
Part B: ***CASE STUDY-*** ***Due 28th May at 11.00pm*** ***Course weighting 20%***

*There are **2 aspects** to this task:*

1. Students are to ***upload case study presentations***
   - *This assignment will be a presentation – this time up to 10 slides:*
   - ***You must use Scholarly references. As this is a post graduate course papers will be marked down or failed if this is not done correctly.***

It is Important that you comply with the following

- *Students must include at **least 2 self-acquired vascular images** in their case study – AND THEY MUST INCUDE A DOPPLER MODE.*
- *If you are using a patient image you must have a **supervisor signoff** for images from your workplace*
- *You **MUST refer** to this image in your assignment AND reference it correctly.*

2. Your script- ***Written script fully referenced.***
   - Details of what needs to be covered can be found below

(Total Word Count – 1500 words)

Important tasks:

*Before you begin: **Remember you are in a post graduate course,** so the bar is elevated for your assignment submissions. Take the time to do this correctly the first time. There are several links available to you, they are easy to follow.*

Academic Integrity – *Academic misconduct occurs when staff or students disregard the values of academic integrity***.**

- You should review the following link to ensure you understand responsibilities relating to academic integrity (note Rubric requirements) ***Academic Integrity Module***
- ***You will be directed to this link if questions arise on the discussion board – so please go here first***

Referencing –

- **You will be using APA 7 referencing for these tasks –** please use this link
- ***Assistance with referencing can be found via the following link https://lo.unisa.edu.au/course/view.php?id=3839&sectionid=555770***
- **Remember: if you use an automatic reference process, YOU must check your references prior to submission.**
- **Failure to reference as per instructions will be a FAIL overall**

Vascular Sonography Assignment – SP2 2023

Formatting:

- For **Part A** – use your imagination – don't over crowd your slides, you need to highlight the important points.
- **Part B**
  - Times New Roman font, 1.5 spacing, 12-size font, 2.5cm margins all round- please submit your assignment in WORD format.

- Total Word Count for PART A + PART B is APPROXIMATELY 2000 words (guides for Part A and B are available below) - word count will include intext referencing but NOT reference lists

Rubric:

- Assignments will be marked according to the rubric below. The percentage weightings of each component of the assignment can also be found here. In keeping with all the courses in the postgraduate diploma of medical sonography, you will not be given a marks breakdown, but rather a HD, D, C, P1, P2 or F grade.

Patient Confidentiality –

- **If you are using images from your practice, <u>you MUST include a signed statement from your supervisor</u> that you have followed your workplace protocols with respect to <u>patient confidentiality</u> and permission procedures. All images must be de-identified.**

PART B - Case Study – Major work

Before you commence this part of your paper – read through the assignment tasks and marking rubric.

You are creating a case study presentation and script – you must load BOTH into the portal. Marking will be completed relative to the presentation ONLY, and should the marker need to assess further, they will use your script. If you DO NOT submit a script, a deduction of 25% overall marks will be applied to your grade.

*You will be **allocated a pathology** that relates to vascular ultrasound– your case study must be **developed around** that pathology – you can select the most appropriate style of patient presentation. You are to develop a presentation from 6-8 minutes.*

You will introduce your pathology + patient and clinical scenario:

You are to consider your major works under 3 major headings, the tasks provide will fall into each of these.

- *Pre-Encounter*
- *Encounter*
- *Post encounter*

Don't forget:

- **Formatting**
  - Slide – make this engaging and easy to follow
  - Times New Roman font, 1.5 spacing, 12-size font, 2.5cm margins all round- please submit your assignment in WORD format.
- **Referencing**
  - Failure to do this appropriately will be an **overall FAIL**
- **Self-acquired image and worksheets**
  - Must be anonymous with NO reference to your place of work.
  - If you cannot find a patient with this pathology, then you need to think about how you will present a self-acquired image. (Images DO not need to be added to your script)

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1. Overview of your case study: The Pre encounter 300 words

Present your case study to the reader: who what how and why is your patient presenting to your department. Your response should incorporate the following:

a. *Details of the ultrasound request form – the type of study being requested.*
b. *What would the protocol be for this type of study where does this standard of practice come from?*
c. *Are there any clinical indicators/ clinical history from your patient that may alert you to pathology or areas of concern?*
d. *Based on this information, what is your expected provisional diagnosis*

2. Pathology *400 words*

a. *Provide an overview of the pathological process that may lead to the pathology you have been allocated*
    - *Include aetiology and other relevant information to this pathology (is it genetic or acquired for example)*
b. *Based on this pathology, what sonographic or protocol changes could occur to assist with presenting this pathology.*

3. Sonographic appearances and examination: The encounter *500 words*

You are to consider both the examination and patient when responding to the tasks provided.

a. *You are to select a series of images that BEST reflect your findings of this case study – these images should be presented in a logical process to demonstrate to the reader how you have captured relevant information in this case study- You are to use appropriate sonographic language and measurements where relevant when presenting your findings*
b. *You should indicate if relevant any modifications to protocol and scanning techniques might take place with patients presenting with this pathology?*
c. *You should include a worksheet, that is legible and clearly demonstrates your findings- if you do not have worksheets in your department, you are to create a worksheet to demonstrate your findings to the reader*
d. *You are to include a provisional diagnosis of your findings and any recommendations for additional imaging or follow up*

4. A reflection based- The post encounter review *300 words*

Consider the case scenario you have chosen and the research you have conducted – your reflection may incorporate some of the following or be something completely independent – there is NO right or wrong answer, but you need to demonstrate you have considered your responses.

a. Did you discover any major gaps in your knowledge in this area of clinical sonography?
b. Are there aspects of the clinical examination that you need to think about in more detail to ensure you have a good diagnostic examination for the referring clinician?
c. Would a discussion with your patient and obtaining a clinical history assist with this examination?
d. Are there any complimentary tests, other imaging or advanced ultrasound techniques that might assist with your patients' clinical picture?

Be sure to check the weighting in the marking rubric for all sections- and indications of word count.

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RUBRIC – Case Study: each section provides details of the weighting for each question. Use this rubric as a guide.

Sonographer trainees research independently **Case Study**	**FAIL**	**MEETS STANDARDS**			
Script + Power Point	**Missing script OR PP Deduct 25% from overall grade**	**Yes**			
PowerPoint presentation style **Quality of writing using correct grammar, spelling, punctuation, syntax and terminology and formatting** **15%**	• **No effort** has been made on slide appearance. • **No graphics** or effects incorporated. • **Limited** information presented. • There are several typographic, grammatical and punctuation errors. • Formatting does not conform to requirements	• Slides are **attractive**. • Text is **easy to read.** • Graphics and effects are **used throughout** to enhance the presentation. • Writing is free of typographic, grammatical and punctuation errors. • Writing **style** is **coherent, very easy to follow and flows well.** • Formatting conforms to requirements.			
Academic Integrity ***This assessment will be heavily weighted to Part B of the assignment pages. Students are encouraged to use Part A to comprehend referencing styles.*** ***Weighting 5%*** ***Note: if the student fails this section + any of THE 2 proceeding categories, the final grade will be a fail – no marking will be included.***	• **No evidence or little evidence** of citation of literature. • Literature if cited is limited in number and incomplete. • No evidence of paraphrasing. • Inconsistent referencing. • **No self-acquired images – OR self-acquired images do not reflect vascular examination.**	• Literature cited and complete with a **variety of relevant, unique peer reviewed and scholarly resources.** • Appropriate referencing style as advised. • Consistent paraphrasing of data and ideas seen. • **Sources are integrated exceptionally well** in the content to **cover a comprehensive and succinct analysis** of key concepts. • **Includes self-acquired image.**			
		Pass	**Credit**	**Distinction**	**High Distinction**
1: Pre encounter Overview of case study Sonographer trainee **evaluates and reflects** upon the information obtained to provide an overview including how what and why: i. Information relating to the **request form** ii. Understanding of the origins of the **protocol.** iii. Clinical presentations and **clinical history** of patient iv. Sonographer trainee **analyses** and **synthesises** the sonographic information to interpret the findings coupled with the **clinical history** and arrives at a **provisional diagnosis** with possible differential diagnoses offered. *(300 WORDS)* ***Weighting 15%***	• **Limited or no evidence** to demonstrate understanding of pre-encounter, and theory underpinning the clinical scanning technique.	• Evidence of **satisfactory** • **Provides** rationale for chosen approach.	• **Consistent evidence** of **satisfactory** • **Reasonable insight into current organisational protocols** and professional standards to deliver safe, patient focussed services. • Able to **clearly articulate** identifying, creating, and developing arguments, perspectives **including provisional diagnosis**	• **Consistent evidence** of **comprehensive u**nderstanding of the pre-encounter, and theory underpinning the clinical scanning technique. • is **articulated well** • **Reasonable insight into current organisational protocols** and professional standards to deliver safe, patient focussed services.	• **Consistent evidence** of **exceptional u**nderstanding of the pre-encounter, and theory underpinning the clinical scanning technique. • Provides an appropriate and relevant approach • Rationale is **articulated exceptionally well.** • **Substantial insight into current organisational protocols** and professional standards and evidence-based practice to deliver safe, patient focussed services.
2: Pathology Sonographer trainee **finds/generates** data needed to learn the following: i. Recognise pathology and understand the causative mechanism. ii. Aetiology and other relevant information iii. Patient presentation and clinical examination. ***iv.*** Display an understanding of modifications to protocol when faced with a given pathology. ***(up to 400 words)***	• **Little to no understand the pathology or its** aetiology. • **Little or no evidence research into modifications or presentations**	• **Consistent evidence** of an understanding of pathology and aetiology. • **Consistent evidence** of knowledge of patient presentation or modifications to deliver safe, patient focussed services.	• **Reasonable evidence** of an understanding of pathology and aetiology. • **Reasonable insight** patient presentation or modifications to deliver safe, patient focussed services.	• **Clear and focussed evidence** of an understanding of pathology and aetiology. • **Reasonable insight** into patient presentation or modifications to deliver safe, patient focussed services. • Able to **clearly articulate** identifying, creating and developing arguments, perspectives and **critical evaluation of the problem** well	• **Exceptional evidence** of an understanding of pathology and aetiology. • **Exceptional evidence** of synthesis of findings to protocol adaptation and presentation of findings. • **Substantial insight** patient presentation or modifications to deliver safe, patient focused services. • Able to **clearly articulate** identifying, creating, and developing arguments, and **complex** perspectives **exceptionally well.** • **Explicit articulation** of barriers, challenges, and pitfalls in different patient

Weighting 25 %					presentations along **with potential solutions**
3: Encounter and sonographic appearances and examination Sonographer trainee **evaluates and analyses** ***i.*** **the ultrasound findings** in an organised manner. ***ii.*** ***Presents*** information incorporating appropriate language and associated sonographic appearances ***iii.*** ***Includes*** *worksheet and sonographer report legibly providing diagnosis based on* ***evidence*** ***iv.*** ***Provisional diagnosis*** *supported by ultrasound findings* **(Up to 500 words)** **Weighting 30%**	• **Little or no evidence** of an understanding ultrasound language or how to present findings clearly • Little or no evidence demonstrating **provisional diagnosis.**	• **Consistent evidence** of an understanding ultrasound language or how to present findings clearly - • **Consistent evidence** of synthesis of findings to protocol adaptation and presentation or findings. • Consistent evidence of understanding task and therefore demonstrating **provisional diagnosis.**	• **Little or no evidence** of an understanding ultrasound language or how to present findings clearly • **Little evidence** of synthesis of findings to protocol adaptation and presentation or findings. • Little or no evidence demonstrating **provisional diagnosis.**	• **Clear and focussed evidence** of an understanding ultrasound language or how to present findings clearly • **Clear and focussed evidence** of synthesis of findings to protocol adaptation and presentation or findings. • **Clear and focussed evidence** demonstrating link between clinical findings and **provisional diagnosis.** • Able to **clearly articulate** identifying, creating and developing arguments, perspectives and **critical evaluation of the problem** well	• **Exceptional evidence** of an understanding ultrasound language or how to present findings clearly • **Exceptional evidence** of synthesis of findings to protocol adaptation and presentation or findings. • **Exceptional evidence** demonstrating the links between clinical, physical findings and a **provisional diagnosis.** • **Explicit articulation** of barriers, challenges and pitfalls in different patient presentations along **with potential solutions**
4: Post encounter and Reflection Sonographer trainee **analyses** and **synthesises** the sonographic information to interpret the findings coupled with the clinical history. Sonographer trainee understands the importance of clinical history to diagnosis and patient care and demonstrates the ability to elicit relevant clinical history. Sonographer trainee **evaluates and reflects** upon the information obtained to ***Weighting 10%*** ***(up to 300 words)***	• **Insufficient or no evidence** of questions required to elicit information. • The response contains some ideas and content but with little or no evidence of knowledge synthesis and integration across sources. •	• **Adequate** interpretive and analytical ability with synthesis of knowledge across sources. • **Questioning mostly** has purpose based on literature and an understanding of the underlying disease protocol. • Questioning is broadly based, and superficially covered.	• **Good** interpretive and analytical ability with synthesis of knowledge across sources. • **Questioning** has clear purpose based on literature and an understanding of the underlying disease protocol.	• Clear evidence of questions required to elicit relevant information. • Demonstrates a **high level** of interpretive and analytical ability with synthesis of knowledge across sources. • Questioning has clear, well-defined purpose based on literature and a clear understanding of the underlying disease protocol.	• Clear evidence of questions required to elicit relevant information. • **Demonstrates and extremely high** level of interpretive and analytical ability with synthesis of knowledge across sources. • Questioning demonstrates an **extremely high level** of well-defined purpose based on literature and a clear understanding of the underlying disease protocol. • Shows **substantial insight** in identifying key issues required for diagnosis.