NURS20170 Patient Deterioration in the Clinical Setting Term 1 - 2024

Profile information current as at 16/05/2024 07:52 pm

All details in this unit profile for NURS20170 have been officially approved by CQUniversity and represent a learning partnership between the University and you (our student). The information will not be changed unless absolutely necessary and any change will be clearly indicated by an approved correction included in the profile.

General Information

Overview

This unit examines clinical assessment and diagnostic reasoning to recognise and respond to a patient's deteriorating condition with appropriate and timely actions. This unit will enhance your knowledge of serious adverse events such as unexpected death and cardiac arrest which often follow observable deterioration in the patient's condition. You will develop knowledge and skills in the early identification of deterioration, the initiation of prompt and effective action to minimise serious consequences, improve outcomes and lessen the level of intervention required to stabilise patients. The unit will focus on the underlying pathology of the patient's deteriorating condition and the interpretation of clinical manifestations to implement safe and effective nursing care. This unit will develop your theoretical knowledge of reflection in professional practice of nursing care coordination of the deteriorating patient.

Details

Career Level: *Postgraduate* Unit Level: *Level 8* Credit Points: *6* Student Contribution Band: 7 Fraction of Full-Time Student Load: *0.125*

Pre-requisites or Co-requisites

Students must be enrolled in CL22 Master of Clinical Nursing or CL16 Graduate Certificate in Clinical Nursing to undertake this unit.

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

Offerings For Term 1 - 2024

• Online

Attendance Requirements

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

Website

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

Class and Assessment Overview

Recommended Student Time Commitment

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

Class Timetable

Regional Campuses

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

Metropolitan Campuses Adelaide, Brisbane, Melbourne, Perth, Sydney

Assessment Overview

 Written Assessment Weighting: 100%
 Practical Assessment Weighting: Pass/Fail

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 <u>University's Grades and Results Policy</u> 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 <u>CQUniversity Policy site</u>.

Unit Learning Outcomes

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

- 1. Interpret and explain physiological and psychosocial clinical parameters indicating patient deterioration.
- 2. Communicate effectively with interdisciplinary health teams, the patient and family to accurately transfer and escalate critical information.
- 3. Initiate and evaluate nursing interventions based on clinical assessment and diagnostic results to optimise patient outcomes.
- 4. Analyse a person-centred care approach to the deteriorating patient through critical self-reflection of professional practice.

N/A.

Alignment of Learning Outcomes, Assessment and Graduate Attributes

- N/A Level • Introductory • Intermediate • Graduate Level • Profession Level • Level • Level • Craduate • Level • Lev	onal Advan Level	ced		
Alignment of Assessment Tasks to Learning Out	comes			
Assessment Tasks	Learning	Outcomes		
	1	2	3	4
	T	2	5	-
1 - Written Assessment - 100%	•	•	•	•

Alignment of Graduate Attributes to Learning Outcomes

Graduate Attributes	Learning Outcomes			
	1	2	3	4
1 - Knowledge	o	o	o	o
2 - Communication	o	o	o	o
3 - Cognitive, technical and creative skills	o		o	
4 - Research	o	o	o	o
5 - Self-management				
6 - Ethical and Professional Responsibility	o	o	o	o
7 - Leadership	o	0		o
8 - Aboriginal and Torres Strait Islander Cultures				

Textbooks and Resources

Textbooks

NURS20170

Supplementary

Acute nursing care : recognising and responding to medical emergencies

Edition: 2nd (2020) Authors: Peate, I., & Dutton, H. Routledge Abingdale , Oxon , United Kingdom ISBN: https://doi.org/10.4324/9780429434938 Binding: eBook NURS20170

Supplementary

cute Nursing Care: Recognising and Responding to Medical Emergencies

Edition: 2nd (2020) Authors: Dutton, H., & Peate, I. Taylor & Francis Group Abingdale , Oxon , United Kingdom Binding: eBook NURS20170

Supplementary

High-Acuity Nursing

Edition: 7th (2018) Authors: Wagner, K., Hardin-Pierce, M., Welsh, D., & Johnson, K. Pearson Education, Limited Boston, Massachuse, United States of America Binding: eBook

Additional Textbook Information

These textbooks will be used as reading resources in this unit.

IT Resources

You will need access to the following IT resources:

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

Referencing Style

All submissions for this unit must use the referencing style: <u>American Psychological Association 7th Edition (APA 7th</u> edition)

For further information, see the Assessment Tasks.

Teaching Contacts

Amy-Louise Byrne Unit Coordinator a.byrne@cqu.edu.au Leanne Jack Unit Coordinator I.jack@cqu.edu.au Ann Aitken Unit Coordinator a.aitken@cqu.edu.au Danielle Bywaters Unit Coordinator d.bywaters@cqu.edu.au Simone Ohlin Unit Coordinator s.ohlin@cqu.edu.au Jamie Mann-Farrar Unit Coordinator j.mannfarrar@cqu.edu.au

Schedule

Week 1 - 04 Mar 2024				
Module/Topic	Chapter	Events and Submissions/Topic		
Welcome to the unit. Self-directed learning module. Considering the deteriorating patient. Clinical reasoning, patient deterioration and assessment frameworks.	Review the Moodle site and click on all the links. Review the recorded lecture and online Zoom tutorial timetable. Find out what is in Student Support? How do I find the Library? Click on the link and learn what is the Academic Learning Centre? Review the eReadings and activities as outlined in the module.	 Recorded presentations: Welcome and Unit Introduction O Week. Assessments 1 and 2. Considering the deteriorating patient. Assessments 1 and 2 - Review the assessment tasks and rubrics and make a study plan. Activity - Access the General Discussion page and introduce yourself to your colleagues by providing your: Name Where you work Why you are studying GCN. Foundations of Academic Integrity Program - complete your annual program. Announcement and Discussion Boards - Check for posts and updates. 		
Week 2 - 11 Mar 2024				
Module/Topic	Chapter	Events and Submissions/Topic		
Health Assessment - Primary and Secondary Survey.	Readings and activities as outlined in module.	 Zoom - Drop-in question and answer, Unit content and assessments. Assessment 1 - Review Assessment requirements. Assessment 2 - Commence practicing clinical skills. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication. 		

Week 3 - 18 Mar 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Respiratory Deterioration.	Readings and activities as outlined in module.	 Recorded presentation - Listen to the presentation. Assessment 1 - Start planning your assessment. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Week 4 - 25 Mar 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Cardiovascular Deterioration.	Readings and activities as outlined in module.	 Zoom - Drop-in question and answer, Unit content and assessments. Assessment 1 - Continue preparing assessment. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Week 5 - 01 Apr 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Neurological Deterioration.	Readings and activities as outlined in module.	 Recorded presentation - Listen to the presentation. Assessment 1 - Reflect on knowledge required to undertake this assessment. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Vacation Week - 08 Apr 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Vacation week.	Please use this mid-term break as an opportunity to rest and recover. Enjoy your break!	No timetabled learning activities. Please use this week to progress your assessments.
Week 6 - 15 Apr 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Gastrointestinal Tract Deterioration.	Readings and activities as outlined in module.	 Zoom - Drop-in question and answer, Unit content and assessments. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Week 7 - 22 Apr 2024		
Module/Topic	Chapter	Events and Submissions/Topic
-		-

Renal Deterioration.	Readings and activities as outlined in module.	Recorded presentation - Listen to the presentation. Assessment 1 - Finalise assessment. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication. Written Assessment Due: Week 7 Wednesday (24 Apr 2024) 5:00 pm AEST
Week 8 - 29 Apr 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Mental Health Deterioration.	Readings and activities as outlined in module.	 Zoom - Drop-in question and answer, Unit content and assessments. Assessment 2 - Practice your clinical skills for assessment two. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Week 9 - 06 May 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Special population groups and deterioration.	Readings and activities as outlined in module.	Recorded presentation - Listen to the presentation. Assessment 2 - Organise assessment date with educator. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Week 10 - 13 May 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Triage in the context of deterioration.	Readings and activities as outlined in module.	 Zoom - Drop-in question and answer, Unit content and assessments. Assessment 2 - Work toward completing and passing assessment two. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Week 11 - 20 May 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Patient transfer in the context of the deteriorating patient.	Readings and activities as outlined in module.	Recorded presentation - Listen to the presentation. Assessment 2 - Complete within the next week. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication.
Week 12 - 27 May 2024		
Module/Topic	Chapter	Events and Submissions/Topic

Summary - Deterioration.	Readings and activities as outlined in module.	 Zoom - Drop-in question and answer, Unit content and assessments. Assessment 2 - Finalise Assessment two. Announcement and Discussion Boards - Check for posts and updates. Student email - Check your student email at least twice per week for communication. Practical Assessment Due: Week 12 Wednesday (29 May 2024) 5:00 pm AEST
Review/Exam Week - 03 Jun 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Nil.	Nil.	Nil.
Exam Week - 10 Jun 2024		
Module/Topic	Chapter	Events and Submissions/Topic
Nil.	Nil.	Nil.

Term Specific Information

As this unit is offered online, students are asked to prepare their own individual study plan to undertake self-directed study throughout the term. A key to your success is a strategic self-directed approach to learning and regular contact with your Unit Coordinator/s. Please check the Announcements page and unit content at least twice a week - there will be regular announcements about assessments and unit resources posted throughout the term and reviewing this information is essential to unit knowledge and your success. CQUniversity communicates with students through CQUniversity email. We recommend that you access your CQUniversity email at least twice a week so that you do not miss vital information about your studies.

Assessment Tasks

1 Written Assessment

Assessment Type

Written Assessment

Task Description

Aim

The aim of this assessment is for you to demonstrate your knowledge, understanding and critical thinking about clinical deterioration using a case study.

Instructions

Read the below case study and associated clinical documentation. Please follow the steps below to write your academic essay and complete the assessment task.

- Select one sign of clinical deterioration from the below case study and explain why this may be occurring and why it is an indicator of deterioration. Using the case study provided below and the associated clinical information, choose one sign of clinical deterioration, and using relevant up-to- date evidence, discuss why this is occurring and why this is an indicator of deterioration with specific reference to pathophysiology (approximately 250 words).
- 2. Critique the ISBAR script provided below and identify two (2) areas that can be improved to facilitate safe patient transfer of care. Using relevant and contemporary evidence, provide a critical reflection, with a focus on how the communication can be improved to facilitate patient safety (approximately 500 words).
- Identify one nurse-led intervention which could be initiated in the case study. Recommend a nurse-led intervention and support this with relevant contemporary evidence, making a connection to improved patient outcomes (approximately 250 words).
- 4. Reflect upon your learning from the case study. Identify one area within the case study in which person-centred

care needs to be improved. Using relevant and contemporary literature, reflect upon the role of person-centred care and how it can improve communication and patient outcomes. Reflect upon how you will embed this learning into your future practice. Use the 'what, so what, now what' framework for this reflection (approximately 500 words).

Marking Criteria

Refer to the marking rubric on the Moodle site for more details on how marks will be assigned.

To achieve a passing grade for this unit you are required to pass this assessment item. If you do not receive a passing grade, you may be eligible for a re-attempt. A re-attempt is where you are given a second opportunity to demonstrate your achievement of one or more of the unit's learning outcomes before you can progress to new learning or participate in subsequent learning activities. You may be given the opportunity to re-attempt an assessment but will only achieve a mark no greater than the minimum for a pass standard for the assessment. You must:

- have shown a reasonable attempt to complete the initial assessment task
- be granted a re-attempt by your Unit Lead/Coordinator
- make changes to the nominated assessment task which you have failed and resubmit the revised work for marking within seven consecutive days, no assessment extensions will be approved.

Please note: Only one opportunity for a re-attempt is allowed.

You are required to achieve a Pass grade for both Assessment 1 and Assessment 2 to pass this unit.

Assessment Due Date

Week 7 Wednesday (24 Apr 2024) 5:00 pm AEST Submit your assessment in Microsoft Word format only.

Return Date to Students

Week 10 Wednesday (15 May 2024)

Students will be advised of release of assessment marking via an announcement posted to the Announcement's Board on the Unit Moodle site. Please note, the 'Return to Students Information" is an approximate date.

Weighting

100%

Minimum mark or grade

50%

Assessment Criteria Assessment One - Written Case Study

Sincine One Writte	in case study			Student In	inc.
	Distinction 74 50-84 49%	Credit 64 50-74 49%	Pass 49 50-64 49%	Fail <49.5%	TOTAL
or of (20-17) Identifies and comprehensively discusses one indicator of clinical deterioration with reference to pathophysiology. Argument is comprehensively and logically supported with relevant literature and	(16.9-15) Identifies and comprehensively discusses one indicator of clinical deterioration with reference to pathophysiology. Argument is well supported with relevant literature and relates to the case study.	(14.9-13) Identifies and comprehensively discusses one indicator of clinical deterioration with reference to pathophysiology. Argument is supported with relevant literature and relates to the case study.	(12.9-10) Identifies and comprehensively discusses one indicator of clinical deterioration with reference to pathophysiology. Argument is somewhat supported with literature and relates to the case study.	(9.9-0) Does not identify or does not adequately identify one indicator of clinical deterioration. Little or no reference to pathophysiology Argument is not supported with literature and does not relate to the case study.	
	(16.9-15) Critiques ISBAR in detail and identified and comprehensively discusses two areas for improvement. The link to patient safety is clear and logical.	(14.9-13) Critiques ISBAR and identified and discusses two areas for improvement. The link to patient safety is touched upon.	(12.9-10) Discusses, with some critique, ISBAR and identified and discusses two areas for improvement. The link to patient safety is touched upon.	(9.9-0) Does not critique the ISBAR and identified and discusses two areas for improvement. The link to patient safety is not made.	
ons (20-17) n of Identifies and comprehensively recommends and justifies one nurse-led intervention that is relevant to the case		(14.9-13) Identifies and recommends one nurse led intervention that is relevant to the case study, and details how this intervention will improve patient outcomes. Justification of nurse-led intervention is proposed.	(12.9-10) Identifies one nurse led intervention that is relevant to the case study, and details how this intervention will improve patient outcomes is attempted. Justification of nurse-led intervention is attempted however further detail is required.	(9.9-0) Does not identify one relevant nurse led intervention, nor detail of the intervention and the link to improved patient outcomes. Justification of the nurse- led intervention is incorrect or omitted.	
(20-17) Comprehensively and succinctly reflects on the case study, using the what, so what, what now, framework. Reflects on own practice with an appropriate and comprehensive details of how this will be embedded into future practice.	(16.9-15) Reflects, in detail, on the case study, using the what, so what, what now, framework. Reflects on own practice with appropriate and clear details of how this will be embedded into future practice.	(14.9-13) Reflects on the case study, using the what, so what, what now, framework. Reflects on own practice with appropriate details of how this will be embedded into future practice.	(12.9-10) Some reflection on the case study, some use of the what, so what, what now, framework. Reflects on own practice with some appropriate details of how this will be embedded into future practice.	(9.9-0) Limited or no reflection on the case study, nor the framework. Little or no reflection on own practice with little or no details of how this will be embedded into future practice.	
	84.5-100% (20-17) Identifies and comprehensively discusses one indicator of clinical deterioration with reference to pathophysiology. Argument is comprehensively and logically supported with relevant literature and relates to the case study. (20-17) Comprehensively and succinctly critiques ISBAR and identified and comprehensively discusses two areas for improvement. The link to patient safety is clear and logical. (20-17) Identifies and comprehensively recommends and justifies one nurse-led intervention that is relevant to the case study, and details how this intervention will improve patient outcomes.	84.5-100% 74.50-84.49% (20-17) (16.9-15) Identifies and comprehensively discusses one indicator of clinical deterioration with reference to pathophysiology. 74.50-84.49% Argument fies and comprehensively and logically supported with relevant literature and relates to the case study. (16.9-15) Image: pathophysiology. Argument is comprehensively and succinctly critiques ISBAR and identified and succinctly critiques ISBAR and identified and comprehensively and succinctly critiques ISBAR and identified and comprehensively discusses two areas for improvement. The link to patient safety is clear and logical. (16.9-15) Identifies and comprehensively recommends and justifies one nurse-led intervention that is relevant to the case study, and details how this intervention will improve patient outcomes. (16.9-15) (20-17) (16.9-15) Identifies, recommends, and justifies one nurse-led intervention that is relevant to the case study, and details how this intervention will improve patient outcomes. (16.9-15) (20-17) (16.9-15) Reflects, in detail, on the case study, using the what, so what, what now, framework. Reflects on own practice with an appropriate and comprehensive details of how this will be embedded (16.9-15)	84.5-100%74.50-84.49%64.50-74.49%(20-17)Identifies and comprehensively discusses one indicator of clinical deterioration with reference to pathophysiology. Argument is comprehensively and logically supported with relevant literature and relates to the case study.64.50-74.49%(14.9-13)Identifies and comprehensively and succinctly critiques ISBAR and identified and comprehensively and succinctly critiques ISBAR in diffied and comprehensively and succinctly critiques ISBAR in diffied and comprehensively and succinctly critiques ISBAR in diffied and comprehensively discusses two areas for improvement. The link to patient safety is clear and logical.(16.9-15)(16.9-15)(16.9-15)(14.9-13)(16.9-15)(16.9-15)(14.9-13)(16.9-15)(16.9-15)(14.9-13)(16.9-15)(16.9-15)(14.9-13)(16.9-15)(16.9-15)(14.9-13)(16.9-15)(16.9-15)(14.9-13)(16.9-15)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-13)(20-17)(16.9-15)(14.9-1	94.5-100%74.50-84.49%64.50-74.49%49.50-64.49%(12-17)(16.9-15)(14.9-13)(14.9-13)(14.9-13)Identifies andcomprehensively discussesdeterioration with reference tobattophysiology.Argument isdeterioration with reference toArgument iscomprehensively andcomprehensively andcomprehensively discussesdeterioration with reference tobattophysiology.Argument iscomprehensively andrelease to the case study.comprehensively discussescomprehensively andcomprehensively discussescomprehensively discusses(20-17)(16.9-15)Critiques ISBAR in detail and identified and comprehensively discusses(14.9-13)(12.9-10)(16.9-15)Critiques ISBAR in detail and identifies and comprehensively discusses(14.9-13)(12.9-10)(16.9-15)Critiques ISBAR in detail and identifies and comprehensively discusses(14.9-13)(12.9-10)(16.9-15)Identifies recommends, and justifies on enurse-led intervention that is relevant to the case study, and details how this intervention that is(12.9-10)(20-17)(16.9-15)Identifies and recommends on nurse led intervention that is(12.9-10)(20-17)(16.9-15)Identifies and recommends on pustifies on enurse-led intervention will improve patient outcomes.(14.9-13)(20-17)(16.9-15)Reflects, in detail, on the case study, and details how this intervention will intervention will improve patient outcomes.(14.9-13)(20-17)(16.9-15)Reflects, in detail, on	94.5 ± 100% 74.50-84.49% (14.9-13) (12.9-10)<

Student name:

Professional writing and presentation (10%)	(10-8.5) Content is clear, accurate, and presented in a logical, succinct order demonstrating a comprehensive understanding of the topic. Meticulous presentation of assessment, double-line spaced with 12-point font, and Arial or Times New Roman font. There are no errors in English grammar, spelling, and punctuation. The language of the discipline is comprehensively used. The assessment is substantiated with a minimum of 8, appropriate contemporary peer- reviewed journal articles. Formatting requirements applied without error. Adheres to the word count. Writing reflects students own work and adheres to the principles of academic integrity.	(8.4-7.5) Content is frequently clear, correct and presented in a logical order demonstrating a good understanding of the topic. Well-presented assessment, double-line spaced with 12-point font, and Arial or Times New Roman font. English grammar, spelling, and punctuation conventions have 1 error. The language of the discipline is frequently used. The assessment is substantiated with a minimum of 7 appropriate contemporary peer-reviewed journal articles. Formatting requirements applied with 1 error. Adheres to the word count. Writing reflects students own work and adheres to the principles of academic integrity.	(7.4–6.5) Content is mostly clear, correct and presented in a logical order demonstrating a sound understanding of the topic. Excellent presentation of assessment, double-line spaced with 12-point font Arial or Times New Roman font. English grammar, spelling, and punctuation conventions have 2 errors. The language of the discipline is mostly used. The assessment is substantiated with at least 6 appropriate contemporary peer-reviewed journal articles. Formatting requirements applied with 2 errors. Adheres to the word count. Writing reflects students own work and adheres to the principles of academic integrity.	(6.4-5) Content is frequently clear, correct and presented in a logical order demonstrating a reasonable understanding of the topic. Assessment presented with double- line spacing, 12-point font, and Arial or Times New Roman font. English grammar, spelling, and punctuation conventions have 3 errors. The language of the discipline is used. The assessment is substantiated with 5 contemporary peer- reviewed mostly appropriate journal articles. Formatting requirements applied with 3 errors. Adheres to the word count. Writing reflects students own work and adheres to the principles of academic integrity.	(4.9-0) Content is consistently unclear or incorrect and is disorganised demonstrating insufficient understanding of the topic. Poorly presented assessment, double-line spacing, 12-point font, and Arial or Times New Roman font incorrectly or not used. English grammar, spelling and punctuation conventions have ≥ 4 errors. The language of the discipline is infrequently or incorrectly used. The assessment is substantiated with ≤ 4 contemporary peer- reviewed, appropriate journal articles. Formatting requirements applied with ≥ 4 errors. Deviates +/- 10% of the word count. Writing may not reflect students own work and may not adhere to the principles
Referencing (10%)	(10-8.5) Acknowledges all sources and meets APA (7 th Edition) referencing standards with no errors. Literature cited is published in the last 5 years and sourced from the CQUniversity library.	(8.4–7.5) Acknowledges majority of sources and/or meets APA (7 th Edition) referencing standards with 1 2 error. The majority of literature cited is published in the last 5 years and sourced from the CQUniversity library.	(7.4–6.5) Acknowledges most sources and/or meets APA (7 th Edition) referencing standards with 2 errors. Most literature cited has been published in the last 5 years and sourced from the CQUniversity library.	(6.4-5.0) Acknowledges sources and/or meets APA (7 th Edition) referencing standards with 3 errors. Some literature cited is published in the last 5 years and sourced from the CQUniversity library.	of academic integrity. (4.9–0) Multiple sources not acknowledged and/or \geq 4 APA (7 th Edition) referencing errors or references not provided. Some literature cited is published \geq 5 years and/or not sourced from the CQUIniversity library.
TOTAL				MADKED	

TOTAL: Marker's feedback:

Referencing Style

<u>American Psychological Association 7th Edition (APA 7th edition)</u>

Submission

Online

Submission Instructions

Submit your assessment via the Assessment 1 submission portal on the unit Moodle site.

Learning Outcomes Assessed

- Interpret and explain physiological and psychosocial clinical parameters indicating patient deterioration.
- Communicate effectively with interdisciplinary health teams, the patient and family to accurately transfer and escalate critical information.

MARKER:

- Initiate and evaluate nursing interventions based on clinical assessment and diagnostic results to optimise patient outcomes.
- Analyse a person-centred care approach to the deteriorating patient through critical self-reflection of professional practice.

2 Practical Assessment

Assessment Type

Practical Assessment

Task Description

Aim

The aim of this clinical assessment is to demonstrate your knowledge and skills in the early identification of a patient's deteriorating condition and the initiation of prompt and effective action to minimise serious consequences, improve outcomes and lessen the level of intervention required to stabilise the patient. The assessment will also assess your knowledge of the pathology of a patient's deteriorating condition, and your ability to interpret clinical manifestations and effectively communicate these changes in health to team members including the patient.

Instructions

You are required to demonstrate the safe care of a deteriorating patient in a simulated clinical setting. This assessment is undertaken at a skill station(s); this structure may vary across different Health Services. You may be required to rotate between skill stations. You will have the opportunity to practice the skills you will be assessed on prior to the clinical simulation. Please follow the steps below to complete your assessment task:

Step 1. Familiarise yourself with the relevant policies, procedures, and legislation available on the unit Moodle site and in your Health Service.

Step 2. Familiarise yourself with Standard 8, Recognising and responding to acute deterioration standard (Australian Commission on Safety and Quality in Health Care, [ACSQH] 2017). Standard 3, Personal Care and Clinical Care (The Aged Care Quality and Safety Standards) will assist students undertaking this assessment from an aged care perspective. **Step 3.** Stage 1 – practice your skills in recognising and responding to deteriorating patients rotating through skill stations.

Step 4. Stage 2 – demonstrate and explain your ability to recognise and safely respond to the deteriorating patient including:

- Initial nursing management.
- Verbalising a targeted systematic assessment approach (look, listen and feel ABCDEFG) [this worksheet is available on the Moodle site] or you may use an alternative patient assessment framework, such as the primary/secondary assessment/survey, body systems or head-to-toe assessment.
- Recording and verbalising vital signs.
- Verbalising escalation concerns using ISBAR.
- Managing basic airway manoeuvres, adjuncts, and oxygen therapy delivery devices.
- Identifying further clinical risk factors and additional investigations that may be required.
- Selecting and inserting a naso/oropharyngeal airway.
- Demonstrating chin lift, head tilt and manual ventilation techniques.
- Demonstrating and instructing on the use of nasal prongs, Hudson mask, non-rebreather masks, bag-valve-mask (BVM), and high flow nasal oxygen therapy.

Marking Criteria

Refer to the marking rubric on the unit Moodle site for more details on how marks will be assigned.

To achieve a pass grade for this unit you are required to pass this assessment item.

If you do not receive a pass grade, you may be eligible for a re-attempt. A re-attempt is where you are given a second opportunity to demonstrate your achievement of one or more of the unit's learning outcomes before you can progress to new learning or participate in subsequent learning activities. You may be given the opportunity to re-attempt an assessment but will only achieve a mark no greater than the minimum for a pass standard for the assessment. You must:

- have shown a reasonable attempt to complete the initial assessment task
- be granted a re-attempt by your Unit Lead/Coordinator
- make changes to the nominated assessment task which you have failed and resubmit the revised work for marking within seven consecutive days, no assessment extensions will be approved.

Please note: Only one opportunity for a re-attempt is allowed.

All students (partnered and non-partnered students) who are offered an assessment re-attempt are required to discuss assessment re-attempt preparation and due date with their Graduate Program Coordinator (for students enrolled in a partnered Graduate Program) or Assessor (for students not enrolled in a partnered Graduate Program).

You are required to achieve a Pass grade for both Assessment 1 and Assessment 2 to pass this unit.

Assessment Due Date

Week 12 Wednesday (29 May 2024) 5:00 pm AEST Completed rubric submitted to the Assessment 2 submission portal in the Unit Moodle site.

Return Date to Students

Exam Week Wednesday (12 June 2024)

Students will be advised of release of assessment marking via an announcement posted to the Announcement's Board on the Unit Moodle site. Please note, the 'Return to Students Information" is an approximate date.

Weighting		
Pass/Fail		
Minimum mark or grade		
Pass		
Assessment Criteria		
	Assessment Two Practical Assessment	
Student name:		Student number:

Note - You must achieve a Pass in all criteria to pass this assessment.

Skill/Topic	framework to identify signs and sy Demonstrates ability to monitor ar through effective use of clinical de	n and feel ABCDEFG or safely uses an alter mptoms of clinical deterioration. nd escalate care of the deteriorating patie cision-making and critical use of availabl rovided on the deterioration observation	ent in a timely manner le clinical tools.	Pass	Fail
Patient deterioration	facility. Verbalise initial management and ISBAR is used and verbalised in es Adequately and critically demonsti coordination of the deteriorating p	outline concerns. calation of treatment. rates or discusses effective teamwork an	d leadership in the care		
Oxygen therapy	Demonstrates application, advanta rebreather face mask.	ages and disadvantages of Nasal Prongs, ecautions required for Nasal Prongs, Hud	Hudson Mask, Non-		
Basic airway management	Demonstrates high flow nasal oxyg Demonstrates effective airway ma Valve-Mask. Effectively demonstrates relevant care of the deteriorating patient.				
Knowledge of policies and guidelines	Identified points of deterioration a standards for practice (2016) and relevant legislation and policies. Discusses the role of the registere	re justified (explained) and aligned with t the Australian National Safety Standards d nurse in relation to organisational polic	(2017) and/or other		
Feedback:	care coordination of the deteriorat	ing patient.			
ALLOCATED GRADE	PASS	FAIL	DATE:		
MARKER SIGNATURE:		STUDENT SIGNATURE	:		

Please note that submission of fraudulent assessment results by a student will result in the notification to AHPRA of such occurrence.

Referencing Style

• American Psychological Association 7th Edition (APA 7th edition)

Submission

Online

Submission Instructions

i. Students in a Partnered Graduate Program - The Graduate Coordinator will advise you of the due date. ii. Students NOT in a Partnered Graduate Program - The Signed Assessor Agreement Form must be submitted to the assessment portal by 5pm (AEST) Friday 13th March 2024 (Week 2). This must be signed by one of your unit nursing leaders (NUM, CNC, Nurse Educator) indicating that they will assess you in this task on an agreed due date. iii. All students: submit your completed rubric to the Assessment 2 submission portal in the Unit Moodle site.

Learning Outcomes Assessed

- Interpret and explain physiological and psychosocial clinical parameters indicating patient deterioration.
- Communicate effectively with interdisciplinary health teams, the patient and family to accurately transfer and escalate critical information.
- Initiate and evaluate nursing interventions based on clinical assessment and diagnostic results to optimise patient outcomes.
- Analyse a person-centred care approach to the deteriorating patient through critical self-reflection of professional 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 <u>Academic Learning Centre (ALC)</u> can support you in becoming confident in completing assessments with integrity and of high standard.

What can you do to act with integrity?





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