



# NURS13134 Community Nursing Perspectives

## Term 1 - 2019

Profile information current as at 09/05/2024 02:19 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 - 2019

- Bundaberg
- Online
- 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](#).

## 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 Unit Evaluation Survey.

##### **Feedback**

Feedback on assessments not sufficient.

##### **Recommendation**

As part of an ongoing project, markers will be given a "comments bank" and contact with each marker will be made to confirm understanding of requirements and outcomes.

#### Feedback from Student Unit Evaluation Survey

##### **Feedback**

Weekly mini quizzes (ungraded) - both positive and negative feedback.

##### **Recommendation**

This component of the unit will be removed. This is in response to feedback from DDLT. As would be expected from a large cohort, there were variable responses.

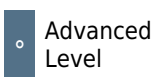
## Unit Learning Outcomes

### **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                                | •                 | • | • | • | • |
| 9 - Social Innovation                               |                   |   |   |   |   |
| 10 - Aboriginal and Torres Strait Islander Cultures |                   |   |   |   |   |

## Alignment of Assessment Tasks to Graduate Attributes

[illegible]

## 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](mailto:s.stanton@cqu.edu.au)

**Belinda Jensen** Unit Coordinator  
[b.jensen@cqu.edu.au](mailto:b.jensen@cqu.edu.au)

## Schedule

### Week 1 - 11 Mar 2019

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

## The Way Forward.

It has been long argued that the Australian health care system requires revision and reorientation towards a more comprehensive primary health care approach. This is in response to increasing social and demographic factors: such as health system burdens due to chronic conditions and the ever growing elderly population, as well as increasing healthcare costs (Parker and Keleher, 2008). Issues that compound this are the pressures to decrease hospital length of stay, admissions to hospital and increased focus on care homes and de-institutionalisation processes to take all cohorts of patients back to their homes to continue healthcare in the community. Government attention has become increasingly focused on developing the capacity in the prevention and management of chronic disease conditions in order to attempt to address some of these issues.

**Week 2 - 18 Mar 2019**

| Module/Topic | Chapter | Events and Submissions/Topic   |
|--------------|---------|--|
| Meet Molly   |         | Some of you will remember meeting Molly in Medical Surgical Nursing when she was on the way home from her latest hospital visit. She was very happy with the care that her lovely 'CQU students' gave her. |

**Week 3 - 25 Mar 2019**

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

This week Molly is at home. She has been seen by the ACAT team and referred to TCP to be assessed for home support until her mobility is at a level that will ensure Molly is safe from injury or harm. Molly is concerned about how she will manage at home but is very independent and does not like asking for help. She is feeling a little low in mood and quite anxious. Her family are very supportive but they can only visit now and again due to work responsibilities. Molly is a retired nurse so feels that she should be able to do it all herself.

| Module/Topic  | Chapter | Events and Submissions/Topic   |
|---|---------|--|
| Molly is transferred to a Residential Rehabilitation Unit |         | <p>This week Molly is being transferred into a residential rehabilitation unit after her recent episode of ill health. She was assessed for CHF and this was ruled out by the cardiologist. She had suffered another exacerbation of her COPD. This episode has impacted on her recovery and is her second exacerbation in 6 months.</p> |

Meet Barry

This week we introduce Barry. Barry is a 65 year old Kamilaroi man who is an Elder in his community. He is one of 9 children, grew up on the Thiri Thiri Mission and worked as a station hand, then station manager and is now retired. He is married and has 5 children. Barry suffers from type 2 diabetes for which he is insulin dependent. He admits to not managing his diabetes as well as he should. He also suffers from some moderate arthritis which gives him some bother at times. Mostly in his hips, knees and back.

Assessment 1 Due Wednesday, 10th April, 11.45pm

**Assessment 1** Due: Week 5  
Wednesday (10 Apr 2019) 11:45 pm AEST

#### Vacation Week - 15 Apr 2019

| Module/Topic  | Chapter | Events and Submissions/Topic     |
|---------------|---------|----------------------------------|
| Vacation Week |         | Take some time out for yourself. |

#### Week 6 - 22 Apr 2019

| Module/Topic  | Chapter | Events and Submissions/Topic  |
|---|---------|---|
| Barry has some health complications secondary to his diabetes |         | <p>This week Barry has been home for several months. His antibiotic treatment has ceased, his foot wound is clean and no longer infected but not healing well.</p> <p>Poorly managed diabetes comes with many significant complications and side effects.</p> |

#### Week 7 - 29 Apr 2019

| Module/Topic                                      | Chapter | Events and Submissions/Topic   |
|---|---------|--|
| Barry receives some bad news regarding his health |         | <p>This week Barry is doing well. He has been managing his diabetes as per his management plan very well and has seen a great improvement in his diabetic foot ulcer which is almost completely healed. He has been walking for exercise and has noticed it is exacerbating his arthritis.</p> |

#### Week 8 - 06 May 2019

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



Barry meets Pam from the Palliative Care Team

This week Barry is no longer responding to chemotherapy. Barry and Barbara are expecting a visit from Pam, a registered nurse with the Palliative Care Team. Barry, Barbara and their family are quite anxious as to them, Palliative Care means Barry is close to death.

#### Week 9 - 13 May 2019

| Module/Topic | Chapter | Events and Submissions/Topic  |
|--------------|---------|---|
| Meet Bobbi   |         | <p>This week you meet Bobbi. Bobbi is a 22 year old woman living with her 75 year old father, Robert. Bobbi's mother, Betty, passed away a few months ago from metastatic bowel cancer. Bobbi is an only child and was born with Down syndrome, or trisomy 21. Bobbi has the mental age of around an 11-12 year old. She suffers from asthma and is classified as obese. Now access the Study Guide to learn more about Bobbi.</p> <p>Bobbi has been admitted to the Emergency Department. She is visibly flushed and unwell although she is still chatty and willing to engage with the staff. Her father, Robert is more reserved and appears disengaged and reluctant to interact with either Bobbi or the staff. Bobbi has some blood taken and is asked for a mid-stream urine sample.</p> |

#### Week 10 - 20 May 2019

| Module/Topic                | Chapter | Events and Submissions/Topic   |
|-----------------------------|---------|--|
| Bobbi's asthma is acting up |         | <p>This week Bobbi is visiting Dr Apen's rooms for her follow up appointment. She is not recovering as quickly as expected from her UTI and appears to be having some issues with her asthma. Robert does not appear to be coping and discusses his issues with Dr Apen.</p> |

#### Week 11 - 27 May 2019

| Module/Topic                          | Chapter | Events and Submissions/Topic   |
|---------------------------------------|---------|--|
| Bobbi moves into "Yes! I CAN! House". |         | <p>This week Bobbi is moving into "Yes, I CAN! House". Bobbi will first need to be appointed a guardian as her father, Robert has relinquished care due to his diagnosis of Alzheimer's and his move closer to his brother Gus. Gus is Robert's Power of Attorney and Enduring Guardian, based in NSW.</p> <p>Assessment 2 Due, Monday, 27th May, 11.45pm</p> <p><b>Assessment 2</b> Due: Week 11 Monday (27 May 2019) 11:45 pm AEST</p> |
| <b>Week 12 - 03 Jun 2019</b>          |         |  |
| Module/Topic                          | Chapter | Events and Submissions/Topic   |
| Review Week                           |         | <p>This week of the study guide is to be completed in conjunction with the preceding 11 weeks of the study guide and the corresponding resources on the Moodle site for NURS13134 – Community Nursing Perspectives.</p>  |
| <b>Review/Exam Week - 10 Jun 2019</b> |         |  |
| Module/Topic                          | Chapter | Events and Submissions/Topic   |
| <b>Exam Week - 17 Jun 2019</b>        |         |  |
| Module/Topic                          | Chapter | Events and Submissions/Topic   |

## Assessment Tasks

### 1 Assessment 1

#### Assessment Type

Written Assessment

#### Task Description

NURS13134 – Community Nursing Perspectives - Assessment 1

**Due Date: Wednesday, 10th April 2019. 11.45pm (Week 5)**

**Word Count: 2500 - 3000 words (Please see word count for each Section for clarification)**

NB: The word count is considered from the first word of the introduction to the last word of the conclusion. It **includes** in-text references and direct quotations. It **excludes** the cover page, contents page, reference list and appendices (if applicable).

**Weight: 50%**

## Learning Outcomes:

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.
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.

## Instructions:

You will research the subacute and community management of a person with a diagnosis of Huntington's disease. Your assessment submission will incorporate three distinct sections:

1. disease description,
2. an annotated bibliography
3. a reflection on your learning.

Please be aware, this assessment is **not** an essay and as such, there should **not** be an introduction or conclusion.

### Section 1 – The Disease: 500 words **maximum (you will need to write succinctly)**

You will describe the diagnosis of Huntington's disease. You should **briefly** explain the pathophysiology, and the clinical manifestations, some significant statistics and treatment options. Your statistics should present mortality and morbidity rates, variations between male vs female diagnosis, age of diagnosis, and age of survival within Australia, and comparing these to the International setting. Again, keep it **brief and to the point**.

### Section 2 – Annotated Bibliography: 12 citations and 150 words (+/- 10%) for **each** citation

While researching your literature, you will need to keep in mind a few points of focus. Your research should show the different components of Huntington's disease, as experienced by a person with the diagnosis.

Your research should include:

- Diagnosis
- General care/management across the Huntington's disease stages
- End stage care including palliative care considerations

An annotated bibliography allows you to become acquainted with the material available on a given topic.

- An annotated bibliography starts with the citation, followed by a brief annotation.
- Each annotation should be concise. Do not write too much—remember, you are writing a summary, not an essay. Annotations should be no longer than one paragraph. As such, only mention significant and relevant details. This assessment has a requirement of 150 words (+/- 10%) per citation. Please, do not get too focussed on exact word counts. The importance should be on being succinct and to the point. This will be discussed further during the term in Assessment Support communications.
- As you are addressing one text at a time, do not cross-reference or use in-text

citations (referencing) to support your annotation. The citation is not included in the word count.

- While you must consider the Australian focus, International articles should not be discounted. You may use these resources for Assessment 2, and International information can be used to support your discussion.
- You should write in full sentences and to academic standards of presentation as per the 2018 APA Referencing Guide.

§ As with a normal reference list, an annotated bibliography is arranged alphabetically as per the APA Referencing Style.

§ An exemplar is available on the Moodle site.

### Section 3 – Reflection: 500 words **maximum**

Your reflection should incorporate what you have learned about community management of a patient with a diagnosis of Huntington's disease from your research. You should follow Gibbs Reflective Cycle. You should include evidence-based practice principles. It is accepted you will write in the first person for the reflection section **only**. Be mindful to not allow this to lead to casual language and grammar.

#### General Information.

- You will **only** be required to reference sources for Section 1 – The Disease, and **if** you use any in your reflection. The reference list is on its own page at the end of your work. You are **not** required to recreate a reference list for your annotated bibliography.
- Please use headings for each section of your work. This means a contents page will be required in your work.
- Your sources for your annotated bibliography should be quality literature. Primary sources are preferable but not a requirement.
- Remember the **three R's** for your sources. **Recent, Reliable and Relevant.**
- You should write in academic language and not in the first person **other than** your reflection. Be mindful of punctuation, grammar, spelling and sentence structure.
- All three sections must be formatted as per the 2018 APA Referencing Guide.
- Referencing must be APA Style as per the 2018 APA Referencing Guide.
- Please... do not hesitate to ask questions related to your assessment if you are unclear.

#### Assessment Due Date

Week 5 Wednesday (10 Apr 2019) 11:45 pm AEST

#### Return Date to Students

Week 7 Wednesday (1 May 2019)

#### Weighting

50%

#### Assessment Criteria

### Marking Criteria NURS13134 - Assessment One

Student name: Student Number:

### Section 1 - The Disease 15%

#### Structure

|   |   |  |  |   |
|---|---|--|--|---|
| Clear and succinct description that considers a diagnosis of Huntington's disease, including statistics and a brief overview of pathophysiology.  | Clear and appropriate description that considers a diagnosis of Huntington's disease, including statistics and a brief overview of pathophysiology.   | Appropriate description that considers a diagnosis of Huntington's disease, including statistics and a brief overview of pathophysiology.  | Topic of a diagnosis of Huntington's disease, including statistics and a brief overview of pathophysiology not clearly presented and/or obvious omissions.   | Required content is not evident and/or is missing major points and/or is unclear.   |
| Consistently accurate with spelling, grammar, use of punctuation. Excellent presentation, double-spaced with 12-point font. Assessment is formatted as per the APA Referencing Guide. No evident errors. Organisation and structure is clear and concise. | Generally accurate (1-2 inaccuracies) with spelling, grammar, use of punctuation. Well-presented, double-spaced, with 12-point font. Assessment is mostly formatted as per the AOA Referencing Guide (1-2 inaccuracies). Organisation and structure is clear. | Occasional inaccuracies (3-4) with spelling, grammar, use of punctuation. A suitable presentation, double-spaced with 12-point font. Assessment is generally formatted as per the APA Referencing Guide (3-4 inaccuracies). Organisation and structure is appropriate. | Frequent inaccuracies (5-6) with spelling, grammar, use of punctuation. An adequate presentation, double-spaced with 12-point font. Assessment is occasionally formatted as per the APA Referencing Guide (5-6 inaccuracies). Organisation and structure allows misinterpretation of the meaning of the content. | Many inaccuracies (>6) with spelling, grammar, use of punctuation. Poorly presented and/or double spacing not used and/or 12-point font not used. Assessment is not/frequently not formatted as per the APA Referencing Guide. Organisation and structure detract from the meaning of the content/or is irrelevant. |

/5  
/5

## Referencing

|  |  |   |   |   |
|--|--|---|---|---|
| Consistently accurate with recent, relevant and reliable, in-text quality referencing to support and reflect all ideas, information and quotations. Reference list as per APA Referencing Style Guide. No errors identified in the reference list. | Frequently accurate with recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations. (1-2 exceptions.) Reference list is frequently accurate as per the APA Referencing Style Guide. (1-2 errors). | Generally integrates recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations. (3-4 exceptions.) Reference list is generally accurate as per the APA Referencing Style Guide. (3-5 errors). | Occasionally integrates recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations. (>4 exceptions.) Reference list is occasionally accurate as per the APA Referencing Style Guide. (6-10 errors). | Fails to or infrequent attempts to integrate recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations. Reference list infrequently or fails to meet the APA Referencing Style requirements. Many inaccuracies (>10).<br><br>Total Marks for Section 1 |
|--|--|---|---|---|

/5

## Section 2 - Annotated Bibliography 75% Structure

|   |   |  |  |  |            |
|---|---|--|--|--|------------|
| Consistently accurate with spelling, grammar, use of punctuation. Excellent presentation of assignment, double-spaced with 12-point font. Assessment is formatted as per the APA Referencing Guide. No evident errors. Organisation and structure is clear and concise. | Generally accurate (1-2 inaccuracies) with spelling, grammar, use of punctuation. A well-presented assignment, double-spaced with 12-point font. Assessment is mostly formatted as per the AOA Referencing Guide (1-2 inaccuracies). 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. Assessment is generally formatted as per the APA Referencing Guide (3-4 inaccuracies). Organisation and structure is appropriate. | Frequent inaccuracies (5-6) with spelling, grammar, use of punctuation. An adequately presented assignment, double-spaced with 12-point font. Assessment is occasionally formatted as per the APA Referencing Guide (5-6 inaccuracies). 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. Assessment is not/frequently not formatted as per the APA Referencing Guide. Organisation and structure detract from the meaning of the content/or is irrelevant. | <b>/25</b> |
|   |   |  |  |  |            |

### Approach and Argument

|   |  |  |   |  |     |
|---|--|--|---|--|-----|
| There is a highly developed appraisal and evaluation of most or all literature cited. Very clearly linked back to the community nursing perspective. Three distinct areas of a diagnosis of Huntington's disease are evident. | There is a well-developed appraisal and evaluation of most literature cited. Somewhat clearly linked back to the community nursing perspective. Three distinct areas of a diagnosis of Huntington's disease are evident. | There is evident appraisal and evaluation of some literature cited. Some links back to the community nursing perspective. Three distinct areas of a diagnosis of Huntington's disease are evident. | There is limited appraisal and evaluation of literature cited. Not clearly linked back to the community nursing perspective. Three distinct areas of a diagnosis of Huntington's disease are evident. | There is minimal/no appraisal and evaluation of the cited literature evident. Not linked back to the community nursing perspective. Three distinct areas of a diagnosis of Huntington's disease are evident. | /25 |
|   |  |  |   |  |     |

### Referencing

|  |   |  |   |  |     |
|--|---|--|---|--|-----|
| 12 quality journal articles used. All articles are recent, relevant and reliable. Formatting is per APA Referencing Style Guide. No errors identified. | 12 quality journal articles used. At least 11 journal articles are recent, relevant and reliable. Formatting is frequently accurate as per the APA Referencing Style Guide. (1-2 errors). | 12 quality journal articles used. At least 10 journal articles are recent, relevant and reliable. Formatting is generally accurate as per the APA Referencing Style Guide. (3-5 errors). | 12 quality journal articles used. At least 9 articles are recent, relevant and reliable. Formatting is occasionally accurate as per the APA Referencing Style Guide. (6-10 errors). | 12 quality journal articles not used and /or >4 journal articles are not recent and/or relevant and/or reliable. Reference list infrequently or fails to meet the APA Referencing Style requirements. Many inaccuracies (>10). | /25 |
|  |   |  |   |  |     |

Total Marks for Section 2

### Section 3 - Reflection 10% Structure

|   |   |  |  |  |    |
|---|---|--|--|--|----|
| Consistently accurate with spelling, grammar, use of punctuation. Excellent presentation of assignment, double-spaced with 12-point font. Assessment is formatted as per the APA Referencing Guide. No evident errors. Organisation and structure is clear and concise. | Generally accurate (1-2 inaccuracies) with spelling, grammar, use of punctuation. A well-presented assignment, double-spaced with 12-point font. Assessment is mostly formatted as per the AOA Referencing Guide (1-2 inaccuracies). 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. Assessment is generally formatted as per the APA Referencing Guide (3-4 inaccuracies). Organisation and structure is appropriate. | Frequent inaccuracies (5-6) with spelling, grammar, use of punctuation. An adequately presented assignment, double-spaced with 12-point font. Assessment is occasionally formatted as per the APA Referencing Guide (5-6 inaccuracies). 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. Assessment is not/frequently not formatted as per the APA Referencing Guide. Organisation and structure detract from the meaning of the content and/or is irrelevant. | /5 |
|   |   |  |  |  |    |

## Approach and Argument

|  |   |   |   |  |    |
|--|---|---|---|--|----|
| Reflective content demonstrates a comprehensive and informative individual learning perspective. | Reflective content demonstrates a strong individual learning perspective. | Reflective content demonstrates a satisfactory individual learning perspective. | Reflective approach demonstrates a basic individual learning perspective. | Reflective content demonstrates minimal degree of individual learning perspective. | /5 |
|--|---|---|---|--|----|

Total Marks for Section 3

Total Marks for Assessment One

## Referencing Style

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

## Submission

Online

## Submission Instructions

Assessment is to be uploaded via the Assessment tab on the Moodle site for NURS13134

## 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 Assessment 2

### Assessment Type

Written Assessment

### Task Description

NURS13134 – Community Nursing Perspectives - Assessment 2

**Due Date: Monday, 27<sup>th</sup> of May, 2019. 11.45pm (Week 11)**

**Word Count: Patient Progress Notes (no word count - see below) Academic Paragraphs - 2000 words (+/- 10%)**

NB: The word count is considered from the first word of the introduction to the last word of the conclusion. It **includes** in-text references and direct quotations. It **excludes** the cover page, contents page, reference list and appendices (if applicable).

**Weight: 50%**

### Learning Outcomes:

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.

### Instructions:

You will be introduced to Alejandro Rodriguez at various points across his disease progression in the form of case study notes and patient/family conversations.

There are three (3) segments to the assessment. For **each segment**, you will write patient notes using the SOAPIE acronym, based on the case study notes **and** an academic paragraph as evidence of best practice, critical thinking and justification of information in the patient notes.

For the purposes of this assessment, you are a student Registered Nurse on placement in a Community Nursing Service. Referred patients attend your clinic for their first appointment and assessment.

Segment 1 - Introducing Alejandro – Early Stage – 1<sup>st</sup> February, 20XX



| Temperature | Pulse                       | Respirations          | Blood Pressure | Pain scale               |
|-------------|-----------------------------|-----------------------|----------------|--------------------------|
| 36.7°C      | 65 bpm - Strong and regular | 18 breaths per minute | 147/89         | 2/10 - Hx osteoarthritis |

**Height:** 170cm

**Weight:** 87kg

**Past medical history:**

- Osteoarthritis, managed with heat packs and paracetamol PRN
- Hypertension, well managed with perindopril arginine 5mg nocte

As you attend to Al's vital signs and welcome him and his family, you notice the following:

- He tends to grimace every now and then as he speaks and he has some slight twitching in his fingers.

Hello. My name is Alejandro Diego Rodriguez. Bit of a mouthful I know. Just call me Al. My people come from Venezuela in South America, even though I was born here in Australia. I am 48 years old. I am married to my beautiful wife, Jane and we have two kids. Melanie, our daughter is married to Bevan and they have a 4yo son, Toby. Then David, our son. I have a couple of pictures here. These were taken at a family BBQ last year. David is taking the pictures so the first one is of Jane, Melanie, Bevan, with little Toby and me in the middle. Then David in one of his famous "selfies".

So, a little while ago, I started to get a bit worried that I was forgetting things and I was struggling to concentrate at times. I would stumble and was getting clumsy. It was making me feel very depressed and Jane said I was very moody as well.

Jane took me to our doctor and she asked me all these questions about my family. I said my mother had died some time ago and she had dementia. The doctor then asked me about my aunts, uncles, and grandparents. She wanted to know if any of them had dementia. Well, a few of them had in fact. This was clearly the wrong answer as she then sent me for a whole bunch of tests and I had to go for an MRI on my brain. Well, the final thing is, I have Huntington's disease. It's only early at the moment. I know that I do have mood swings sometimes, but so do lots of people.

Jane asks if she can have a moment of your time as David takes Al to the car.

Jane appears stressed and anxious. She is not making eye contact and is fidgeting with her wedding bands. You offer her a glass of water and ask her what she would like to discuss. Jane bursts into tears, then composes herself and begins to tell her story.

He has more than mood swings. He can be very aggressive and angry and accuses us of everything from hiding his things to me having an affair! He is very depressed, and he says things like we would all be better off if he was dead, but then tells me later that he didn't say those things! It's like he is slowly changing into someone I don't know anymore. He goes out to his shed but he isn't building things anymore. It is a mess out there and not at all how he used to keep it. Everything had a place and everything in its place. He has about 1000 half-finished projects. It is as if he can't finish them.

## Segment 2 – Intermediate Stage Huntington's Disease – 1<sup>st</sup> June, 20XX

You are a student Registered Nurse on a Community Nursing placement. You are on a home visit to Al and his family.

| Temperature | Pulse            | Respirations          | Blood Pressure | Pain scale  |
|-------------|------------------|-----------------------|----------------|---|
| 36.5°C      | 60 bpm - Regular | 19 breaths per minute | 152/90         | 4/10 – Hx osteoarthritis – recovering from a fall |

**Height:** 170cm

**Weight:** 79kg

**Past medical history:**

- Osteoarthritis, managed with heat packs and regular Panadol Osteo
- Hypertension, moderately managed with perindopril arginine 10mg nocte

When you arrive, Jane calls Al from the next room. He is somewhat argumentative about stopping what he is doing. Jane calls him again and he has an aggressive outburst. Jane apologises and states that he gets “stuck in the moment” sometimes and it can be difficult to redirect him.

Al makes his way into the room. His gait is very unsteady with marked chorea and dystonia.

As Al notices you in the room, he appears wary and not to recognise you. You introduce yourself and he reacts with, “Yes, I know who you are, I’m not senile!”

Al’s speech is slurred and hesitant.

Al is offered a drink by Jane and as he takes a sip, he gags and coughs for a short time. Jane states he is doing that more often now.

Al states, “I can’t swallow it properly, I think she is trying to kill me!”.

You ask Al about his most recent fall. He denies that he has ever fallen over and that you must all be talking about him and making things up behind his back.

He makes the sign of the cross to a picture of Mary on the wall. On checking Al’s notes, it is documented he is a practicing Catholic.

Al does not speak again for some time while you are in conversation with Jane.

After some time, Al blurts out, “You can go now, I need a nap”.

Jane looks embarrassed but assists Al to his room. On her return, she updates you on Al’s last medical appointment and medication changes. Jane is teary and appears anxious and distressed. She tells you, Al refuses to use the medical alert assist buzzer or forgets to wear it.

**Segment 3 – Advanced/End Stage Huntington’s Disease 1<sup>st</sup> December, 20XX**

You are a student Registered Nurse on a Community Nursing placement. You are on a home visit to Al and his family.

| Temperature | Pulse              | Respirations                                   | Blood Pressure | Pain scale  |
|-------------|--------------------|--|----------------|---|
| 37.8°C      | 55 bpm - Irregular | 21 breaths per minute - Shallow and pt working | 175/95         | Pt unable to verbalise – family voice concerns of pt pain |

**Height:** 170cm

**Weight:** 71kg

## Past medical history:

- Osteoarthritis, the family no longer use heat packs. Jane states she took a phone call, forgot about the heat pack and as Al couldn't feel it properly, he received a burn. It is now managed with products such as DEEP HEAT cream or Metsal cream.

- Hypertension, managed with perindopril arginine 10mg nocte

When you arrive, you are directed to the main living area where a hospital bed has been set up for Al. He does not acknowledge you or speak.

As you attend to Al's vital signs and an assessment, you notice crackling (rales), and wheezing (rhonchi) in both lungs during auscultation. [Rales](#) and [Rhonchi](#) (Clicking on these links will take you to a website to hear the sounds. Best heard with headphones.)

Al is surrounded by his family, David, Melanie and Jane. Bevan is in the other room with Toby. Jane appears anxious and distressed as does Melanie who is consoling Jane. David is quiet, sitting in the corner and appears angry, his jaw is clenched, and he has his hands in fists.

Al is now receiving nutrition through a percutaneous endoscopic gastrostomy feeding tube (PEG).

## Assessment requirements

For this assessment, you are to write patient notes, using the SOAPIE acronym, for **all three segments** of Al's Huntington's disease journey. You will find the Patient Progress Notes Template on the Moodle site under the Assessments Tab.

In addition, you will also write a paragraph for each of the three segments in a Word document as evidence of best practice and justification of information in the patient notes. This means you will be submitting four documents. Three will be the Patient Progress Notes for each segment and the fourth will be your written academic paragraphs, in one Word document.

## Patient Progress Notes

Download the Patient Progress Notes template available on the Moodle site. Enter all information directly here – it is formatted to be able to type directly onto this document. Using the Patient Progress Notes Template, address each segment of Al's Huntington's disease journey as a **new document**. You **must** use the SOAPIE acronym to direct your notes.

You will write from the perspective of a Community Nurse student including consideration of scope of practice.

Where appropriate, consider the use of technology and/or cultural considerations and/or referral to other services.

You will not reference in the patient notes.

There is no word count for this component as the expectation is, as with any patient notes, be succinct, direct and to the point. You will not require more space than supplied on the Patient Progress Notes Template.

## Academic Paragraphs

Each segment of Al's Huntington's disease journey will be addressed with a paragraph. Each paragraph should be 500 (+/- 10%) words. You will still write an introduction and a conclusion for this component. The introduction and conclusion word count is 250 (+/-10%) words each. You will use your research from Assessment One to justify your decisions in your progress notes. This will show evidence of best practice and your skills of

critical thinking. You may be required to undertake further research. You will format and reference as per the APA Referencing Guide, both in text and reference list.

## General Information

- Write patient notes for **each** segment of Al's Huntington's disease journey. Do not reference. Write succinctly and to the point, using a new set of progress notes for each segment.
- Write a paragraph (500 words +/- 10%) for **each** segment for justification, evidence of best practice and critical thinking. This is to be in essay style, including an introduction and a conclusion. Do not use headings.
- Word Count - no word count for patient notes and 2000 words +/- 10% for the academic paragraphs.
- Referencing and formatting must be as per the APA Referencing Guide for the academic paragraphs.

### Assessment Due Date

Week 11 Monday (27 May 2019) 11:45 pm AEST

### Return Date to Students

Exam Week Monday (17 June 2019)

### Weighting

50%

### Assessment Criteria

## Marking Criteria NURS13134 – Assessment Two

### Patient Progress Notes

#### Structure

|  |   |   |   |   |
|--|---|---|---|---|
| Clear and succinct documentation that clearly follows the SOAPIE acronym.  | Clear and appropriate documentation that mostly follows the SOAPIE acronym  | Appropriate documentation that generally follows the SOAPIE acronym.  | Documentation occasionally follows the SOAPIE acronym - some inconsistencies.   | Documentation does not follow or rarely follows the SOAPIE acronym. Documentation is confusing and/or allows for misinterpretation.   |
| Consistently accurate with spelling, grammar, use of punctuation. Excellent presentation of documentation. Organisation and structure are clear and concise. | Generally accurate (1-2 inaccuracies) with spelling, grammar, use of punctuation. Well-presented documentation. Organisation and structure are clear. | Occasional inaccuracies (3-4) with spelling, grammar, use of punctuation. Generally well-presented documentation. Organisation and structure are appropriate. | Frequent inaccuracies (5-6) with spelling, grammar, use of punctuation. Occasionally well-presented documentation. Organisation and structure are occasionally appropriate. | Many inaccuracies (>6) with spelling, grammar, use of punctuation. Poorly presented documentation. Organisation and structure detract from the meaning of the content and/or are irrelevant and/or allow misinterpretation of the meaning of the content. |
|  |   |   |   | <b>/10</b><br><b>/10</b>  |

#### Content

|   |   |   |  |   |
|---|---|---|--|---|
| Clear, coherent and convincing critical thought displayed. Documentation is consistently written with appropriate considerations of Community Nursing perspective and/or the safe use of technology and/or cultural considerations and/or referral to other services. | Well-developed critical thought displayed. Documentation is mostly written with appropriate considerations of Community Nursing perspective and/or the safe use of technology and/or cultural considerations and/or referral to other services. | General critical thought displayed. Documentation is generally written with appropriate considerations of Community Nursing perspective and/or the safe use of technology and/or cultural considerations and/or referral to other services. | Limited perceptible critical thought displayed. Documentation is occasionally written with appropriate considerations of Community Nursing perspective and/or the safe use of technology and/or cultural considerations and/or referral to other services. | Little to no critical thought displayed. Documentation is rarely or is not written with considerations of Community Nursing perspective and/or the safe use of technology and/or cultural considerations and/or referral to other services. |
|---|---|---|--|---|

**/15**

## Academic Paragraphs

### Structure

|   |   |  |  |   |
|---|---|--|--|---|
| Clear and succinct introduction that presents the main points of the assessment. Clear and succinct conclusion that outlines all of the main points and brings the discussion to a logical close.   | Clear and appropriate introduction that presents most of the main points of the assessment. Clear and appropriate conclusion that outlines most of the main points and brings the discussion to a close.  | Appropriate introduction that generally presents some of the main points of the assessment. Conclusion generally outlines the main points and brings some sense of closure to the discussion.  | Introduction is apparent although, consists only of a list of the contents of the assessment. Conclusion apparent although only outlines some of the main points. Endeavours to bring the discussion to a close –some incongruity.   | No recognisable introduction— main points are not presented and/or there is no direction offered. No recognisable conclusion – little or no reference to the main points and/or 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. Assessment is formatted as per the APA Referencing Guide. Organisation and structure are clear and concise. | Generally accurate (1-2 inaccuracies) with spelling, grammar, use of punctuation. A well-presented assignment, double-spaced with 12-point font. Assessment is mostly formatted as per the APA Referencing Guide. Organisation and structure are clear. | Occasional inaccuracies (3-4) with spelling, grammar, use of punctuation. A well-presented assignment, double-spaced with 12-point font. Assessment is generally formatted as per the APA Referencing Guide. Organisation and structure are appropriate. | Frequent inaccuracies (5-6) with spelling, grammar, use of punctuation. A well- presented assignment, double-spaced with 12-point font. Assessment is occasionally formatted as per the APA Referencing Guide. Organisation and structure allow 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. Assessment is not/frequently not formatted as per the APA Referencing Guide. Organisation and structure detract from the meaning of the content and/or are irrelevant. |

**/10**

### Approach and Argument

|  |   |   |  |  |            |
|--|---|---|--|--|------------|
| Clear, coherent and convincing critical thought displayed for each segment of the patient's journey.   | Well-developed critical thought displayed for each segment of the patient's journey.  | General critical thought displayed for each segment of the patient's journey.   | Limited perceptible critical thought displayed for each segment of the patient's journey.  | Little to no critical thought displayed for each segment of the patient's journey.   | <b>/15</b> |
| Consistently includes well supported rationale of all points within patient progress notes with consistent considerations to Best Practice.  | Extensively includes well supported rationale of most points within patient progress notes with extensive considerations to Best Practice.  | Generally includes well-supported rationale of some points within patient progress notes with general considerations to Best Practice.  | Limited supported rationale of some/any points within patient progress notes with limited considerations to Best Practice.   | Little to no supported rationale of few/any points within patient progress notes with little to no considerations to Best Practice.  | <b>/15</b> |
| Consistently appropriate considerations of Community Nursing perspective, scope of practice, and/or the safe use of technology and/or cultural considerations and/or referral to other services. | Extensively appropriate considerations of Community Nursing perspective, scope of practice, and/or the safe use of technology and/or cultural considerations and/or referral to other services. | Generally appropriate considerations of Community Nursing perspective, scope of practice, and/or the safe use of technology and/or cultural considerations and/or referral to other services. | Occasionally appropriate considerations of Community Nursing perspective, scope of practice, and/or the safe use of technology and/or cultural considerations and/or referral to other services. | Little to no appropriate considerations of Community Nursing perspective, scope of practice, and/or the safe use of technology and/or cultural considerations and/or referral to other services. | <b>/15</b> |

## Referencing



|  |   |  |   |  |
|--|---|--|---|--|
| Consistently accurate with recent, relevant and reliable, in-text quality referencing to support and reflect all ideas, information and quotations.    | Frequently accurate with recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations. (1-2 exceptions.)                            | Generally, integrates recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations. (3-4 exceptions.)                              | Occasionally integrates recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations. (>4 exceptions.)                        | Fails to or infrequent attempts to integrate recent, relevant and reliable, in-text quality references to support and reflect ideas, information and quotations.   |
| Reference list as per APA Referencing Style Guide. No errors identified in the reference list.   | Reference list is frequently accurate as per the APA Referencing Style Guide. (1-2 errors).   | Reference list is generally accurate as per the APA Referencing Style Guide. (3-5 errors).   | Reference list is occasionally accurate as per the APA Referencing Style Guide. (6-10 errors).  | Reference list infrequently or fails to meet the APA Referencing Style requirements. Many inaccuracies (>10).  |
| 12 quality journal articles used. All articles are recent, relevant and reliable. Formatting is per APA Referencing Style Guide. No errors identified. | 12 quality journal articles used. At least 11 journal articles are recent, relevant and reliable. Formatting is frequently accurate as per the APA Referencing Style Guide. (1-2 errors). | 12 quality journal articles used. At least 10 journal articles are recent, relevant and reliable. Formatting is generally accurate as per the APA Referencing Style Guide. (3-5 errors). | 12 quality journal articles used. At least 9 articles are recent, relevant and reliable. Formatting is occasionally accurate as per the APA Referencing Style Guide. (6-10 errors). | 12 quality journal articles not used and /or >4 journal articles are not recent and/or relevant and/or reliable. Reference list infrequently or fails to meet the APA Referencing Style requirements. Many inaccuracies (>10). |
| <b>Total Marks</b>   |   |  |   | <b>/100</b>  |

## Referencing Style

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

## Submission

Online

## Submission Instructions

Assessment is to be uploaded via the Assessment tab on the Moodle site for NURS13134

## 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