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Communicating Disease project

HBS3HPT Human Pathophysiology

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Project & manual written by Louise Lexis and Brianna Julien.

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Overview

**Advancement of society is dependent on the scientific literacy of its citizens. Improving the scientific literacy in our communities depends on the ability of science-educated individuals to reach out to our citizens and communicate science to them in a way that it understandable, inspiring, and has a long-lasting effect. Communicating science effectively to a non-scientific audience is a difficult task, and should not be underestimated.**

Project learning outcome

On successful completion of this project students will be able to **successfully communicate the pathophysiology of a disease to a non-scientific audience**, and in doing so, increase scientific literacy in the target audience.

Communicating disease project

In your third year human pathophysiology subject, you will focus on developing your higher level communication skills. In this project you will create a piece of work that can be used to effectively communicate the pathophysiology of a disease to a non-scientific audience, and this will be accompanied with relevant theoretical information that supports the communication.

To support you in completion of the project, it is highly recommended that you read chapter 8 of the etextbook: *How to Do Science: A guide to researching human physiology*. This chapter is called “Sharing science with the community” and provides background on the importance of communicating to the non-scientific audience, and also provides tips and advice on how best to do this. You are encouraged to read the chapter in conjunction with the rubric marking scheme, as certain aspects of the chapter will be more relevant to this project than others.

Assessment Summary

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| Task | Marks | Due date | Submission format |
| Topic check | 0 | Submission 1: Thursday 22nd March 11:55pm (week 3)  Submission 2: (only for students needing to change topic after Submission 1): Wednesday 28th March 11:55pm (week 4) | Post to LMS forum |
| Draft communication piece & report | 0 | Friday 4th May 11:55pm (week 8) | LMS drop box |
| Final communication piece & report | 12 | Thursday 24th May 11:55pm (week 11) | LMS drop box |
| Presentation | 3 | Various times in week 12 (check Allocate) | In seminar session\* |

\* You can hand in hard copy work (if relevant) at your presentation

Marking and feedback

This project is worth 15% of your final grade. The marking scheme is on pages 14-17 of this guide. You will receive written feedback on your draft submission, and for the final submission, feedback will be provided via the rubric marking scheme, and through comments on your submitted work.

Project schedule

Note that you can work through the project more quickly than described in this schedule.

Week 1

In your one-hour workshop:

1. The Communicating Disease project will be introduced in class, with notable examples of communication pieces from 2014 -2017 students on display

Outside of class

1. Read the Communicating Disease project student guide including the marking scheme
2. Review the Communicating Disease Lesson on LMS for an overview of the resources available to help you with this project
3. Begin thinking about your preferred disease, audience, and communication method
4.  When you have a disease that you would like to focus on, review any discussion posts on the Topic Check forum to make sure no one else has already selected this disease. If it is unselected by another student, start a discussion on the Topic Check forum and enter the name of the disease

Week 2

Outside of class

1. Review examples of communication pieces on LMS
2. Read chapter 8 of *How To Do Science: A guide to researching human physiology*
3. Continue thinking about your preferred disease, audience, and communication method; post your topic choice to the forum if you haven’t already

Week 3

Outside of class

1. Finalise your choice of disease, audience, and communication platform; enter this information into the report template (see LMS for a copy)
2.  Enter your chosen disease topic into the Topic Check forum before the deadline and we will provide feedback
3. Start the background research for your piece of work, beginning with undertaking an Audience Analysis; see chapter 8 of *How to Do Science: A guide to researching human physiology*.

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| **Deadline:** Submit your disease into the topic check forum |

Week 4

Outside of class

1. Check your discussion post on the Topic Check forum and review the feedback on your chosen topic. If your topic was not appropriate for this task, please enter a revised topic for approval; make sure you check the other discussion posts so you don’t select a disease that another student has chosen
2. If you have received feedback to confirm that your topic is appropriate, research your disease by finding and studying appropriate resources (e.g., original research articles, literature reviews, and text books)
3. Read chapter 5 of *How To Do Science: A guide to researching human physiology* if you need help with accessing scientific literature, or visit the La Trobe University library webpage for other types of resources
4. Start taking notes for your text explanation of the concept written for a scientific audience
5. Write a draft of your disease explanation written for a scientific audience
6. Share your draft with a HBS3HPT classmate and obtain feedback, particularly on the level of complexity

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| **Deadline:** Resubmit a disease into the topic check forum; this is your final chance to receive approval for your topic |

Week 5

Outside of class

1. Review your disease explanation written for a scientific audience and your Audience Analysis in the context of the method of communication you chose in week 3 and decide if it is still appropriate
2. Add your disease explanation written for a scientific audience into the report template
3. Research the method of communication, finding any resources that may help you (e.g., support notes for using software that is new to you); review the Communicating Disease Lesson which has some support for creating your piece
4. Create a plan of your piece of work. This may be a series of storyboards, a plan showing the structure of your work, a script
5. If possible find a member of your target audience and share your idea with them. Make adjustments to your work if necessary

Week 6

Workshop

1. Attend workshop for feedback on your work so far

Week 7

Outside of class

1. Continue working on your communication piece and report; incorporate any feedback you received in the week 6 workshop

Week 8

Outside of class

1. Submit a draft of your communication piece and report to the drop box on LMS

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| **Deadline:** Draft submission of your work so far |

Week 9

Outside of class

1. Review the feedback you received on the draft of your communication piece and report
2. Continue working on your assignment and incorporate any relevant feedback

Week 10

Outside of class

1. Check Allocate to confirm the time and location for your presentation in week 12
2. Continue revising your piece of work
3. Update your report when appropriate

Week 11

Outside of class

1.  Submit your communication piece (electronically) and report (completed template) by the deadline

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| **Deadline:** Submission of your completed communication piece and report |

Week 12

In your seminar class:

1. Deliver your communicating disease presentation
2. Submit your communication piece in hard copy if necessary

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| **Deadline:** Presentation of your completed communication piece |

Project details

Each student is to choose a disease and mode of communication from the lists below, and choose a target audience of their choice. You will then create a piece of work that will allow you to communicate the pathophysiology of the disease in a clear and interesting manner.

Your audience should be educated on the pathophysiology of your chosen disease through your work – that is, they should have a good understanding of the basics of the scientific processes underlying the disease, including the cause (if known), the cells involved, how cells or cellular processes are disordered to cause disease, symptoms and the physiological causes of the symptoms, and any treatments.

Diseases

You can choose from a wide variety of diseases to communicate to a non-scientific audience; see list below. **You may not choose a disease that you cover in HBS3HPT lectures.** You should choose a disease that is relatively common.

Appropriate diseases include those that fall under the following broad categories:

* Coagulative, Haematopoietic and Lymphoid diseases
* Reproductive diseases
* Paediatric diseases
* Immunological/Autoimmune Diseases; excluding Rheumatoid Arthritis, Type I Diabetes, Multiple Sclerosis, Crohn’s disease and Ulcerative Colitis
* Endocrine diseases; excluding Cushing’s Syndrome and Diabetes
* Skin Diseases; excluding malignancies and psoriasis
* Liver or gall bladder disease; excluding cirrhosis and fatty liver
* Gastrointestinal diseases not covered in HBS3HPT

Communication platforms

You may choose to communicate your disease via the following platforms:

* Video
* Website
* Audio podcast
* Blog post / newspaper or magazine article
* Game – video or board
* Story / comic book

Consider your audience and which of these communication modes would be most relevant and likely to engage them.

Report

In addition to your communication piece, you will submit a report on your work. The key features of the report include an explanation of the relevance of your chosen disease and justification as to why the target audience should be educated on this disease. In addition, you are required to present the pathophysiology of the disease in text form at a level appropriate for a scientific audience. References will be required for your report.

You will submit a report using the provided template that presents an overview and rationale for your communication piece. The report template (see pg. 13) has the following sections:

|  |  |
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| Section | Description |
| **Title of your communication piece** | Provide a brief, descriptive title for your communication piece. |
| **Disease** | State the disease; ensure it was chosen from the list provided. |
| **Target audience** | State the target audience.  Remember that the target audience needs to be a **non-scientific audience**, which for the purpose of this project does not include scientists, science professionals, and students studying science at university. |
| **Communication platform** | State the communication mode you chose from the list provided. |
| **Explanation of the relevance of the disease**  ***200 word limit*** | Explain the relevance of the disease with references.  Explain why it is important; for example, is the disease related to a national health priority in Australia? How many people are diagnosed each year? What is the adverse impact of the disease on the population? |
| **Justification as to why the target audience should be educated on this disease**  ***200 word limit*** | Explain the choice of target audience with references.  Explain why this particular audience will benefit from understanding more about the disease. Will informing this audience lead to improved health outcomes for individuals/groups or reduce disease spread/incidence? |
| **Disease explanation appropriate for a scientific audience**  ***500 word limit*** | Provide in text form, an explanation (with references) of the pathophysiology of the disease that is written at a level appropriate for a scientific audience.  Do not include information that repeats material provided in the justification section, but rather, information on the pathophysiology of the disease that would typically be seen in scientific research articles and/or textbooks. Do not refer to lecture notes. Include information such as: the basics of the scientific processes underlying the disease, including the cause (if known), the cells involved, how cells or cellular processes are disordered to cause disease, symptoms and the physiological causes of the symptoms, and any treatments. |

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| **Setting and instructions for using your communication piece** | Provide the setting, for example, a primary school classroom or a doctor’s surgery.  Provide instructions for using your communication piece that are detailed enough for someone to pick up and use without further help. This may be brief for some pieces, such as a video or a book, which is simply to play and watch the video, or to read the book. Some pieces may need more explanation, such as for games that have been created. |
| **Reference list** | List of references you used to: create your communication piece (including images, music), explain the relevance of your chosen disease, justify your chosen audience, and explain the pathophysiology of the disease to a scientific audience.  Format your references using your preferred style.  References to Creative Commons resources used should include **T**itle, **A**uthor, **S**ource, **L**icense, and hyperlinks should be provided to the source, author (if possible) and licence (all available [here](https://creativecommons.org/share-your-work/licensing-types-examples/)), for example:  "[Creative Commons 10th Birthday Celebration San Francisco](https://www.flickr.com/photos/sixteenmilesofstring/8256206923/in/set-72157632200936657)" by [tvol](https://www.flickr.com/photos/sixteenmilesofstring/) is licensed under [CC BY 2.0](https://creativecommons.org/licenses/by/2.0/)  **Note:** you do not need to include references within your communication piece. |

Resources

Chapter 8 of *How to Do Science: a guide to researching in human physiology* provides:

* Examples of a range of communication pieces for different audiences
* Examples of software you can use to create different types of work
* Advice on getting started
* Advice on references you can use to justify your choices

Read the Communicating Disease Lesson on LMS for examples of effective science communication, including past student work, and instructions on using some relevant software.

**Images and music for use in your communication piece**

Refer to the **Communicating Disease Lesson** on LMS for information on Copyright and links to websites of images and music that you can use freely without copyright restrictions. You will also find information on how to reference images and music; you must include references to all resources you used to create your communication piece in your Reference List. Also, any images or music you use must be covered by a Creative Commons licence and not be restricted by copyright.

Submission information

Topic check

You can submit the disease you have chosen to focus your communication piece on anytime from the beginning of semester until the deadline in week 3. We recommend that you do this early; if someone has already chosen your choice of disease, you will have to choose an alternate disease.

Submit your disease choice to the Topic Check forum on LMS before the deadline.

We will confirm that your topic is appropriate or will suggest that you make adjustments. Once your disease has been approved, you can then begin work on your communication piece.

Your final chance to receive approval for your chosen disease is to submit by the deadline shown at the beginning of this guide. If you do not submit the name of a disease and receive approval, there is a risk that if your disease is inappropriate you will receive 0 for the explanation of the relevance of the disease in the marking scheme, and your overall mark will be adversely affected.

Draft submission of communication piece and report

In week 8, you have the opportunity to submit a draft of your communication piece and report and to receive feedback on your work. To gain the greates benefit out of this opportunity, we encourage students to have an advanced draft ready at this point. There will be no further opportunities for detailed feedback on individual student work.

You will receive general written feedback on your draft that will help you to make improvements; we will base our feedback on the marking scheme for this task.

What you submit:

* Communication piece (electronic format)
* Report using the completed template

If your communication piece is electronic (e.g., Word document, mp3 file) you can upload it to the LMS drop box by the submission deadline. If the file size is too big to upload you can provide a link to the shared folder via your Office365 One Drive in your pro-forma.

If it is a physical piece of work (e.g., board game), submit photos or electronic files (e.g., of the game pieces and board) to illustrate your work.

Please ensure that your files are in generally accepted formats (e.g., mp4) that can be opened on PC and Mac systems. For example, iMovie files cannot be opened without access to iMovie software; please convert these files to mp4.

Outside of this process there will be no further opportunities for detailed feedback.

**Late submissions without an approved extension will not be accepted.** Please contact coordinators, Louise Lexis and Brianna Julien if you require an extension for your draft submission

Final submission of Communication piece and report

What you submit:

* Communication piece (electronic format)
* Report using the completed template

If your communication piece is electronic (e.g., Word document, mp3 file) you can upload it to the LMS drop box by the submission deadline. If the file size is too big to upload you can provide a link in your report to the shared file/folder via your Office365 One Drive. Check your email regularly after submission as if we are unable to access your work during the marking phase, we will contact you via email.

If it is a physical piece of work (e.g., artwork, storyboard), submit photos or electronic files (e.g., of the game pieces and board) to illustrate your work. You can submit the physical work in week 12 in your presentation session.

Please ensure that your files are in generally accepted formats (e.g., mp4) that can be opened on PC and Mac systems. For example, iMovie files cannot be opened without access to iMovie software; please convert these files to mp4.

Ensure you keep a backup copy of your communication piece (including photos of any physical work you create).

**Late submissions**

It is strongly suggest that you do not leave your submission to the last minute; you are not guaranteed an extension in the event of technical difficulties due to your computer, or internet, or slowness of the LMS.

The University late submission policy (shown just prior to the marking scheme in this document) will be applied to late submissions without a justified excuse. If you require an extension for your final submission and it is **more than 3 days before the submission deadline**, contact coordinators Louise Lexis and Brianna Julien with supporting documentation. If you experience unforeseen and adverse circumstances **within 3 days of the submission deadline** that negatively impact on your ability to meet the submission deadline, you may submit an application for Special Consideration to the University stating that the assessment is worth 15%.

Presentation instructions

You will share your communication piece and explain your work to members of your seminar class in week 12.

The presentation will be approximately 3 minutes in length not including the time it takes to share your communication piece.

In your oral presentation, you should include (no PowerPoint slides please):

* the title of your work,
* the disease chosen and the relevance of the disease (refer to the relevance of the disease in your report),
* the target audience and the significance of this audience to the disease (refer to the justification of the audience in your report),
* reflection on the process of creating your communication piece, including any personal connection you have to your chosen topic (this part should be brief), and
* presentation of your communication piece, for example, show your video, read your book, play your podcast, or demonstrate how you advance around the board in your game.

**The focus of your presentation should be your communication piece, therefore we ask you not to create PowerPoint slides for the brief presentation.**

The marking scheme for your presentation is on page 15-18 of this guide.

If you require a special sitting for your presentation and it is **more than 3 days before the submission deadline**, contact coordinators Louise Lexis and Brianna Julien with supporting documentation. If you experience unforeseen and adverse circumstances **within 3 days of the presentation** that negatively impact on your ability to present, you may submit an application for Special Consideration to the University stating that the assessment is worth 15%.

University policies on special consideration and late assessment submissions

Special consideration

Special Consideration is an equity measure to ensure that the finalisation of results for students’ Assessment Tasks makes appropriate allowance for adverse and unforeseeable circumstances that impact negatively on the students’ ability to demonstrate their learning achievements. Special Consideration applications should be submitted **within 3 days prior to or after the scheduled assessment**. Special Consideration is not the primary support mechanism for students who have a disability or an ongoing medical condition (including a psychological condition).

Students who believe their performance in an individual Assessment Task has been affected negatively by adverse and unforeseeable circumstances may apply for Special Consideration (**www.latrobe.edu.au/specialconsideration**).

Special Consideration is available for most Assessment Tasks, including individual examinations and assignments of all types, which are **worth 15% or more** of the total assessment for the subject concerned. To receive Special Consideration, a student must satisfy criteria specified in the Special Consideration Procedures and demonstrate at least one of the following three grounds for their application:

* Serious illness
* Emotional Disturbance
* Misadventure.

Special Consideration is not available for:

* problems of a student’s own making (e.g. avoidable issues relating to visa requirements);
* day-to-day issues which a reasonable person would expect to have minimal impact on assessment performance;
* minor illnesses or medical conditions for which over-the-counter remedies are available;
* discretionary activities such as travel plans, social events or visits with relatives or friends;
* assessment difficulties resulting from deliberate choices, such as decisions not to attend classes or to submit
* assignments, or decisions to take an enrolment overload.

Late submissions

For individual assessment tasks **worth 15% or more** of the total assessment for the subject, penalties for late submission shall be 5% of the total possible marks for that task for each delay in submission of a day or partial day up to a maximum of five (5) working days after the due date. Assessment tasks will not be accepted after the earlier of the following occurrences:

* the fifth (5th) working day after the due date; or
* feedback on the assessment task has been returned to any student by the Teaching Team member.

Excluded from the day count are: Saturdays, Sundays, University Holidays (aka Shutdown days) and Public Holidays. Included in the day count are: days that fall within Study Vacations, University mid-semester vacations and/or University end of semester vacations.



HBS3HPT Human Pathophysiology

Communicating Disease project report

**Student name and number:**

1. Title of your communication piece:
2. Disease:
3. Target audience:
4. Communication platform:
5. Explanation of the relevance of the disease:
6. Justification as to why the target audience should be educated on this disease
7. Disease explanation appropriate for a scientific audience:
8. Setting and instructions for using your communication piece:
9. Reference list:



HBS3HPT Human Pathophysiology

Communicating disease module marking scheme

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| --- | --- | --- | --- | --- |
| **5 (100%)**  Excellent | **4 (80%)**  Very good | **3 (70%)**  Good | **2 (50%)**  Needs improvement | **1 (25%)**  Poor |
| **ORAL PRESENTATION (20%)**  *A mark of zero will be given for all items below if the communication piece is not presented.* | | | | |
| **Language and Speech (5%)** | | | | |
| Speaker is audible and highly fluent; language choices are imaginative, memorable, and compelling, and enhance the effectiveness of the presentation.  Language in presentation is highly appropriate to audience. | Speaker is audible and highly fluent; language choices are imaginative, memorable, and compelling, and enhance the effectiveness of the presentation.  Language in presentation is highly appropriate to audience.  Minor errors. | Speaker is mostly audible and fluent, language choices are thoughtful and generally support the effectiveness of the presentation, but include some errors.  Language in presentation is appropriate to audience. | Speaker is sometimes inaudible or hesitant, language choices are mundane and commonplace and partially support the effectiveness of the presentation.  Language in presentation may not be appropriate to audience. | Speaker is often inaudible or hesitant, and language choices are unclear and minimally support the effectiveness of the presentation.  Language in presentation may not be appropriate to audience.  Presentation is less than 3 minutes or longer than 5 minutes. |
| **Delivery of presentation (5%)** | | | | |
| Delivery techniques (posture, gesture, eye contact, and vocal expressiveness) make the presentation compelling, and speaker appears professional, polished and confident.  No referral to notes. | Delivery techniques (posture, gesture, eye contact, and vocal expressiveness) make the presentation compelling, and speaker appears professional, polished and confident.  No referral to notes.  Minor errors. | Delivery techniques (posture, gesture, eye contact, and vocal expressiveness) make the presentation interesting, and speaker appears comfortable, but delivery techniques may need improvement at times.  Minimal referral to notes. | Delivery techniques (posture, gesture, eye contact, and vocal expressiveness) make the presentation understandable, but the speaker may appear tentative.  Frequent referral to notes. | Delivery techniques (posture, gesture, eye contact, and vocal expressiveness) detract from the clarity of the presentation, and the speaker may appear uncomfortable.  Relies on notes for most of the presentation. |

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| **5 (100%)**  Excellent | **4 (80%)**  Very good | **3 (70%)**  Good | **2 (50%)**  Needs improvement | **1 (25%)**  Poor |
| **Title of your work (1%)** | | | | |
| Clear and concise descriptive title. | Clear and concise descriptive title.  Minor errors. | Clear descriptive title. | Descriptive title but may be lacking in clarity. | Title included but lacks clarity and may be long winded or nonsensical. |
| **Explanation of relevance of disease (4%)** | | | | |
| Relevance of chosen disease is explained with utmost logic and clarity and supported by concrete evidence.  Disease is very relevant to society, and the communication piece is therefore likely to have a very positive and significant impact on improving scientific and health literacy in the community. | Relevance of chosen disease is explained with utmost logic and clarity and supported by concrete evidence.  Disease is very relevant to society, and the communication piece is therefore likely to have a very positive and significant impact on improving scientific and health literacy in the community.  Minor errors. | Relevance of chosen disease is generally explained with logic and clarity, and supported by evidence.  Disease is somewhat relevant to society, and the communication piece is therefore likely to have a positive impact on improving scientific and health literacy in the community. | Explanation of relevance of chosen disease lacks some logic and clarity but is supported by evidence.  Disease is lacking in applicability to modern day society, and the communication piece is likely to have limited impact on improving scientific and health literacy in the community. | Explanation of relevance of chosen disease is severely lacking in logic and clarity and may not be supported by evidence.  Disease is severely lacking in applicability to modern day society, and the communication piece is likely to have very limited impact on improving scientific and health literacy in the community. |
| **Target audience justification (4%)** | | | | |
| The target audience and rationale for the audience selected is presented in a highly-logical manner with utmost clarity.  Relevance of disease to intended audience is very clear and supported by references. | The target audience and rationale for the audience selected is presented in a logical manner with utmost clarity.  Relevance of disease to intended audience is clear and supported by references.  Minor errors. | The target audience and rationale for the audience selected is presented in a mostly logical manner with clarity.  Relevance of disease to intended audience is reasonably clear and supported by references. | The target audience and rationale for the audience selected is presented, but lacks logic and/or clarity at times.  Relevance of disease to intended audience is somewhat clear and supported by references. | The target audience and rationale lacks logic and clarity.  Intended audience identified is inappropriate and/or relevance of disease to intended audience is not clear, but references are included. |
| **Reflection (1%)** | | | | |
| Evidence of thorough reflection on process of producing communication piece.  Thoughtful and valuable insights into the process very clearly explained. | Evidence of thorough reflection on process of producing communication piece.  Thoughtful and valuable insights into the process very clearly explained.  Minor errors. | Evidence of reflection on process of producing communication piece.  Insights into the process somewhat lacking in thoughtfulness and value, but clearly explained. | Some evidence of reflection on process of producing communication piece.  Insights into the process lacking in thoughtfulness and value and/or clarity. | Little evidence of reflection on process of producing communication piece.  Insights into the process severely lacking in thoughtfulness and value and/or clarity. |

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| **5 (100%)**  Excellent | **4 (80%)**  Very good | **3 (70%)**  Good | **2 (50%)**  Needs improvement | **1 (25%)**  Poor |
| **REPORT (35%)** | | | | |
| **Explanation of relevance of disease (10%)** | | | | |
| Relevance of chosen disease is explained with utmost logic and clarity and supported by references.  Disease is very relevant to society, and the communication piece is therefore likely to have a very positive and significant impact on improving scientific and health literacy in the community. | Relevance of chosen disease is explained with utmost logic and clarity and supported by references.  Disease is very relevant to society, and the communication piece is therefore likely to have a very positive and significant impact on improving scientific and health literacy in the community. Minor errors or omissions. | Relevance of chosen disease is generally explained with logic and clarity, and supported by references.  Disease is somewhat relevant to society, and the communication piece is therefore likely to have a positive impact on improving scientific and health literacy in the community. | Explanation of relevance of disease lacks some logic and clarity but is supported by references.  Disease is lacking in applicability to modern day society, and the communication piece is likely to have limited impact on improving scientific and health literacy in the community. | Explanation of relevance of chosen disease is severely lacking in logic and clarity.  Disease is severely lacking in applicability to modern day society, and the communication piece is likely to have very limited impact on improving scientific and health literacy in the community.  No references to the literature. |
| **Target audience justification (10%)** | | | | |
| The target audience and rationale for the audience selected is presented in a highly-logical manner with utmost clarity.  Relevance of disease to intended audience is very clear and supported by references. | The target audience and rationale for the audience selected is presented in a highly-logical manner with utmost clarity.  Relevance of disease to intended audience is clear and supported by references. Minor errors or omissions. | The target audience and rationale for the audience selected is presented in a mostly logical manner with clarity.  Relevance of disease to intended audience is reasonably clear and supported by references. | The target audience and rationale for the audience selected is presented, but lacks logic and/or clarity at times.  Relevance of disease to intended audience is somewhat clear and supported by references. | The target audience and rationale lacks logic and clarity.  Intended audience identified is inappropriate and/or relevance of disease to intended audience is not clear.  No references to the literature. |
| **Disease explanation for the scientific audience (15%)** | | | | |
| The pathophysiology of the disease is very clearly and accurately explained in a comprehensive level of detail appropriate for a scientific audience and is well-organised. | The pathophysiology of the disease is very clearly and accurately explained in a comprehensive level of detail appropriate for a scientific audience and is well-organised. Minor errors or omissions. | The pathophysiology of the disease is mostly explained in a clear and accurate manner and in a comprehensive level of detail appropriate for a scientific audience. | The pathophysiology of the disease is explained in a manner that lacks clarity and/or accuracy at times. Level of detail appropriate for a scientific audience may be lacking at times. | The pathophysiology of the disease is explained in a manner that lacks clarity and/or accuracy. Level of detail appropriate for a scientific audience is lacking.  No references to the literature. |

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| **5 (100%)**  Excellent | **4 (80%)**  Very good | **3 (70%)**  Good | **2 (50%)**  Needs improvement | **1 (25%)**  Poor |
| **COMMUNICATION PIECE FOR THE NON-SCIENTIFIC AUDIENCE (40%)** | | | | |
| **Explanation of pathophysiology of the disease (30%)** | | | | |
| Communication piece is highly likely to engage the target audience and communicate/teach the pathophysiology of the disease to a high level of understanding.  Language or symbolic choices are imaginative, memorable, and compelling, and enhance the effectiveness of the communication piece.  Language or symbolism in presentation is appropriate to audience. | Communication piece is highly likely to engage the target audience and communicate/teach the pathophysiology of the disease to a high level of understanding.  Language or symbolic choices are imaginative, memorable, and compelling, and enhance the effectiveness of the communication piece.  Language or symbolism in presentation is appropriate to audience.  Minor errors. | Communication piece is likely to engage the target audience and communicate/teach the pathophysiology of the disease to a good level of understanding.  Language or symbolic choices mostly enhance the effectiveness of the communication piece.  Language or symbolism in presentation is appropriate to audience. | Communication piece is somewhat likely to engage the target audience and communicate/teach the pathophysiology of the disease to a moderate level of understanding.  Language or symbolic choices do not enhance the effectiveness of the communication piece at times.  Language or symbolism in presentation is somewhat appropriate to audience. | Communication piece is not likely to engage the target audience and therefore does not communicate/teach the pathophysiology of the disease to a low level of understanding.  Language or symbolic choices do not enhance the effectiveness of the communication piece.  Language or symbolism in presentation is not appropriate to audience. |
| **Professionalism of communication piece (10%)** | | | | |
| Communication piece is of a professional standard, exhibits a high level or creativity, and is error-free. | Communication piece is of a professional standard, exhibits a high level or creativity, and is error-free.  Minor errors | Communication piece is of a mostly professional standard, exhibits creativity, and is largely error-free. | Communication piece may be lacking in a professional standard, creativity, and/or errors are present. | Communication piece is lacking in a professional standard, creativity and may have many errors. |
| **References (5%)** | | | | |
| All resources used to produce communication piece (including images, music), explain relevance of disease, justify audience, and explain pathophysiology of disease to a scientific audience are properly cited in reference list.  All resources used to create the communication piece are covered by Creative Commons licences.  Resource list is consistently formatted and contains full details of each resource. | All resources used to produce communication piece (including images, music), explain relevance of disease, justify audience, and explain pathophysiology of disease to a scientific audience are properly cited in reference list.  All resources used to create the communication piece are covered by Creative Commons licences.  Resource list is consistently formatted and contains full details of each resource.  Minor errors. | All resources used to produce communication piece (including images, music), explain relevance of disease, justify audience, and explain pathophysiology of disease to a scientific audience are cited in reference list, but there are some problems with completeness or format of some citations.  All resources used to create the communication piece are covered by Creative Commons licences. | Some resources used to produce communication piece (including images, music), explain relevance of disease, justify audience, and explain pathophysiology of disease to a scientific audience are unreferenced or inaccurately referenced, and there are problems with completeness and format of citations.  All resources used to create the communication piece are covered by Creative Commons licences. | Significant resources used to produce communication piece (including images, music), explain relevance of disease, justify audience, and explain pathophysiology of disease to a scientific audience are unreferenced and/or there are significant problems with completeness of citations.  Resources used to create the communication piece are not covered by Creative Commons licences. |