem-oriented Method is clearly utilised. (7.5-8)	Generally includes the timeframe from pre-discharge management to discharge into the subacute/community setting. The Problem-oriented Method is utilised. (6.5-7)	Limited inclusion of the timeframe from pre-discharge management to discharge into the subacute/community setting. The Problem-oriented method is evident although some incongruity. (5-6)	Inadequate or no inclusion of the timeframe from pre-discharge management to discharge into the subacute/community setting. The Problem-oriented method is not used or is unclear. (<5)	/10
Comprehensively includes a detailed discussion and rationale for use of community and/or support services accessed and/or those from which the case study subject (patient) could have received some benefit, but did not receive. (13-15)	Extensively includes a detailed discussion and rationale for use of community and/or support services accessed and/or those from which the case study subject (patient) could have received some benefit, but did not receive. (11.5-12.5)	Generally includes a discussion and rationale for use of community and/or support services accessed and/or those from which the case study subject (patient) could have received some benefit, but did not receive. (10-11)	Demonstrates a limited discussion and/or rationale for use of community and/or support services accessed and/or those from which the case study subject (patient) could have received some benefit, but did not receive. (7.5-9.5)	Little to no discussion and/or rationale for use of community and/or support services accessed and/or those from which the case study subject (patient) could have received some benefit, but did not receive. (<7.5)	/15
A comprehensive awareness of cultural and social issues relevant to the case study subject (patient), and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (13-15)	An extensive awareness of cultural and social issues relevant to the case study subject (patient), and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (11.5-12.5)	A general awareness of cultural and social issues relevant to the case study subject (patient), and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (10-11)	A limited awareness demonstrated of cultural and social issues relevant to the case study subject (patient), and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (7.5-9.5)	Little to no awareness demonstrated of cultural and social issues relevant to the case study subject (patient), and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (<7.5)	/15
Comprehensively includes a detailed discussion and rationale of self-management and medication strategies in relation to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (13-15)	Extensively includes a detailed discussion and rationale of self-management and medication strategies in relation to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (11.5-12.5)	Generally includes a reasonable discussion and rationale of self-management and medication strategies in relation to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (10-11)	Demonstrates a limited discussion and/or rationale of self-management and medication strategies in relation to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (7.5-9.5)	Little to no discussion and/or rationale of self-management and medication strategies in relation to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (<7.5)	/15
Clear, coherent and convincing critical thought displayed. All/most points/ideas supported with peer reviewed and/or quality references relating all/most findings back to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (13-15)	Well developed critical thought displayed. Most points/ideas supported with peer reviewed and/or quality references relating most findings back to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. 11.5-12.5)	General critical thought displayed. Some points/ideas supported with peer reviewed and/or quality references relating some findings back to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (10-11)	Limited perceptible critical thought displayed. Limited points/ideas supported with peer reviewed and/or quality references relating limited findings back to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (7.5-9.5)	Little to no critical thought displayed. No points/ideas supported with peer reviewed and/or quality references. No findings related back to the case study subject (patient) and their issues and needs in relation to subacute and community management of a patient with a diagnosis of renal failure. (<7.5)	/15
Referencing-15% 5%	4%	3%	2.5%	>2.5%	/15

Consistently accurate with in-text peer reviewed and quality referencing to support and reflect all ideas, factual information and quotations. (5%)	Generally integrates up to date peer reviewed and quality references to support and reflect ideas, factual information and quotations, with 1 or 2 exceptions.	Frequently integrates up to date peer reviewed and quality references to support and reflect ideas, factual information and quotations, with 3 to 5 exceptions.	Occasionally integrates up to date peer reviewed and quality references to support and reflect ideas, factual information and quotations (6-10 exceptions).	Fails to or infrequent attempts to integrate up to date peer reviewed and quality references to support and reflect ideas, factual information and quotations (>10).	/15
Peer reviewed and quality references in reference list have been entered as per APA referencing style guide. Reference list in alphabetical order No errors identified in the reference list. Consistently accurate with in text referencing. (5%)	Peer reviewed and quality references list in alphabetical order. Referencing is mostly consistent throughout with APA style of referencing (1-2 errors) with in text referencing.	Peer reviewed and quality references list in alphabetical order. References have been entered consistently throughout with APA style of referencing (3-5 errors) with in text referencing.	Peer reviewed and quality references list in alphabetical order. References have been entered as per APA style of referencing is occasionally consistent with APA style. Frequent inaccuracies (6-10 errors) with in text referencing.	Peer reviewed and quality references list not alphabetical order. APA referencing style is not used. Many inaccuracies (>10) with in text referencing	
A minimum of 20 peer reviewed and quality references used. At least 16 journal articles with the others relevant websites. (5%)	A minimum of 20 peer reviewed and quality references used. At least 14 journal articles with the others relevant websites.	A minimum of 20 peer reviewed and quality references used. At least 12 journal articles with the other relevant websites.	A minimum of 20 peer reviewed and quality references used. At least 10 journal articles with the others relevant websites.	A minimum of 20 peer reviewed and quality references not used. The required number of journal articles not sourced. Relevant websites not used.	
Total Marks					/100

Referencing Style

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

Submission

Online

Learning Outcomes Assessed

- Consider legal and ethical frameworks and evidence based practice principles to explore the complexity of person centred nursing care across the lifespan in the sub-acute and community settings.
- Discuss a lifespan approach to local, national and international chronic disease patterns and preventative measures.
- Explore the safe use of technology to facilitate person centred nursing care across the lifespan within the sub-acute and community settings.
- Appraise communication processes that enable continuity of care, person safety and quality within the sub-acute and community setting.
- Integrate cultural competence to develop person centred nursing interventions across the lifespan including discharge planning where relevant to the sub-acute and community setting.

Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Information Technology Competence
- Cross Cultural Competence
- Ethical practice

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