Reviewing the situation.

Have we got the steps right?

Dr Jeannette Stirling,
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Learning Development
<table>
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<tr>
<th>Subject</th>
<th>Assessment 1</th>
<th>Assessment 2</th>
<th>Assessment 3</th>
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<td>NMIH102</td>
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<td>Week 7 Multiple choice quiz</td>
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<td>Exam Period Final exam</td>
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<td>NMIH103</td>
<td>Week 6 In-class science quiz</td>
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<td>NMIH104</td>
<td>Week 7 Multiple Choice Quiz</td>
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Today’s seminar reviews …

- NMIH101 group presentations
- NMIH104 case study
- NMIH102 case study
The Case Study

**Length:** 2000 words

**Grade value:** 40%

**Due:** Week 8
Mrs Wall is a 75 year old woman admitted to hospital with pain in her right hip.

Mrs Wall experienced a fall in her home one (1) week prior to this admission.

Prior to her discharge home the community nurse conducts a ‘home assessment’.

Mrs Wall lives on her own in a three bedroom, second-level villa home with her Maltese terrier, Fluffy.
Can you map your response? For example…..

| Mrs Wall is a 75 year old female admitted .... | Presenting symptoms?  
|                                               | Relevance?  
|                                               | Implications for nursing care & ongoing at home care plan? |
| Outline incidence of injury from falls        | Causes?  
|                                               | Circumstances?  |
| How do these factors relate to Mrs Wall’s situation? | Intrinsic factors?  
|                                               | Extrinsic factors?  
|                                               | Implications?  |
| What does all this mean for Mrs Wall’s ongoing care needs? | Risk assessment of her home environment?  
|                                               | Recommendations?  
|                                               | Implementation?  |
| Have you described the roles of three other members of the multi-disciplinary care team? | These team members are important because…. .  
|                                               | They will address Mrs Wall’s ongoing care needs by…. . |
The Case Study

Length: 2000 words
Grade value: 35%
Due: Week 9
Planning your approach

What types of knowledge and/or ways of knowing should have informed RN Melanie’s decisions and actions in these matters?

• **Outline the fundamental patterns of knowing** in nursing and explain how they apply to these scenarios.

What ethical issues can be raised as a result of the scenario?

• **What is the key ethical issue** for the newly graduated RN in this case study?
• **What is the rationale for your recommendations?**
• **Explain why** these incidents are issues?
• **Define the bioethical & confidentiality principles** commonly utilised in healthcare and explain how they apply to the issue/s you have identified.
• **How could specific bioethical & confidentiality principles** assist in decision making for RN Melanie?

What are RN Melanie’s legal responsibilities in this scenario?

• **What are the key legal issues** in this case study?
• **What common law principles** and/or legislation define those responsibilities?

What (if anything) do you think RN Melanie should have done differently? If you think that RN Melanie’s actions were reasonable you need to justify his actions.

• **What should RN Melanie have done instead OR why are her actions acceptable?**
• **What is the rationale for your recommendations?**
• **Justify your decision** about what the nursing student should do with reference to the Australian Nursing and Midwifery Council (ANMC) Code of Professional Conduct for Nurses.
NMIH 102 case study headings

- Abstract
- Ways of knowing
- Ethical issues
- Legal responsibilities
- Resolution
- Summary
- References
## Structuring your discussion or argument

<table>
<thead>
<tr>
<th>A series of main points or claims</th>
<th>• These points support your answer to the topic.</th>
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<tr>
<td>Each point to be developed in a separate paragraph</td>
<td>• Every sentence in the paragraph will somehow relate to this point.</td>
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| Each point to be supported by evidence | • Examples;  
| | • explanations;  
| | • reference to ideas of recognised authorities in the field. |
| Overall cohesiveness | • Paragraphs (main points) logically ordered.  
| | • Clear links / connections between paragraphs (main points). |
Introduce the topic and let your reader know what your paper is about;

provide a direct & relevant response to the topic;

briefly outline the scope of your discussion;

state the approach or position you will take to the topic (your argument or thesis statement).
Three issues impacting on quality family-centred care for Indigenous women during pregnancy and birthing are: the lack of readily accessible health care professionals and facilities; the extensive travel and expense of travelling to larger medical facilities when complications occur; and language barriers.

Strategies to improve health outcomes for Indigenous families will involve attracting and retaining health care professionals who are aware of the need for Aboriginal cultural safety at the forefront of treatment. In examining possible solutions for the problems facing Australian Aboriginal mothers and babies, Canadian midwifery services in remote Inuit communities will be discussed. Many of these communities have developed successful birthing programmes for their Indigenous populations. These programmes incorporate the family care model which, in Australia, has been largely overlooked as an option for remote Aboriginal communities.
An effective thesis statement will make a claim to be argued.

An effective thesis statement will therefore control the entire argument.

An effective thesis statement will also provide a structure for your argument.
The statistics relating to new mothers and their babies are quite alarming for Aboriginal women (Leeds et al. 2007). The Australian Institute of Health and Welfare Report from 2001-2004 state that foetal deaths were 11:1000 as apposed to 6:1000 in the non-Indigenous population. Preterm births are defined as being less than 37 weeks gestation. These statistics are more than double than those for the white population which stand at between ten to twelve percent and six percent respectively (Australian Institute 2004). At twelve percent, instances of low birth weight (2500g or less) for full term gestational age is double for the Indigenous population. The age range for primigravida Indigenous mothers from 15-19 years stands at twenty two percent and eighteen percent are in the 20-24 year old age group, with the mean age of first time mothers being 20.6 years. These figures indicate that Indigenous women are younger than those in the white population of Australia, where the average age for the first baby is 27.7 years (Australian Institute 2004). Indigenous women are more likely to smoke, with fifty one to seventy percent of Indigenous women smoking during pregnancy as compared to twelve percent of non-Indigenous women (Couzos and Murray 2007). Couzos and Murray (2007) also report that Indigenous women smoke 10 cigarettes or more a day and smoking increases with age. Indigenous women in remote localities are less likely to smoke compared to their urban and regional counterparts because of poorer financial status. These statistics suggest the value of multi-faceted and culturally appropriate health and education initiatives such as the “Strong women, strong babies, strong culture” program introduced in the Northern Territory in 1992.
P1. Three issues impacting on quality family-centred care for Indigenous women during pregnancy and birthing are: the lack of readily accessible health care professionals and facilities; the extensive travel and expense of travelling to larger medical facilities when complications occur; and language barriers.

P3: Eighty nine percent of townships in the Northern Territory, Western Australia and Queensland are defined as remote because of their lack of medical services and distances from medical facilities.

P4: Archell, Hill and Jackson-Pulver, (2007) identify the issues around retention and attraction of medical officers to remote and regional areas of the Aboriginal and Torres Strait Islander health services.

P5: The negative affect that being removed from community and loved ones in a time preceding birth has detrimental effects on the emotional state of the mother and family.

P6: Watson, Hodson and Johnson, (2002) point out the communication issues confronting many of the women sent from remote communities, some of who have English as a second or third language. This communication problem can only be more complicated when these women are confronted with medical jargon which they do not understand.
**P1.** Nosocomial infections occur in 5%-10% of hospital patients and up to 30% of intensive care unit (ICU) patients (Brown 2002). Patients in ICU are particularly susceptible due to immunosuppression, major trauma or surgery, and the use of multiple invasive devices which facilitate entry of micro-organisms (Brown 2002; Richards et al 2005).

**P2.** An epidemiological study which assessed the relative importance of airborne and direct contact transmission of micro-organisms confirmed that direct contact is the principal pathway of microbial transmission and nosocomial infection (Tibballs 2004; Conly et al 2005).

**P3.** A number of attempts have been made to improve the rates of handwashing that might impact directly on the transmission of nosocomial infection (Tibballs 2004; Conly et al 2005; Smith 2006).

**P4.** To improve handwashing rates, one research group used performance feedback on the previous day’s handwashing incidence amongst kitchen workers (Tibballs 2004).

**P5.** The performance feedback technique was extended by Conly et al (2005) to cover all staff coming into patient contact in ICU.

**P6.** To determine if performance feedback could be used as a simple, low cost, and effective method of modifying hand washing behaviour, Tibballs (2004) conducted a study on RMOs in the ICU at the Children’s Hospital, Melbourne...
Using evidence to support your claims...

- **Make sure** that your evidence is relevant to the topic.

- **How does it connect** to the line of argument you are developing?

- **Critically analyse** the evidence. Ask yourself:
  - **What** is the source of the opinion?
  - **Who** is writing it?
  - **Why** is it significant?
The need for Indigenous people to feel culturally safe within a medical and hospital environment is a matter of concern for health care practitioners dealing with an Indigenous family-centred care setting. In this context, cultural safety is defined as:

more or less an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are or what they need. It is about shared respect, meaning and shared knowledge and experience of learning together with dignity and truly listening. *(Williams 1998, p. 2)*

Williams *(1998)* states that national policies have attempted to ensured the dependence of Aboriginal people by managing, controlling and protecting them rather than acknowledging and accepting cultural differences when developing Aboriginal policy. Changes in education for health practitioners to increase their awareness of the cultural uniqueness of Indigenous peoples needs to be included in training programs to enhance the health outcomes in family-centred care *(Cass et al. 2002)*. Currently, Australian health policies reflect the colonial paternalistic nature of non-Aboriginal practices by sending Indigenous women away from their families and culture to manage their pregnancies and give birth without the consideration of a family-centred care strategies *(Cass et al. 2002; Watson et al. 2002)*.
Remember: *always* put your self in the picture…

*Your* research should support the argument that *you are presenting*, rather than standing *instead* of your argument.
Currently, Australian health policies reflect the colonial paternalistic nature of non-Aboriginal practices by sending Indigenous women away from their families and culture to manage their pregnancies and give birth without the consideration of a family-centred care strategies (Cass et al. 2002; Watson et al. 2002).

**Useful when discussing research in a general area.**

*This is important when leading up to the specific studies most relevant to the focus of your report or essay.*
Archell et al. (2007) identify the issues around retention and attraction of medical officers to remote and regional areas of the Aboriginal and Torres Strait Islander health services.

*This emphasis is useful when introducing research more closely related to a specific point because at this stage you want to discuss or emphasise a particular aspect of your findings.*
Clostridium difficile is an important nosocomial pathogen and the most frequently diagnosed cause of infectious hospital-acquired diarrhoea. Toxigenic strains usually produce toxin A and toxin B, which are the primary virulence factors of C. difficile. Some recently described strains produce an additional toxin, an adenosine-diphosphate ribosyltransferase known as binary toxin, the role of which in pathogenicity is unknown. There has been concern about the emergence of a hypervirulent fluoroquinolone-resistant strain of C. difficile in North America and Europe. The use of fluoroquinolone antimicrobials appears to be acting as a selective pressure in the emergence of this strain. In this review, we describe the current state of knowledge about C. difficile as a cause of diarrhoeal illness.
Making meaning *within* sentences...

Leonora walked on her head, a little higher than usual.

The driver managed to escape from the vehicle before it sank and swam to the river-bank.

The convict said the judge is mad.

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Questions?