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# ASSESSMENT TASK 2

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| **Assessment name:** | Health Assessment. |
| **Task description:** | You will undertake a simulated health assessment during a scheduled clinical practice session and use critical thinking to interpret assessment findings and identify problems. The simulation will underpin your reflection upon health assessment practice.  The simulated health assessment is required to be video-recorded and a link to the recording is also required, submitted along with your written assessment.  The assessment contains 2 parts.   1. Part 1: Simulation and video recording of health assessment to be completed during your assigned CPS session in Week 12. 2. Part 2: Provide a written reflection on your health assessment technique, your clinical documentation and the effectiveness of your communication with the patient. |
| **What you need to do:** | **Part 1:** **Simulated and video recorded vital sign assessment (40% of Assessment 2 weighting)**  During your **Week 12 Clinical Practical Session (Week of 23rd– 27th May)**, in groups of 3-4, each student will conduct a health assessment focusing on vital signs including Blood Pressure, Temperature, Pulse, Respirations, and Oxygen saturations on another student (student patient). Students will communicate their findings to their student patient and document their findings on an observation chart. Findings from these assessments need to be interpreted and communicated to your student patient (using critical thinking students need to identify normal health parameters and any abnormal findings).  Each student will be videoed by one of their group members using their own smart phone or similar device.  Each student will rotate through each of the three/four roles:  Student 1: Undertakes the health assessment (vital signs).  Student 2: Will have vital signs undertaken on them (and provide feedback to student 1 if only 3 students).  Student 3: Will film the health assessment on Student 1’s smart phone or similar device, ensuring that the focus of video recording is on vital sign technique.  Student 4: Will provide verbal peer feedback (not filmed) and support to Student 1 (If only 3 students in the group, Student 2 will provide feedback to Student 1).    Each student will use their own video recording to facilitate careful reflection on their own health assessment technique, documentation and communication (Part 2).  **\*Note the video will used to grade Part 1 of your Assessment**  **Part 2:** **Written reflection (60% of Assessment 2 weighting)**  Using the **Clinical Reasoning Cycle**, provide a reflection on your vital sign health assessment technique, documentation and communication during the experience, with a focus on where your vital signs assessment technique and communication could be improved. In your reflection use the [Clinical Reasoning Cycle (CRC)](https://www.youtube.com/watch?v=VHkV2agb6V4&feature=youtu.be&list=PLvTaorlwcFYrW4NhedT2FpTEksuosbOFV) **Phase 3** (process information) and **Phase 8** (reflect on process and new learning) (Calleja, et al., 2020, p. 7; or Estes et al., 2017, p. 6) to help guide your responses. Your response must address these tasks:   1. **Results of vital signs assessment** (Approximately 750 words, note this is a guide only)**.**  * Using the **CRC Phase 3**, discuss how you processed the information collected. For example, what were the results of the vital sign assessment? Interpret data collected (vital signs) and compare normal with any abnormal findings. * Applying your knowledge of anatomy and physiology, discuss two potential reasons for abnormal vital signs (not limited to your student patient) and how these indicators could link to acute patient deterioration.  1. **Reflect on process and new learning** (Approximately 750 words, note this is a guide only)**.**  * Using the **CRC Phase 8**, reflect upon what you have learnt from this experience. Use the following dot points to address your reflection: * Reflect on your **vital sign assessment technique** (include a critique of all vital signs assessment technique). What could have been done differently to improve your assessment technique?   Reflecting on the NMBA Registered Nurse Standards for Nursing Practice Standard 4.2: “uses a range of assessment techniques to systematically collect relevant and **accurate information and data to inform practice**”, describe what impact incorrect vital sign technique could have on your patient in clinical practice?   * Reflect on your **communication**. What could have been done differently to improve your communication with your patient? Reflecting on the NMBA Registered Nurse Standards for Nursing Practice Standard 2.2: “**communicates effectively**, and is respectful of a person’s dignity, culture, values, beliefs and rights”, what impact could ineffective communication have on your patient in clinical practice? * Reflect on your vital sign **documentation.** What could be have been done differently to improve your vital sign documentation?   Reflecting on the NMBA Registered Nurse Standards for Nursing Practice Standard 1.6: “maintains **accurate, comprehensive and timely documentation** of assessments”, what impact could incorrect vital sign documentation have on your patient in clinical practice?  **\*TIP:** You must reference all the sources used in developing your response to each question. **A minimum of 5 high quality peer reviewed evidence-based nursing journals** of no more than 7 years old is **the minimum requirement for this assignment.** Your nursing textbooks can also be used in addition to these nursing journals. |
| **Length:** | 1500 words +/- 10% (word length includes in-text referencing and excludes your reference list) plus a video (maximum 5 mins). |
| **Estimated time to complete task:** | 20-30 hours |
| **Weighting:** | 60 % (Part 1: Video 40%: Part 2: written reflection 60%) |
| **How will I be assessed:** | +/- 7 point grading scale using a rubric |
| **Due date:** | * **Part 1:** Video Component of Health Assessment: During **Week 12 Clinical Practice Session (31st May – 3rd June 2022). (\*Note:** link to video is submitted with Part 2, written component of assessment) * **Part 2:** Written Component of Assessment: **Friday 17th June 2022 (Exam Week)** submitted via Turnitin in your NSB103 Blackboard site by 2359hours. |
| **Presentation requirements:** | **The student must:**   * Actively participate in Part 1, the Vital signs health assessment during scheduled CPS class in Week 12. * Upload video recording to *YouTube* (as an “unlisted” file, instructions will be provided in the Assessment Blackboard site before assessment is due) and **include the link to the video in the submitted Word document** (on the cover sheet of your assignment with heading “*YouTube* video link”). * Attach evidence of vital sign documentation/charting [(Observation chart)](file:///Users/paulinegillan/Downloads/NSB103%20unit%20planning%20for%202022/QADDS%202017.pdf) with the written component of the assessment. * Respond to the instructions provided under “What you need to do”. * Write using formal academic sentence structure (complete paragraphs that are grammatically correct, with in-text referencing; the use of dot points or equivalent or tables are not acceptable). * A brief introduction and conclusion paragraph **are required** for this assessment. * The use of brief headings to structure your assignment logically is recommended. Headings contribute to your word count. (\*Note: Do not include the assessment question as the heading). * Submit Part 2 (written reflection) in electronic format as **a single Word document** via Turnitin. |
| **What you need to submit:** | **One** word document that contains the following items:   1. Assignment cover sheet 2. Your written assignment with link to the video recording 3. Observation chart attached to word document   A reference list in QUT APA style |

# NSB103 ASSESSMENT TASK 2 RUBRIC PART 1 VIDEO

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| **Learning Outcomes Assessed:** | 1, 2, 3, 4 & 5 | **Weighting:** | 40% |

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| **Criteria** | **+/- 7** | **+/- 6** | **+/- 5** | **+/- 4** | **+/- 3** | **+/- 2 - 1** |
| Video recording  Video Recording of Vital signs: Temperature, pulse, respirations, oxygen saturation, blood pressure.  Vital sign technique  **Weighting 20%** | Video submitted demonstrates proficient, efficient, and safe technique when completing all five (5) vital sign assessments. | Video submitted demonstrates safe and correct technique when completing all five (5) vital signs assessments. | Video submitted demonstrates five (5) vital signs attempted with at least four (4) vital signs assessments undertaken using correct and safe technique. Some minor inefficiencies in technique may be present. | Video submitted demonstrates five (5) vital sign attempted but only 3 vital signs are undertaken using correct and safe technique.  Several minor inefficiencies in technique may be present. | Video submitted demonstrates incorrect and/or unsafe technique when completing vital signs and/or video submitted is of a quality that does not enable the marker to be able to evaluate the vital signs technique. | Video submitted demonstrates limited or no evidence of attempt at undertaking vital signs/ or video not uploaded/ or link not provided with Part 2 of Assessment/or link is not working. |
| Critical thinking  Demonstrates critical thinking skills to identify normal and/or abnormal findings  **Weighting 5%** | Consistently demonstrates effective application of critical thinking and correctly identifies all normal health parameters and/or any abnormal findings. | Demonstrates effective application of critical thinking and mostly correctly identifies normal and/or any abnormal findings. | Logical application of critical thinking to correctly identify most normal and/or any abnormal findings. | Sound application of critical thinking to identify some normal and/or any abnormal findings. | Some attempt at critical thinking in identifying some normal and/or any abnormal findings. Misses some relevant points. | Little or no evidence of critical thinking and/or ability to identify normal/abnormal findings. Many relevant points are missed. |
| Communication  Communicates findings to student patient  Weighting 5% | Clearly and effectively communicates findings of all vital signs to student patient and fully explains how to interpret these. If abnormal parameters are present, is able to communicate these in a non-threatening manner. | Effectively communicates findings of vital signs to student patient and is able to explain how to interpretate these to the student patient. | Communicates key findings of the vital signs to student patient. Some limitations may be present, but these do not detract from key communication to student patient. | Attempts to communicate findings of most of the vital signs to the student patient. Some ineffective communication (e.g. language, articulation, phrasing) may make it hard for the student patient to understand the findings. | Some attempt at communicating findings of some of the vital signs to student patient but misses more than half of these. | Ineffective communication. Does not adequately communicate findings to student patient. |
| Documentation  Accurately completes documentation on Observation chart  Weighting 10% | Has correctly and clearly documented all vital signs on observation chart using all correct documenting requirements.  Includes all patient data. | Has mostly correctly documented all vital signs on observation chart.  Mostly includes all patient data. | Vital signs are mostly correctly documented on observation chart  Most patient data is included. | Has correctly documented more than half of the vital signs on observation chart.  Some patient data is missing from the observation chart. | More than half of the vital signs are not documented on the observation chart or are documented incorrectly.  Some patient data is missing from the observation chart. | Vital signs are not documented; or are incorrectly documented; or no observation chart provided. |

Satisfactorily complied with the Academic Integrity standards outlined in the [MOPP C/5.3 Academic Integrity](https://www.mopp.qut.edu.au/C/C_05_03.jsp).

# NSB103 ASSESSMENT TASK 2 RUBRIC PART 2 WRITTEN REFLECTION

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| **Learning Outcomes Assessed:** | 1, 2, 3, 4 & 5 | **Weighting:** | 60% |

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| **Criteria** | **+/- 7** | **+/- 6** | **+/- 5** | **+/- 4** | **+/- 3** | **+/- 2 - 1** |
| Reflection  CRC-  Phase 3: Processes information; interprets data; application of knowledge of A & P and acute patient deterioration.  CRC phase 8: Reflects on: Assessment technique (links to NMBA Standard 4.2); Communication (links to NMBA Standard 1.6);  Documentation (links to NMBA Standard 2.2).  Critical thinking: Use of literature/ evidence of reading integrated throughout  **Weighting 40%** | Consistently demonstrates a highly effective use of the reflective process, clearly and comprehensively addresses phase 3 and phase 8 of the CRC.  Provides an in-depth and comprehensive reflection on vital sign assessment technique, communication and documentation in relation to the NMBA Standards.  Consistently demonstrates a high level of critical thinking and interpretation of data, with application and integration of literature throughout assignment. Extensive use of current peer reviewed literature that is relevant to the topic; literature is applied to support all points.  Has comprehensively addressed all significant points. | Demonstrates effective application of the reflective process, clearly addresses phase 3 and phase 8 of the CRC.  Provides a comprehensive reflection on vital sign assessment technique, communication and documentation in relation to the NMBA Standards.  Demonstrates effective critical thinking and interpretation of data with application and integration of literature throughout assignment.  Wide use of current peer reviewed literature that is relevant to the topic; literature is applied to support all points.  Has addressed all significant points. | Demonstrates logical application of the reflective process, addresses phase 3 and phase 8 of the CRC.  Provides reflection on most vital signs, communication and documentation, most NMBA Standards are addressed.  Mostly demonstrates effective critical thinking with application and integration  of literature within assignment.  Clear use of evidence that is relevant to the topic; most sources are current, and peer reviewed literature is applied to support most points.  Most of the significant points are addressed effectively. | Demonstrates satisfactory application of the reflective process, only on a basic level addresses phase 3 and phase 8 of the CRC.  Some reflection on vital sign assessment technique, communication and documentation; minimal and/or incorrect link/s made to NMBA Standards.  Demonstrates some critical thinking with some application and integration of literature within more than half of assignment but this is inconsistent throughout.  Some use of evidence, however, not all sources are relevant to the topic; current or peer reviewed. Not all points are supported with literature.  Misses some significant elements. | Attempts the reflective process but misses more than half of the significant components of the CRC phases and/or only addresses one of the CRC phases.  Limited evidence of reflection on vital sign assessment technique, communication and/or documentation, does not link to NMBA Standards.  Some attempt at critical thinking and application of literature but this is inconsistent or lacking in many areas.  Limited and/or inconsistent use of literature to support points. Many sources are not relevant,  current, or peer reviewed. Selected literature indicates limitations in understanding.  Misses more than half of significant elements. | Little to no evidence of application of reflective processes; Inaccurate/inappropriate understanding of the CRC phases demonstrated.  Little to no evidence of critical thinking or of literature being consulted; or literature presented is invalid or irrelevant to the assignment task.  Missing most significant elements. |
| Expression and presentation  Clarity of expression (including accuracy, spelling, grammar, punctuation, paragraph and sentence structure).  Conforming to assignment instructions and conventions (including word length).  **Weighting 10%** | Fluent writing style that clearly and coherently responds to the questions.  Grammatical expression, punctuation, spelling, paragraph and sentence structures are accurate and written in academic style. Assignment within prescribed presentation parameters with no errors. | Language fluent, provides a clear and mostly coherent response.  Grammatical expression, spelling, punctuation, paragraph and sentence structures are mostly accurate and mostly written in academic style. Assignment submitted with 1-2 minor presentation errors.  Adheres to the word limit +/- 10% | Language mainly fluent, responses are mostly clear.  Grammatical expression, spelling, punctuation, paragraph, and sentence structures are mostly accurate and mostly written in academic style. Assignment submitted with 3-5 minor presentation errors.  Adheres to the word limit +/- 10% | Meaning apparent but language not always fluent. Contains grammar and/or spelling, punctuation errors. Paragraph and sentence structure needs improvement.  Assignment submitted with more than 5 presentation errors.  Adheres to the word limit +/- 10% | Meaning unclear. Contains many grammar and/or spelling/punctuation errors and/or paragraphing/  sentence errors.  Assignment deviates largely from presentation parameters, many errors in presentation.  Did not adhere to the word limit +/- 10% | Meaning unclear. Language expression poor. Contains numerous grammar and/or spelling/punctuation errors and/or paragraphing/  sentence errors.  Assignment deviates significantly from prescribed presentation parameters.  Did not adhere to the word limit +/- 10% |
| Referencing  Referencing (APA) conforms with QUT Cite/Write guidelines  Weighting 10% | Accurately and consistently adhered to APA referencing conventions, both intext and in the reference list | Almost always accurately and consistently adhered to APA referencing conventions, both intext and in the reference list | Accurately followed, for the most part, APA referencing conventions both intext and in the reference list | Followed some of APA referencing conventions in both intext and in the reference list with a few minor errors | Referencing is inaccurate with multiple errors and/or is unsystematic. | Referencing is unsystematic and/or largely absent |

Satisfactorily complied with the Academic Integrity standards outlined in the [MOPP C/5.3 Academic Integrity](https://www.mopp.qut.edu.au/C/C_05_03.jsp).