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| Graphical user interface  Description automatically generatedNURS 2023 Health of Adults – Assessment 1: Nursing Case Study Report **Feedback Rubric** | | | | | | | |
| **Assessment Criteria** | **High Distinction**  **[85-100]** | **Distinction**  **[75-84]** | **Credit**  **[65-74]** | **Pass 1**  **[55-64]** | **Pass 2**  **[50-54]** | **Fail 1**  **[40-49]** | **Fail 2**  **[0-39]** | |
| **Introduction**  **(10%)** | Expertly identifies the person and provides a succinct and clear overview of the case study. Includes relevant background. The purpose and structure of the case report is clearly and logically provided. Plus  well-developed introduction which creates interest for the reader. | Proficiently identifies the person and provides a succinct and clear overview of the case study. Includes relevant background. The purpose and structure of the case report is clearly and logically provided. | Soundly identifies the person and provides a succinct and clear overview of the case study. The purpose and structure of the case report are clearly and logically provided. | Adequately identifies the person and provides a brief overview of the case study. The purpose and structure of the case report are provided. | Limited identification of the person. The overview of the case study is limited. The purpose and structure of the report is present but is not clearly communicated. | Inadequate identification of the person. The overview of the case study is not clear or relevant to the person’s case. The purpose and structure of the report is not clear or relevant to the person. | Introduction not related to the person’s case. No mention of the purpose of the report. No clear indication of the structure of the report. | |
| **Primary Admission**  **(15%)** | Expert summary of the reasons why the person was admitted to hospital. Provides a comprehensive description of the pathophysiology and clinical manifestations that directly relate to case study scenario using medical terminology. Includes multiple references to current evidence. | Detailed summary of the reasons why the person was admitted to hospital. Provides a detailed and succinct description of the pathophysiology and clinical manifestations that directly relate to case study scenario using medical terminology. Includes multiple reference to current evidence. | Clear summary of the reasons why the person was admitted to hospital. Clear and succinct description of the pathophysiology or clinical manifestations and good use of medical terminology. Clear links to the case study.  Adequate references to current evidence. | Adequate summary of the reasons why the person was admitted to hospital. Clear but brief description of the pathophysiology or clinical manifestations and adequate use of medical terminology. Some links to the case study.  Adequate references to current evidence. | Limited summary of the reasons why the person was admitted to hospital. Brief description of the pathophysiology or clinical manifestations and limited use of medical terminology. Limited linkage to the case study.  Limited references to current evidence. | Inadequate summary of the reasons why the person was admitted to hospital. Brief and unclear description of the pathophysiology or clinical manifestations and poor use of medical terminology. Poor linkage to the case study.  Poor use of references to current evidence. | Does not summarise the reasons why the person was admitted to hospital. No clear description of the pathophysiology or clinical manifestations and poor use of medical terminology. No links to the case study.  Poor use of references to current evidence. | |
| **Two (2) Identified Nursing Problems**  **(15%)** | Two (2) nursing problems are identified and expertly described. Justification for each nursing problem is provided and reflects in-depth thinking and critical analysis using a person-centred approach. Includes reference to evidence. | Two (2) nursing problems are identified with a detailed description. Justification for each nursing problem is provided and reflects in-depth thinking and critical analysis using a person-centred approach. Includes reference to evidence. | Two (2) nursing problems are identified as priorities Sound justification for each is described and well supported by evidence. | Two (2) nursing problems are identified as priorities Justification for each is clearly described and supported by evidence. | Two (2) nursing problems are identified but one (or both) are not clear priorities for the person.  Justification for each nursing problem is unclear ***OR*** not supported by evidence. | Less than two (2) nursing problems are identified ***OR*** priority of problems poorly justified.  Poor use of evidence. | Nursing problems are not identified ***OR*** their priority is not justified.  No use of evidence. | |
| **Nursing Management**  **(25%)** | Expertly discusses one (1) method of nursing assessment that is highly relevant for each selected nursing problem. Rationale for each assessment expertly argued with consideration of person’s health status and well supported by evidence.  Expertly discusses nursing interventions that are highly relevant for each selected nursing problem. Rationale for the interventions argued with consideration of person’s health status and expertly supported by evidence.  Expert discussion of the nursing implications related to the medication management of each problem that is well supported by evidence. | Detailed discussion of one (1) method of nursing assessment that is relevant for each selected nursing problem. Rationale for the assessment is well argued with consideration of person’s health status and supported by evidence.  Detailed discussion of nursing interventions that are relevant for each selected nursing problem. Rationale for the interventions argued with consideration of person’s health status and well supported by evidence.  Detailed discussion of the nursing implications related to the medication management of each problem that is well supported by evidence. | Sound discussion of one (1) method of nursing assessment that is relevant for each selected nursing problem. Rationale for the assessment is clear and supported by evidence.  Sound discussion of nursing interventions that are relevant for each selected nursing problem. Rationale for the interventions is clear and supported by evidence.  Sound discussion of the nursing implications related to the medication management of each problem that is supported by evidence. | Adequate discussion of one (1) method of nursing assessment that is relevant for each selected nursing problem. Adequate rationale and evidence provided.  Adequate discussion of nursing interventions that are relevant for each selected nursing problem. Adequate rationale and evidence provided.  Adequate discussion of the nursing implications related to the medication management of each problem that is supported by evidence. | Limited discussion of one (1) method of nursing assessment that is relevant for each selected nursing problem. Limited rationale and evidence provided.  Limited discussion of nursing interventions that are relevant for each selected nursing problem. Limited rationale and evidence provided.  Limited discussion of the nursing implications related to medication management of each problem ***OR*** not well supported by evidence.  . | Inappropriate selection of nursing assessment ***OR*** not relevant to the nursing problems. Rationale for their selection is incomplete ***OR*** unsupported by evidence.  Inappropriate selection of nursing interventions.  Nursing interventions are not clearly described ***OR*** rationale for their selection is not provided.  Unclear discussion of the nursing implications related to medication management of each problem ***OR*** not well supported by evidence.  . | No identification of nursing assessments for each selected nursing problem ***OR*** no rationale for assessment provided.  No identification of nursing interventions for each selected nursing problem ***OR*** no rationale for interventions provided.  No discussion of the nursing implications related to medication management of each problem ***OR*** not well supported by evidence. | |
| **Discharge Planning**  **(15%)** | Expert presentation of an individualised discharge plan that is relevant to the identified problems and expertly justified. Selection of the multidisciplinary team members is well supported by evidence. | Detailed presentation of an individualised discharge plan that is relevant to the identified problems and includes detailed justification. Selection of the multidisciplinary team members is well supported by evidence. | Sound presentation of an individualised discharge plan that is relevant to the identified problems and includes sound justification. Selection of the multidisciplinary team members is supported by evidence. | Adequate presentation of an individualised discharge plan that is relevant to the identified problems and includes sound justification. Selection of the multidisciplinary team members is supported by evidence. | Limited presentation of an individualised discharge plan that is relevant to the identified problems and includes sound justification. Selection of the multidisciplinary team members is unclear ***OR*** not well-supported by evidence. | Inadequate presentation of an individualised discharge plan that is not relevant to the person or the person’s problems. Poor justification for multidisciplinary team member selection ***OR***  discussion is not supported by evidence. | No presentation of a relevant discharge plan, no justification for multidisciplinary team member selection and not supported by evidence. | |
| **Conclusion**  **(5%)** | Very clear and succinct summary of the key points from the report. | Very clear summary of the key points from the report. | Clear summary of the key points from the report. | Summary of the major finding of the case report are provided. | Limited summary of the major finding of the case report are provided. | Poor summary of the major finding of the case report are provided. | No summary of the major finding of the case report are provided. | |
| **Use of supporting literature**  **(10%)** | Use of wide range of high-quality literature and evidence which is very relevant to the topic.  Literature very well-evaluated and synthesised.  All sources correctly referenced according to UniSA Harvard/APA 7 style guidelines both in-text and in reference list. | Use of a range of high-quality literature and evidence which is very relevant to the topic.  Literature well-evaluated and synthesised.  All sources correctly referenced according to UniSA Harvard/APA 7 style guidelines both in-text and in reference list. | Use of a range of literature and evidence which is relevant to the topic.  Literature is mostly well-integrated in the discussion.  Most sources correctly referenced according to UniSA Harvard/APA 7 style guidelines both in-text and in reference list. | Use of adequate literature relevant to the topic.  Evidence may not always be of highest level but still related to the topic.  Adequate integration of the literature in the discussion.  Most sources correctly referenced according to UniSA Harvard/APA 7 style both in-text and in reference list with no evidence of plagiarism. | Basic sources used or material not always of high quality e.g., overuse of sources such as websites of organisations but related to the topic.  Limited integration of literature in the discussion.  Some inconsistencies in formatting and omissions, but a good attempt to correctly reference according to UniSA Harvard/APA 7 style guidelines both in-text and in reference list. No evidence of plagiarism. | Minimal sources used or material used of poor quality e.g. Reliance on secondary sources such as websites of organisations related to the subject matter.  No obvious or poor attempt to integrate literature in the discussion.  In-text referencing is insufficient.  Reference list is incorrect or incomplete ***OR***  **Some evidence of plagiarism.**  **Possible referral to AIO** | No evidence sourced and/or inappropriate evidence.  No references in text.  No reference lists ***OR***  **Evidence of extensive plagiarism.**  **Referral to AIO.** | |
| **Overall writing and presentation**  **(5%)** | Presents a very clear, thoughtful, and well organised response.  Adheres to all guidelines.  **Exemplary:** sentence & paragraph structure, use of headings, grammar, vocabulary, spelling, punctuation, use of 3rd person, use of inclusive language.  Word limit met, well sequenced with logical flow. | Presents a clear, thoughtful, and well organised response.  Adheres to all guidelines.  **Excellent:** sentence & paragraph structure, use of headings, grammar, vocabulary, spelling, punctuation, use of 3rd person, use of inclusive language.  Word limit met, well sequenced with logical flow. | Generally, presents the response in a clear and usually thoughtful manner.  Adheres to all guidelines re: sentence & paragraph structure, use of headings, grammar, vocabulary, spelling, punctuation, use of 3rd person, use of inclusive language.  Word limit met, sequencing of ideas with logical flow. | The response is adequately developed but some sections are not clear, thoughtful and/or not well organised.  Adheres to most guidelines re: sentence & paragraph structure, use of headings, grammar, vocabulary, spelling, punctuation, use of 3rd person, use of inclusive language. Word limit met, mostly sequenced and logical flow. | Response inadequately developed and/or lacking in clarity and thought in some areas.  Paper written at a **limited** level with **some problems with**: sentence & paragraph structure, use of headings, grammar, vocabulary, spelling, punctuation, inclusive language, adhering to Word limit, sequencing of ideas and logical flow.  Some sections not written in the third person. | Response inadequately developed and/or usually lacking in clarity and thought.  Report **poorly** written re: sentence & paragraph structure, grammar, vocabulary, spelling, punctuation, inclusive language.  No headings.  Below or above word limit, poorly sequenced, poor logical flow.  Written in the first person. | Response undeveloped and lacking clarity throughout or no response.  Adheres to very few guidelines. Report **written very poorly re**: sentence & paragraph structure, grammar, vocabulary, spelling, punctuation, inclusive language.  No headings.  Well below/well above word limit, not sequenced, no logical flow.  Written in the first person. | |
| **Student Name:** | | | | **Grade:** | | | | |
| **Student ID Number:** | | | | **Lecturer Name:** | | | | |
| **Comments:** | | | | | | | | |