Acute Care Across the Lifespan | NUR2203 Assignment 1 | Marking Rubric

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|  **CRITERIA**  |  |   |  |  |  |
| **Introduction** **Conclusion** | Highly relevant comprehensive introduction Defines topic and includes a comprehensive introduction to the essayExcellent synthesis of information from assignment that clearly ties highly relevant main points together.Well-structured, concise reflection on importance of findings. | Well-developed introduction Defines the topic and includes an introduction to the essayQuality synthesis of information from assignment that clearly ties relevant main points together.Well-structured, concise reflection on importance of findings. | Effective attempt of writing introduction that outlines essayAbove average synthesis of information from assignment clearly ties main points together.Concise reflection demonstrates importance of findings. | An attempt made to provide an introduction, however appeared unclear.The topic is simply defined. Demonstration of synthesis from assignment evident with some points from assignment discussed.Importance of findings indicated. | Inadequate and/or poor introduction. Minimal/no evidence of an overview of the essay. Inappropriate or absent conclusion.Conclusion includes new material.Referenced material in conclusion. |
| **MARKS (15)**  |  **4.25-5** |  **3-4** | **2.5** | **2** | **0-1** |
| **Critical Skills: Prioritising of major concepts of care**  | Excellent reasoning in prioritising of concepts arising from the case studyPrioritised plan of care is highly synthesised and well-structured, with a very clear and coherent synthesis of the clinical data and supported with multiple literature sourcesExcellently justifies judgments and reasons for decisions / courses of action (e.g. related to pt. cues, goals / expected outcomes / evidence)Very logical / clear / succinct progression of concepts / ideas demonstrated / presents as a unified wholeExcellent analysis, well prioritised care detailed and succinctly communicated | Good reasoning in prioritising concepts arising from the case study with one omission Prioritised plan of care is well synthesised and structured, with a clear and coherent synthesis of the clinical data and supported with multiple literature sourcesClearly justifies judgments and reasons for decisions / courses of action (e.g. related to pt. cues, goals / expected outcomes / evidence)Good logical / clear / succinct progression of concepts / ideas demonstrated / presents as a unified wholeGood analysis, well prioritised care detailed and succinctly communicated | Reasoning in prioritising concepts arising from the case study has been partially addressed with some major omissions Prioritised plan of care is synthesised and structured, with some demonstration of synthesis of the clinical data and supported with some literature sourcesJustifies judgments and reasons for decisions / courses of action (e.g. related to pt. cues, goals / expected outcomes / evidence) satisfactorilySome logical progression of concepts / ideas however further development / clarity needed.Analysis of the case evident with some prioritised care demonstrated and at times well communicated | Reasoning in prioritising concepts arising from the case study has been attempted, but has omitted more relevant priorities Prioritised plan of care is provided but with minimal synthesis of the clinical data and an unclear structure with minimal reference to literature sourcesJudgments and reasons for decisions / courses of action (e.g. related to pt. cues, goals / expected outcomes / evidence) are inadequately justifiedLimited logical progression of concepts / ideas however further development / clarity needed.Minimal analysis of the case evident. Care is not well prioritised, or clearly communicated | Clinical reasoning and synthesis of concepts arising from the case study is minimal or absent Prioritised plan of care is not synthesised or structured coherently. There is limited or no reference to literature sourcesNo judgment and reasons for decisions / courses of action (e.g. related to pt. cues, goals / expected outcomes / evidence) demonstratedNo / lack of logical progression of concepts underpinning case study.No analysis evident e.g. lack of priority development in actions/ interventions / approach to dealing with deterioration |
| **MARKS (15)** | **13.25-15** | **10.5-13** | **7.5-10** | **4-7** | **0-3.5** |
| **Content analysis:****Knowledge and understanding, nursing interventions /rationales** | Evaluation of the case demonstrates depth of understanding of pathophysiology and prioritisation of nursing interventions that could be actioned in practice Excellent breadth and depth of actions / clear / succinct in approach, priorities well defineHighly articulate rationales succinctly related to the nursing interventions and nursing actions very well detailedThe relationship between comorbidities and recovery from a GA/ surgical procedure are critically discussed demonstrating excellent understanding with rationales fully explained. Excellent sources used to support actions / interventions quality (evidenced based) & demonstrate depth and breadth of reading. Quality research sources – contextual to the case studyDischarge planning very clear / succinct, detailed  | Evaluation of the case demonstrates understanding of the pathophysiology and some prioritisation of nursing interventions that could be actioned in practice Good breadth of nursing actions: including assessment / monitoring / interventions included, evidence of prioritisation of actions appropriate to the case studyGood rationale included / relates to the intervention / action chosen and well detailedThe relationship between comorbidities and recovery from a GA / surgical procedure are well explored and logically presented with rationales that are satisfactorily explained. Very good sources used to demonstrate depth of understanding e.g. some use of evidenced based papers mostly contextual to the case scenarioDischarge planning clear and succinct  | Evaluation of the case is sometimes clear and there is some understanding of pathophysiology with some interventions that could be actioned in practiceClear nursing actions: including assessment / monitoring / interventions included some prioritisation of actions mostly appropriate to the case studyRationales for the nursing interventions and the implications for practice are outlined however further rationales could be providedThe relationship between comorbidities and recovery from a GA/surgical procedure are explored with some depth and sometimes well explainedFair breadth of sources used demonstrate understanding e.g. some use of evidenced based research with some contextual to the case scenarioDischarge planning included however broad and requires more detail  | Evaluation provides a narrative to the reader outlining minimal understanding of pathophysiology and or formulation of relevant nursing interventions that could be actioned in practice. Some nursing actions including: assessment / ongoing monitoring / interventions included however priorities are not well definedRationales included however explanation not clear or not focused / specific enough to the action/ interventionThe relationship between comorbidities and recovery from a GA/surgical procedure are minimally explored and some confusion evident. Minimal breadth of sources utilised / lacks depth e.g. mainly text / with minimal use of evidenced based journal articlesSatisfactory discharge planning, could be more specific at times | Evaluation of the case is not clear and concise to the reader with no or limited suggested nursing interventions that could be actioned in practiceNursing actions including: assessment /monitoring / interventions minimal / not evident / inadequately prioritisedRationales are limited, vague or absentThe relationship between comorbidities and recovery from a GA / surgical procedure is not dealt with and / or are confused and not clear. No / inadequate / limited literature sources used to support work presented e.g. over 7 years old and lack of evidenced based research e.g. uses mainly textsNo / minimal discharge planning included, vague / too broad |
| **MARKS (5)** | **13.25-15** | **10.5-13** | **7.5-10** | **4-7** | **0-3.5** |
| **Academic Writing: structure, APA referencing expression /grammar**  | **Word limit**: Adhered to word limit **Expression** High standard of academic presentation. Expressed ideas clearly, concisely & fluently Very few/no spelling or grammatical errors **Structure** Well-constructed paragraphs Main points linked to the questionPresentation is extremely appealing and engaging**Referencing** Correctly cited sources both within text & reference list. No/limited mistakes in referencing format  | **Word limit:** Adhered to word limit +/- 10% **Expression** Sound academic structure and presentation Expressed ideas clearly and concisely, thoughts expressed clearlyVery few spelling or grammatical errors **Structure** Well-constructed paragraphs, clearly expressed & linked main points Presentation is appealing and engaging**Referencing** References to literature are good  | **Word limit:** Adhered to word limit +/- 10% **Expression** Expressed ideas clearly, however not concisely & fluently, thoughts not clearly articulatedSome spelling and grammatical errors **Structure** Provided paragraphs with main points however not clearly expressed Presentation is pleasing and mostly engaging **Referencing** References to literature are satisfactory  | **Word limit:** Adhered to word limit (+/-10% **Expression** Limited clarity of expression, vague or narrative onlyErrors in spelling & grammar **Structure** Provided paragraphs but either main points were inappropriate or they were not linked key content areas. Presentation is somewhat pleasing and engaging**Referencing** Reference to literature is present but not strong  | **Word limit:** Not adhered to **Expression** Used incorrect terminology Numerous mistakes in spelling and/or grammar **Structure** No or limited structure Presentation does not answer the question and is not engaging**Referencing** Literature not appropriate or insufficient Incorrect referencing  |
|  | **4.25-5** | 3-4 | **2.5** | **2** | **0-1** |
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| Marker Comments: FINAL MARK:  /40 |