**DIGITAL MEDIA ASSIGNMENT EXAMPLES**

Incorporating a **Blended Media** **Presentation** in a University Assessment Task

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| **Subject** | Nutrition and Therapeutics |
| **Degree** | Bachelor Pharmacy  http://programs.unisa.edu.au/public/pcms/course.aspx?pageid=101839&y=2014 |
| **Author** | Karma Pearce [Karma.Pearce@unisa.edu.au](https://staffmail.uow.edu.au/owa/redir.aspx?C=s6I-gc5KTkeVEkjqmfDQX1uayxGRrNBIRlY7D7z9ZW1i6-MuUzLxyboxE9ab29ombXvMlTGqH1A.&URL=mailto%3aKarma.Pearce%40unisa.edu.au) |
| **University** | University of South Australia |
| **Year level** | 4th year |
| This activity was design to give students an appreciation of health literacy levels within the community and facilitate the communication of scientific and mathematical concepts in a manner that could be easily understood by the majority of the lay public. | |
| **Assessment Task**  **Title: Innovative Communication to the Lay Public for Health Literacies**  The aim of this activity is three fold  1) To increase familiarity with the:   * role of diet in meeting calcium requirements and disease prevention in different populations * role of supplements (Ca & Vit D) * physical activity * recommendations regarding sunlight exposure * guidelines for identifying those at risk * medications used * and gain an understanding that multiple strategies play a major role in prevention.   2) To increase awareness of ‘health literacy’ and the impact it has on members of the general public accessing care, the quality of that care, their personal safety and health outcomes  3) Using innovative multimedia and ‘clear’ language create a resource to convey a diet – disease relationship to a target group outline in the scenarios and then evaluate the effectiveness of that resource to a target audience.  **The activity**  You will be required to work in groups of 4 – 5 students and develop an innovative multimedia 3 minute resource (or another format discussed with your tutor) using ‘clear and accessible’ language to convey a diet – disease relationship to a target group and then evaluate the effectiveness of that resource to your target audience. Your group will need to choose **one** of the following scenarios.   * Osteoporosis in the elderly men and women (> 70 yrs) living in their own homes. * Osteoporosis in men aged > 50 yrs living in a lower SES area. * Osteoporosis in men and women living in a residential care facility. * Vitamin D deficiency in young Muslim women   The activity has three key stages and you will be assessed at each stage.  **Stage 1**  You will then need to research the ‘health literacy’ of your target audience and any other factors such as cultural, gender, socioeconomic status, general diet – disease knowledge, self efficacy, response efficacy, educational background, languages typically spoken, motivation to change etc that may impact on the way you will need to communicate your message. This should be achieved either through a literature review and survey of individuals from your chosen demographic. From your research you will need to construct a survey (which can be checked by your tutor) and then use that survey to interview individuals from your chosen demographic. It is anticipated what all students will survey 4 – 5 individuals and then pool their results with other students in their group. As a group you are required to submit a 100 word report which   * Outlines your chosen diet disease relationship * Summarises the results of your survey and identifies any gaps in the knowledge with regards to your diet- disease relationship and the level of health literacy of your population. (Attach your survey in an appendix) * Provide a literature based definition of health literacy, evidence of health literacy levels in your target demographic (you will need to provide evidence of your target demographic accessing care/ management of their disease, the quality of that care, their personal safety and health outcomes), address the significance of diet-disease relationship and provide information on supplement use in your demographic * Provided evidence to specifically addressing the role of diet, exercise and sunlight in disease prevention. * Where appropriate use in-text and end-text Harvard referencing   **Stage 2**  Foundation of a 3 minute multimedia resource to address the gaps in health literacy of your chosen demographic.  Using the knowledge gained in stage one and feedback from your tutor your group will need to prepare a story board and written voice over (script) for the production of a 3 minute multimedia resource to address the gaps in health literacy in your chose demographic. Note: A storyboard helps you to define the parameters of a story within available resources and time, organize and focus a story and figure out what resources are required for each part of the story. (You do not have to be an artist to complete this – stick figures at this point are fine).  The animations/ multimedia presentations will be produced in tutorial 7 in class.  You will be assessed on   * Preparation of your storyboard and voiceover. * The content of your multimedia presentation; you need to ensure that all the information you present here is correct * The manner in which you communicate your scientific message; the language used must be appropriate to your target demographic * The visual impact of your presentation * Technical impact of your presentation; it must be between 2-3 minutes and you should aim for smooth transitions between images (if using slowmation animations), audible speech with limited background ambient noise.   **Stage 3**  Once you have produced your video you will need to go back to your target demographic and survey to population to ensure your message has been effectively communicated. This should be conducted by asking individuals within your demographic to view your multimedia presentation and provide feedback through a structured survey. You will need to compile the feedback as a group summarising your findings in 1 to 2 paragraphs. This information will need to be attached to your final reflections as an appendix.  Each student will be required to submit an **individual** reflection. Your reflection should include (but is not limited to)   1. an outline of your demographic and diet disease relationship 2. reflection on what you learnt about the process of communicating a scientific message (diet- disease relationship) to members of the public. You are then asked to link your findings to those in the literature 3. reflection on how this new knowledge can impact on **both** your future professional practice and your personal life 4. reflection on the process of producing a multimedia product (and what would you do differently next time) 5. peer reflection on team work 6. attach your group survey and summary as an appendix   **Storyboard references**  <http://multimedia.journalism.berkeley.edu/tutorials/starttofinish/storyboarding>  Storyboard template  <http://people.senecac.on.ca/beth.agnew/stc/PV_StoryboardTemplate.doc>  **Slowmation animation references**  Examples: <http://www.slowmation.com/> | |
| **Marking Rubrics**  See below | |

Group assignment feedback sheet

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| universityofsaR-blacksm | | | | Assessment feedback | | | | | | |
| Nutrition and Therapeutics: Stage 1-Health Literacy’s 1000 words. 50 marks total  Team members names: | | | | | | | | | | |
| Key Assignment criteria | | Performance on this component | | | | | | | | Comment |
| Very Poor | Poor | | Fair | | Good | | Excellent |
| **Introduction - an outline of the diet disease relationship and your target audience (100 words; 5 marks)** | | Neither the disease – diet relationship nor the target audience is identified | Target audience and diet disease relationship is poorly defined and not compliant with assessment | | Some aspects of the diet – disease relationship are defined. Target audience stated but not well defined. | | Most aspects of the disease – diet relationship and target audience are clearly defined | | Both the disease – diet relationship and target audience are clearly defined |  |
| **Survey of health literacy in target population**  **(10 marks)** | | Survey has not been conducted. | Survey is incomplete and there is limited evidence of data collection from appropriate demographic. | | Survey covers key points with one or two minor errors.  Some evidence of data collected from the target group. | | Survey is mostly complete.  15 – 20 people from the appropriate target group surveyed and results appropriately displayed | | Survey is complete (contains questions relating to all aspects of preventative health)  Min. of 20 people from the target demographic surveyed, results appropriately displayed.  A conclusion paragraph highlights gaps in the knowledge. |  |
| **Evidence based detailed description of the health literacy of the target demographic: (target demographic accessing care/ management of their disease, the quality of that care, their personal safety and health outcomes), significance of diet disease relationship / supplement intake**  **(15 marks)** | | The discussion is not evidence based or informed by the survey. | The discussion is informed by the survey, but is not evidenced based or contains limited links to the literature | | The significance of health literacy’s is communicated effectively and is mostly evidenced based, but with elements missing | | Logical presentations of the significance of health literacy’s in the target demographic are discussed. Key literacy issues are mostly explained through evidence based practice. | | A well constructed articulation of the personal significance of health literacy in the target group The key health literacy issues are clearly explained using evidence based practice. Target demographic accessing care/ management of their disease, the quality of that care, their personal safety and health outcomes), significance of diet disease relationship / supplement intake are all discussed. |  |
| **Evidence based practice: Dietary intake Ca/ exercise levels/ sunlight exposure/ / supplement intake in the chosen demographic (10 marks)** | | Minimal or no evidence based practice discussed | Some elements discussed with a minimal links to evidence based practice. | | Content covers most key points. Some evidence of links to the research. | | Content covers all required aspects. Evidence of structured research from a range of sources. Content is mostly complete and accurate. | | Content has been logically organised. Evidence of in depth research with regards to the diet-disease relationship relevant to preventative health in the demographic. Content is accurate and complete. |  |
| **Conclusion**  **(5 marks)** | | No conclusion | Plan to produce the slowmation animation/ multimedia is discussed, but it is not based on survey findings or evidence based practice. | | Plan to produce the slowmation animation/ multimedia is discussed, but there are minor errors with the concept and links to the literature | | A mostly logical conclusion based on the survey and literature review is presented with a plan to produce the animation. | | Evidence of complete syntheses of the of the survey and literature review and a ‘novel’ plan to produce an animation discussed |  |
| **Proper acknowledgment of sources and reference list**  **(5 marks)** | | Inappropriate references lacking appropriate in-text and end-text referencing | Some references are from peer reviewed sources and in-text and end-text Harvard referencing is incomplete. | | Most of the references are from peer reviewed sources, and some of the in-text and end –text referencing is listed in Harvard format | | Most of the references are appropriate with good use of in-text and end –text Harvard referencing. | | A minimum of 15 appropriate peer reviewed references fully documented with in-text and end-text Harvard referencing. |  |
| Summary comment | | | | | | | | | | |
| The Graduate qualities being assessed by this assignment are indicated by an X: | | | | | | | | | | |
| X | GQ1: operate effectively with and upon a body of knowledge | | | | | X | | GQ5: are committed to ethical action and social responsibility | | |
| X | GQ2: are prepared for lifelong learning | | | | | X | | GQ6: communicate effectively | | |
| X | GQ3: are effective problem solvers | | | | |  | | GQ7: demonstrate an international perspective | | |
| X | GQ4:can work both autonomously and collaboratively | | | | |  | |  | | |
| Assignment grade/mark | | | | | | | | | | |

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| universityofsaR-blacksm | | | | Assessment feedback | | | | | | |
| Nutrition and Therapeutics: Stage 2-Blended Media. 50 marks total | | | | | | | | | | |
| Key Assignment criteria | | Performance on this component | | | | | | | | Comment |
| Very Poor | Poor | | Fair | | Good | | Excellent |
| **Story board (10 marks)** | | A sheet has not been submitted. | A sheet has been submitted but is incomplete. List of resources incomplete. | | The sequence of the animation has been planned. Timing, voice over and / or resources incomplete. | | Logical planning in terms of timing and content. Voice over incomplete. | | Evidence of detailed planning in terms of timing, voice over, resources and content. |  |
| **Content (5 marks)** | | Content contains multiple errors. | Some aspects of the diet disease relationship are briefly discussed. Some content is inaccurate. | | Content covers some key points. Some evidence of research of diet disease relationship in target group. | | Content covers all required aspects. Evidence of structured research from a range of sources. Content is mostly accurate. | | Content has been logically organised. Evidence of in-depth research of the health literacy’s and knowledge of diet-disease relationship in target demographic. Content is accurate. |  |
| **Communication/ Explanation**  **(20 marks)** | | The diet disease relationship is identified and a minor attempt is made to communicate its significance. Multiple elements missing. | The diet disease relationship is presented with some links to relevant health literacy. Limited use of visual aids. Aspects of communication inappropriate. | | Some aspects of the diet disease relationship have been communicated effectively at an appropriate level of health literacy. Visual aid has been used in the presentation. | | A logical presentation of the diet disease relationship is communicated with elements of creativity. Most key issues are explained using appropriate language and supported through use of a visual aid. Generally well spoken. | | A well constructed creative articulation of the diet disease relationship. The key issues are clearly and appropriately explained using precise language and enhanced through use of a visual aid. The language is appropriate for the level of health literacy of the target group. |  |
| **Presentation/**  **Visual Impact/ Professionalism**  **(/10 marks)** | | Animation is difficult to follow and no visual representation of health issues is used. | Animation is interesting but does not engage the target audience. A visual representation of the health issues is used but is inaccurate. No rehearsal evident. | | Animation is interesting. Visual representation conveys some of the key issues. Little evidence of rehearsal. | | Interesting animation which is generally engaging. Visual representation of the key health issues is accurate and used effectively. Some evidence of rehearsal. | | Excellent and engaging animation. Creative visual representation of the key health issues. Well rehearsed & clearly spoken. |  |
| **Technical**  **(/5 marks)** | | Video is either shorter than 2 minutes or longer than 4 minutes. Images and audio are of poor quality throughout and not appropriate. | Video is either shorter than 2 minutes or longer than 4 minutes. The image are appropriate but of poor quality. The speech and background music is of poor quality. | | Video is either shorter than 2 minutes or longer than 4 minutes. Images are not always clear & transitions are not smooth. Speech is mostly audible. There is substantial background noise. Sound level changes are distracting. | | Video is of prescribed length (between 2-3 minutes). The images are mostly clear and most transitions are made with a minimal amount of dead space. Speech is generally audible and there is minimal background ambient noise. Sound level changes are acceptable. | | Video is of prescribed length (between 2-3 minutes). Images are clear and transitions are made smoothly and without dead space. All speech is audible and there is no background ambient noise. Sound remains at a consistent level throughout. |  |
| Summary comment | | | | | | | | | | |
| The Graduate qualities being assessed by this assignment are indicated by an X: | | | | | | | | | | |
| X | GQ1: operate effectively with and upon a body of knowledge | | | | | X | | GQ5: are committed to ethical action and social responsibility | | |
| X | GQ2: are prepared for lifelong learning | | | | | X | | GQ6: communicate effectively | | |
| X | GQ3: are effective problem solvers | | | | |  | | GQ7: demonstrate an international perspective | | |
| X | GQ4:can work both autonomously and collaboratively | | | | |  | |  | | |
| Assignment grade/mark | | | | | | | | | | |

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Individual assignment feedback sheet

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| universityofsaR-blacksm | | | | Assessment feedback | | | | | | |
| Nutrition and Therapeutics: Stage 3- Reflection 700 words. 60 marks total | | | | | | | | | | |
| Key Assignment criteria | | Performance on this component | | | | | | | | Comment |
| Very Poor | Poor | | Fair | | Good | | Excellent |
| **Introduction - an outline of the diet disease relationship and your target audience (5 marks)** | | Neither the disease – diet relationship nor the target audience is identified | Target audience and diet disease relationship is poorly defined and not compliant with assessment | | Some aspects of the diet – disease relationship are defined. Target audience stated but not well defined. | | Most aspects the disease – diet relationship and target audience are clearly defined | | Both the disease – diet relationship and target audience are clearly defined |  |
| **Reflection on the process of communicating the scientific message**  **(15 marks)** | | The discussion is not linked to your perception of the task or informed by the animation. | The discussion is somewhat linked to your perception of the task or demonstrates limited links to the animation. | | The significance of health literacy is somewhat communicated effectively, is mostly evidenced based and somewhat linked to the literature. | | The significance of health literacy is mostly communicated effectively, is evidenced based and mostly linked to the literature. | | A well-constructed articulation of the personal significance of health literacy in the target group The key health literacy issues are clearly explained using both evidence based practice and survey results from testing the animation in the target demographic. |  |
| **Interconnections and self-criticism**  **(10 marks)** | | No attempt to demonstrate connections to previous experience. No attempt at self-criticism. | There is little to no attempt to demonstrate connections between the learning experience and previous other personal and/or learning experiences. There is little to attempt at self-reflection and fails to demonstrate a new awareness of personal biases, etc. | | The reflection demonstrates some connections between the experience and past experience. The reflection also demonstrates some ability of the student to question their own biases, stereotypes, preconceptions and application to personal/ professional life. | | The reflection demonstrates connections between the experience and past experience; and/or personal goals. The reflection also demonstrates ability of the student to question their own biases, stereotypes, preconceptions. Discussion on application of the knowledge to personal/ professional practice is mostly complete. | | The reflection demonstrates connections between this experience and past experience; and/or personal goals.The reflection also demonstrates ability of the student to question their own biases, stereotypes, preconceptions, and/or assumptions and define new modes of thinking as a result. Discussion on application of the knowledge to personal/ professional practice is complete. |  |
| **Reflection on the process of making a multimedia presentation (5 marks)** | | Minimal or no reflection on the process of making a multimedia presentation | Limited reflection on the making of the video. | | Reflection covers most key points. No discussion on improvements | | Reflection covers all required aspects. Limited discussion on future improvements | | Reflection covers all required aspects and has been personalised. Complete discussion on future improvements. |  |
| **Structure / style**  **(5 marks)** | | Reflection lacks organization, has multiple paragraphs that are too lengthy or too brief, rendering the essay too difficult to understand. | Reflection is somewhat organized, some paragraphs are of an appropriate length, and the reflection is not always clear and focused throughout | | Reflection is relatively well organized, many paragraphs are of an appropriate length, and the essay is somewhat focused throughout. Some elements have been addressed. | | Reflection is generally organized, most paragraphs are of an appropriate length, and the essay is relatively clear and focused throughout. Most elements have been addressed. | | Reflection is exceptionally well organized, broken into appropriate and manageable paragraphs, and is clear and focused throughout. All elements have been addressed. |  |
| **Team work – comment on how all your team members worked**  **(5 marks)** | | Dysfunctional team - your appraisal of your contribution differs extremely from all others in the team | Not all members contributed. Your appraisal of your contribution differs from others in the team. | | All team members contributed, however not all members were present at all meetings/ tutorial. Your appraisal of your contribution differs somewhat from all others in the team. | | All team members contributed. Your appraisal of your contribution is mostly consistent with that of others in the team. Team members seemed to enjoy working together. | | All team members contributed equally (using their strengths). A good team spirit and work ethic by all is evident. Each member’s appraisal of their own contribution is consistent with that of other team members |  |
| **Exegesis**  **(5 marks)** | | No analysis | Little to no analysis of one’s own work | | Exegesis has been attempted but there are elements missing | | Most elements of the exegesis have been completed. | | Detailed exegesis and analysis of one’s own work |  |
| **Survey of health literacy in target population**  **(Table in Appendix with a one paragraph summary)**  **(10 marks)** | | Survey has not been conducted. | Survey is incomplete and there is limited evidence of data collection from appropriate demographic. | | Survey covers key points with one or two minor errors.  Some evidence of data collected from the target group. | | Survey is mostly complete.  <15 people from the appropriate target group surveyed.  Data resented by not summarised effectively. | | Survey is complete.  Min. of 15 people from the target demographic surveyed.  Summary of results is provided. |  |
| Summary comment | | | | | | | | | | |
| The Graduate qualities being assessed by this assignment are indicated by an X: | | | | | | | | | | |
| X | GQ1: operate effectively with and upon a body of knowledge | | | | | X | | GQ5: are committed to ethical action and social responsibility | | |
| X | GQ2: are prepared for lifelong learning | | | | | X | | GQ6: communicate effectively | | |
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| X | GQ4:can work both autonomously and collaboratively | | | | |  | |  | | |
| Assignment grade/mark | | | | | | | | | | |

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