



# PMSC20018 *Prolonged Field Care and Casualty* **Evacuation** Term 2 - 2019

Profile information current as at 10/05/2024 10:39 pm

All details in this unit profile for PMSC20018 have been officially approved by CQUUniversity 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 will build on your existing knowledge of pharmacology and advanced clinical assessment and intervention. You will learn to use advanced clinical vital sign monitoring and interventions to build an accurate clinical picture to advocate for patient evacuation with the most appropriate available transport assets. Planning, operational control, triage and patient packaging for systematic evacuation will be introduced. You will be introduced to advanced clinical care practices for prolonged field care scenarios where evacuation is deferred indefinitely. Risk mitigation and situational awareness techniques learned in direct and indirect threat care units will be built upon and further incorporated into the clinical assessment to ensure a measured situational response in the event of threat re-escalation. You will synthesise clinical data obtained through ongoing patient assessment to implement an ongoing treatment plan in preparation for evacuation.

### Details

Career Level: *Postgraduate*

Unit Level: *Level 8*

Credit Points: 6

Student Contribution Band: 8

Fraction of Full-Time Student Load: 0.125

### Pre-requisites or Co-requisites

Co-Requisites: PMSC20016 Direct Threat Care PMSC20017 Indirect Threat Care

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

### Offerings For Term 2 - 2019

- Mixed Mode

### 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).

### Residential Schools

This unit has a Compulsory Residential School for distance mode students and the details are:

Click here to see your [Residential School Timetable](#).

### Website

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

## Class and Assessment Overview

### Recommended Student Time Commitment

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

### Class Timetable

#### [Regional Campuses](#)

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

#### [Metropolitan Campuses](#)

Adelaide, Brisbane, Melbourne, Perth, Sydney

### Assessment Overview

#### 1. **Written Assessment**

Weighting: 50%

#### 2. **Practical 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 Verbal, during residential school.

#### **Feedback**

Enjoyed the practical scenarios, could be more high fidelity simulations and a night-time scenario.

#### **Recommendation**

Requests are underway for high fidelity scenario props. A night-time scenario will be conducted at the next residential school as a test case.

## Unit Learning Outcomes

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

1. Apply comprehensive clinical assessments within the tactical care context
2. Integrate clinical knowledge, pharmacology and advanced clinical interventions into prolonged field care
3. Analyse trends in clinical findings to identify emerging trauma pathologies or clinical deterioration in prolonged field care
4. Demonstrate ongoing situational control while treating and preparing a patient for evacuation.

## Alignment of Learning Outcomes, Assessment and Graduate Attributes

 N/A Level	 Introductory Level	 Intermediate Level	 Graduate Level	 Professional Level	 Advanced Level
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### Alignment of Assessment Tasks to Learning Outcomes

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

### Alignment of Graduate Attributes to Learning Outcomes

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

### Alignment of Assessment Tasks to Graduate Attributes

Assessment Tasks	Graduate Attributes							
	1	2	3	4	5	6	7	8
1 - Written Assessment - 50%	○	○	○	○	○		○	
2 - Practical Assessment - 50%	○	○	○	○	○	○	○	

## Textbooks and Resources

### Textbooks

**There are no required textbooks.**

#### **Additional Textbook Information**

Students will have online access to the required textbook: Ciotto's Disaster Medicine, second edition, Elsevier. Students who require additional clinical background information may refer to Emergency and Trauma Care for Nurses and Paramedics, K.Curtis, Elsevier. Additionally, students will have online access to the Journal of Special Operations Medicine (JSOM) Tactical Paramedic Protocols handbook.

### 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: [Harvard \(author-date\)](#)  
For further information, see the Assessment Tasks.

## Teaching Contacts

**Aldon Delport** Unit Coordinator  
[a.delport@cqu.edu.au](mailto:a.delport@cqu.edu.au)

## Schedule

### **Week 1 - 15 Jul 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Electronic monitoring for PFC.</u></b> Pulse oximetry. End-tidal CO2. Gas diffusion in depth. Ventilation/perfusion matching.		

### **Week 2 - 22 Jul 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Evacuation.</u></b> Evacuation platforms. Stressors of flight. Flight physiology and gas laws. Telemedicine.		

### **week 3 - 29 Jul 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Haemorrhage control for PFC</u></b> Adverse effects of prolonged tourniquet use. Tourniquet de-escalation.		

**Week 4 - 05 Aug 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Advanced airway</u></b>		
Intubation.		
Checklists.		
Apnoeic oxygenation.		
Denitrogenation.		
Post-intubation management.		

**Week 5 - 12 Aug 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Advanced ventilator management</u></b>		
Acid-base balance.		
Modes of ventilation.		
Ventilator settings (Knobology).		
Ventilation strategies for trauma.		
Sedation.		

**Vacation Week - 19 Aug 2019**

Module/Topic	Chapter	Events and Submissions/Topic
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**Week 6 - 26 Aug 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Rapid sequence induction (RSI).</u></b>		
Induction agents.		
Neuromuscular blockade (Physiology).		
Depolarising agents.		
Non-depolarising agents.		

**Week 7 - 02 Sep 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Damage control resuscitation 2.</u></b>		
Advanced Resuscitation.		
Blood products.		
Point of care labs.		
Freeze-dried plasma.		

**Week 8 - 09 Sep 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>JTS Head injury guidelines for PFC.</u></b>		
Head injury guidelines		
TECC/CoTCCC/JTS.		

**Week 9 - 16 Sep 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b><u>Wound management.</u></b>		
Wound management in PFC.		
JTS Guidelines.		

**Week 10 - 23 Sep 2019**

Module/Topic	Chapter	Events and Submissions/Topic
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**Extremity trauma.**

Crush injury guidelines  
CTECC/CoTCCC/JTS.  
Compartment syndrome.

**Week 11 - 30 Sep 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b>Burns.</b> JTS Guidelines for burns. Burns considerations for prolonged field care.		<b>Written assessment and presentation</b> Due: Week 11 Monday (30 Sept 2019) 11:55 pm AEST

**Week 12 - 07 Oct 2019**

Module/Topic	Chapter	Events and Submissions/Topic
<b>Review and consolidate knowledge.</b>		

**Residential school - 14 Oct 2019**

Module/Topic	Chapter	Events and Submissions/Topic
		<b>Practical Assessment - Objective structured clinical assessment</b> Due: Review/Exam Week Friday (18 Oct 2019) 11:55 pm AEST

**Exam Week - 21 Oct 2019**

Module/Topic	Chapter	Events and Submissions/Topic
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## Assessment Tasks

### 1 Written assessment and presentation

**Assessment Type**

Written Assessment

**Task Description**

Prolonged field care is characterised by the deferment of evacuation in the resource-limited environment. You will be given a hypothetical clinical case where the principles of C-TECC/CoTCCC have been applied. You are required to provide an ongoing treatment strategy for your patient beyond C-TECC/CoTCCC guidelines. All physiological parameters must be accounted for, optimised and monitored. In order to complete this task, you will need to refer to the Joint Trauma Systems (JTS) Guidelines for prolonged field care and supporting evidence.

You will present your case in the form of a narrated powerpoint presentation with an accompanying written and referenced transcription.

Your report must include:

- Your strategy for facilitating telemedicine consultation within a PACE planning framework.
- Your strategy for collecting and monitoring vital sign data trends in a resource-limited environment
- Your strategies for further optimisation of treatments applied in the indirect threat care phase.

**Assessment Due Date**

Week 11 Monday (30 Sept 2019) 11:55 pm AEST

**Return Date to Students**

Review/Exam Week Monday (14 Oct 2019)

**Weighting**

50%

**Minimum mark or grade**

50%

**Assessment Criteria**

The presentation will be assessed in accordance with the rubric and information provided on the units Moodle page. The following are the key points to be included. The presentation should be in PowerPoint format. A recorded narration is required and you can use your Notes section to detail your thinking. The presentation must address each task as detailed in the task description. Your narration must be accompanied by a referenced transcription.

Your presentation must be a minimum of 20min long but must not exceed 30min.

This written assessment and presentation are worth 50% of your overall unit mark

**Referencing Style**

- [Harvard \(author-date\)](#)

**Submission**

Online

**Learning Outcomes Assessed**

- Apply comprehensive clinical assessments within the tactical care context
- Integrate clinical knowledge, pharmacology and advanced clinical interventions into prolonged field care

**Graduate Attributes**

- Knowledge
- Communication
- Cognitive, technical and creative skills
- Research
- Self-management
- Leadership

## 2 Practical Assessment - Objective structured clinical assessment

**Assessment Type**

Practical Assessment

**Task Description**

For this assessment, you will be required to attend a compulsory residential school. There will be several assessment pieces, each designed to assess knowledge and practical skills acquired during this unit. During the objective structured clinical examination (OSCE) your clinical skills will be tested as well as your declarative knowledge of that skill.

**Assessment Due Date**

Review/Exam Week Friday (18 Oct 2019) 11:55 pm AEST

**Return Date to Students**

Exam Week Friday (25 Oct 2019)

**Weighting**

50%

**Minimum mark or grade**

50%

**Assessment Criteria**

OSCE sheets for specific skills will be provided on the unit Moodle page.

You will have two attempts for each skill assessed.

The assessment will be based on the following key points:



- Successful completion of the skill.
- Demonstration of skill in a timely manner.
- Ability to minimise missed steps or minor mistakes.
- Completion of the skill without making a critical error (A critical error will result in a failed attempt).

During any form of assessment, if any of the following critical errors are witnessed the assessment will immediately cease, no marks will be given for that item and it will result in a failed attempt:

- An action or inaction which causes immediate harm to yourself, partner, patient or bystanders.
- Failure to maintain situational awareness.
- No or incomplete drug checks.
- Incorrect sharps disposal.

### **Referencing Style**

- [Harvard \(author-date\)](#)

### **Submission**

Offline

### **Learning Outcomes Assessed**

- Apply comprehensive clinical assessments within the tactical care context
- Integrate clinical knowledge, pharmacology and advanced clinical interventions into prolonged field care
- Analyse trends in clinical findings to identify emerging trauma pathologies or clinical deterioration in prolonged field care
- Demonstrate ongoing situational control while treating and preparing a patient for evacuation.

### **Graduate Attributes**

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

## Academic Integrity Statement

As a CQUniversity student you are expected to act honestly in all aspects of your academic work.

Any assessable work undertaken or submitted for review or assessment must be your own work. Assessable work is any type of work you do to meet the assessment requirements in the unit, including draft work submitted for review and feedback and final work to be assessed.

When you use the ideas, words or data of others in your assessment, you must thoroughly and clearly acknowledge the source of this information by using the correct referencing style for your unit. Using others' work without proper acknowledgement may be considered a form of intellectual dishonesty.

Participating honestly, respectfully, responsibly, and fairly in your university study ensures the CQUniversity qualification you earn will be valued as a true indication of your individual academic achievement and will continue to receive the respect and recognition it deserves.

As a student, you are responsible for reading and following CQUniversity's policies, including the [Student Academic Integrity Policy and Procedure](#). This policy sets out CQUniversity's expectations of you to act with integrity, examples of academic integrity breaches to avoid, the processes used to address alleged breaches of academic integrity, and potential penalties.

### What is a breach of academic integrity?

A breach of academic integrity includes but is not limited to plagiarism, self-plagiarism, collusion, cheating, contract cheating, and academic misconduct. The Student Academic Integrity Policy and Procedure defines what these terms mean and gives examples.

### Why is academic integrity important?

A breach of academic integrity may result in one or more penalties, including suspension or even expulsion from the University. It can also have negative implications for student visas and future enrolment at CQUniversity or elsewhere. Students who engage in contract cheating also risk being blackmailed by contract cheating services.

### Where can I get assistance?

For academic advice and guidance, the [Academic Learning Centre \(ALC\)](#) can support you in becoming confident in completing assessments with integrity and of high standard.

### What can you do to act with integrity?



#### Be Honest

If your assessment task is done by someone else, it would be dishonest of you to claim it as your own



#### Seek Help

If you are not sure about how to cite or reference in essays, reports etc, then seek help from your lecturer, the library or the Academic Learning Centre (ALC)



#### Produce Original Work

Originality comes from your ability to read widely, think critically, and apply your gained knowledge to address a question or problem