## **HSH211 – Assessment 1 – Case Study Part 1 Marking Rubric**

| **Criteria** | **High competence** | **Intermediate competence** | **Base competence** | **Needs improvement** | **Not yet competent** |
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| **Introduction – (2.5 points)**  Detailed overview of the case study report, including identification of the population group in focus. | 2 - 2.5 points | 1.75 points | 1.5 points | 1.25 points | 0 - 1 points |
| Introduction is of a very high standard and effectively outlines the case study. The service and population group clearly stated. | Introduction is of a high standard and generally outlines the case study. Service and population group identified. | Introduction is of a satisfactory standard but minor re-structuring could lift the standard to a higher level. | Introduction is weak and fails to describe key points. It requires more detail on service and population group | Introduction is too brief or missing. Details on key points and target population are missing. |
| **Health service models and systems – (10 points)**  Explanation of the aim of the organization and overview of client services provided. Description of the scope of one individual health service offered by the organisation. Discussion of evidence justifying the need for this service for this target group. Outline of how clients access this service. | 8 - 10 points | 7 -7.5 points | 6 – 6.5 points | 5 – 5.5 points | 0 - 4.5 points |
| Articulate and detailed explanation of the nature of the organization and its services, the clients served, and how they gain access to the selected service. Comprehensive discussion of the justification for the service. | Clear explanation of the nature of the organization and its services, the clients served, justification for the selected service and how they gain access to this service. | Mostly clear explanation of the nature of the organization and its services, the clients served, justification for the selected service and how they gain access to the service, though more detail would have been beneficial. | Details on the nature of the organization and its services, the clients served, justification for the service and how they gain access to the service are brief or too vaguely described. | Details on the nature of the organization and its services, the clients served, justification for the selected service and how they gain access to the service are too brief or missing. |
| **Health system core values related to the service (12 points)**  Discussion of the ways the selected individual service of the organization addresses core values of universalism, equity, access and efficiency. Explanation of how the service could better address the four core values. | 10 - 12 points | 8.5 - 9.5 points | 7.5 - 8 points | 6 - 7 points | 0-5.5 points |
| Articulate and detailed discussion how the selected service addresses the core values. Thoughtful explanation of how the selected service could better address the core values. | Clear discussion of how the selected service addresses the core values. General discussion of how the selected service could better address the core values. | Mostly clear discussion of how the selected service addresses the core values. General discussion but the reflection on how the selected service could better address the core values could be more detailed. | Some discussion of how the selected service addresses the core values but missing some values. Discussion of how the values could be better addressed by the selected service is too brief – needs more detail. | Discussion of how the selected service addresses the core values is too brief or missing. Discussion of how the selected service could better address the core values is missing or inaccurate. |
| **Health status and vital statistics – (8 points)**  Explanation of prevalence of the health issue, including discussion of national significance. Explanation of health issue as an example of a health inequity. | 7 - 8 points | 5.5-6.5 points | 5 points | 4 points | 0-3.5 points |
| Highly comprehensive and clear description of the health issue, supported by a variety of credible sources, including critical discussion of national significance. Comprehensive explanation of health issue as an example of a health inequity. | Comprehensive and clear description of the health issue with credible sources. Detailed explanation of health issue as an example of a health inequity. | Mostly comprehensive, coherent and clear description of the health issue with credible sources. Some explanation of health issue as an example of a health inequity. | Description of the health issue is generally satisfactory but detail missing and/or some sources not credible. Explanation of health issue as an example of a health inequity needs more detail. | Description of the health issue is too brief or missing; citation sources missing. Explanation of health issue as an example of a health inequity is too brief or missing. |
| **Conclusion – (2.5 points)**  Appropriate concluding summary of the chosen service, including details on the population group discussed. | 2-2.5 points | 1.75 points | 1.5 points | 1.25 points | 0-1 points |
| Conclusion is of a very high standard and effectively summarises the case study. | Conclusion is of a high standard and generally summarises the case study. | Conclusion is of a satisfactory standard but minor re-structuring could lift the standard to a higher level. | Conclusion is weak and fails to summarise key points. | Conclusion is too brief or missing. Details on key points and target population are missing. |
| **Presentation -**   **(5 points)**  Professionally written including accurate spelling, clear writing, professional formatting, consistent referencing. Evidence of revision and proofreading. | 4-5 points | 3.5 points | 3 points | 2.5 points | 0-2 points |
| Writing is of a very high standard with no errors in spelling/ grammar. Formatting is of a very good standard. Within word count. All sources cited accurately, in accordance with Harvard/APA referencing guidelines. No errors. | Writing is mostly of a high standard, with minimal errors in spelling/grammar. Formatting is of a goodstandard. Almost all sources cited accurately in accordance with Harvard/APA referencing guidelines. | Writing is satisfactory but minor re-structuring could life the standard to a higher level.  Formatting is satisfactory but a few inconsistencies evident.  Sources generally cited in accordance with Harvard/APA referencing though a few errors. | Writing needs improving. A number of errors evident. This assignment requires careful editing to lift it to an acceptable standard. Attempts to reference in accordance with Harvard/APA but frequent errors detract from professionalism. | Writing is of an unsatisfactory standard, with frequent errors. Formatting is unsatisfactory.  Sources poorly cited or not cited at all. Frequent inconsistencies demonstrate a poor grasp of the Harvard/APA referencing system. |
|  |  |  |  |  | Total: /40 |