

Generic Case Report Rubric

| CRITERIA | % WEIGHTING |
|---|-------------|
| Case details communicated clearly, concisely and logically | 20% |
| Case management and clinical reasoning process | 30% |
| Demonstration of critical reflection centred on evidence based medicine (EBVM) | 30% |
| Quality of EBVM and appropriate use of references | 10% |
| Overall attention to case report technique and construction including: scientific language and terminology, referencing format, spelling and grammar, adherence to word limits. | 10% |

| Case details communicated clearly, concisely and logically | | | | | | |
|---|--|--|---|---|---|---|
| Very Poor (0%) | Poor (20%) | Inadequate (40%) | Adequate (50%) | Good (65%) | Very Good (80%) | Excellent (100%) |
| Little or no attention to communication of the pertinent aspects of the case. | Not clearly or logically presented and/or; Details of presenting problem, historical and signalment factors, treatment and outcome omitted/disordered/illogical or waffling. | Inadequate communication of the main facts of the case. Some details of presenting problem, historical and signalment factors, treatment and outcome omitted or not well ordered, illogical or overly wordy. | Adequate communication of the main facts of the case including the presenting problem, historical and signalment factors, treatment and outcome relevant to the case. Information presented less logically, concisely, and candidate less able to discriminate between useful and extraneous information. | Good communication of the main facts of the case including the presenting problem, historical and signalment factors, treatment and outcome relevant to the case. Good ability to present information logically, concisely, discriminating between useful and extraneous information. | Very good communication of the main facts of the case including the presenting problem, historical and signalment factors, treatment and outcome relevant to the case. Very good ability to present information logically, concisely, discriminating between useful and extraneous information. | Excellent communication of the main facts of the case including the presenting problem, historical and signalment factors, treatment and outcome relevant to the case. Excellent ability to present information logically, concisely, discriminating between useful and extraneous information. |

| Case management and clinical reasoning process | | | | | | |
|---|---|---|--|--|--|--|
| Very Poor (0%) | Poor (20%) | Inadequate (40%) | Adequate (50%) | Good (65%) | Very Good (80%) | Excellent (100%) |
| Approach to the case and clinical reasoning absent or unsuitable. | Poor approach to the case. Decision making processes poorly justified and/or outlined. Omissions or short cuts in diagnosis or management not identified and/or not justified in the light of factors associated with the individual patient, its owner, available equipment and facilities and your own professional experience. Poor or absent translation of reasoning into problem lists and differential diagnoses where applicable. | Inadequate approach to the case. Decision making processes not well justified and/or outlined. Some omissions or short cuts in diagnosis or management not identified and/or not adequately justified in the light of factors associated with the individual patient, its owner, available equipment and facilities and your own professional experience. Inadequate translation of reasoning into problem lists and differential diagnoses where applicable. | Adequate approach to the case, outlining and justification of decision making processes (including selection of diagnostic tests, management or treatment protocols as applicable to the case) incorporating factors associated with the individual patient, its owner, available equipment and facilities and your own professional experience. Adequate translation of reasoning into problem lists and differential diagnoses where applicable. | Good approach to the case, outlining and justification of decision making processes (including selection of diagnostic tests, management or treatment protocols as applicable to the case) incorporating factors associated with the individual patient, its owner, available equipment and facilities and your own professional experience. Good translation of reasoning into problem lists and differential diagnoses where applicable. | Very good approach to the case, outlining and justification of decision making processes (including selection of diagnostic tests, management or treatment protocols as applicable to the case) incorporating factors associated with the individual patient, its owner, available equipment and facilities and your own professional experience. Very good translation of reasoning into problem lists and differential diagnoses where applicable. | Excellent approach to the case, outlining and justification of decision making processes (including selection of diagnostic tests, management or treatment protocols as applicable to the case) incorporating factors associated with the individual patient, its owner, available equipment and facilities and your own professional experience. Excellent translation of reasoning into problem lists and differential diagnoses where applicable. |

| Demonstration of critical reflection centred on evidence based medicine (EBVM) | | | | | | |
|---|--|--|---|---|--|---|
| Very Poor (0%) | Poor (20%) | Inadequate (40%) | Adequate (50%) | Good (65%) | Very Good (80%) | Excellent (100%) |
| No attempt to include critical reflection or use evidence based medicine in discussion of the case. | Poor ability to critically reflect on the case. Poor ability to recognise aspects of the diagnosis, management or other factors relevant to the topic and questions posed that required reflection. Poor ability to review the relevant literature and/or use the literature to reflect on the case. Poor use of the available clinical and/or literature evidence. | Inadequate ability to critically reflect on the case. Inadequate ability to recognise aspects of the diagnosis, management or other factors relevant to the topic and questions posed that required reflection. Inadequate ability to review the relevant literature and/or use the literature to reflect on the case. Inadequate use of the available clinical and/or literature evidence. | Adequate ability to critically reflect on the case, having reviewed the literature and considered all of the individual patient and client factors. Adequate use of the available clinical and/or literature evidence. | Good ability to critically reflect on the case, having reviewed the literature and considered all of the individual patient and client factors. Good use of the available clinical and/or literature evidence. | Very good ability to critically reflect on the case, having reviewed the literature and considered all of the individual patient and client factors. Very good use of the available clinical and/or literature evidence. | Excellent ability to critically reflect on the case, including (where applicable) aspects of diagnosis, management or other factors relevant to the topic and questions posed having reviewed the literature and considered all of the individual patient and client factors. Excellent use of the available clinical and/or literature evidence. |
| Quality of EBVM and appropriate use of references | | | | | | |
| Very Poor (0%) | Poor (20%) | Inadequate (40%) | Adequate (50%) | Good (65%) | Very Good (80%) | Excellent (100%) |
| No references cited | Few but poor quality resources cited such as Wikipedia or references from questionable secondary or tertiary sources. | Few references cited but either not relevant to the task or poor quality | Resources generally relevant to the task; some resources not of high quality where more suitable references are available (Use of secondary sources/ book chapters etc. where primary | Good quality sources used, recent and seminal articles mostly relevant to task | Very good quality sources used; recent, seminal and peer reviewed almost always relevant to task. | Excellent quality of references used, recent and seminal peer-reviewed literature highly relevant to task. |

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| | | | sources would have been preferable) | | | |
| Overall attention to case report technique and construction | | | | | | |
| Very Poor (0%) | Poor (20%) | Inadequate (40%) | Adequate (50%) | Good (65%) | Very Good (80%) | Excellent (100%) |
| Very little overall attention to detail and construction e.g. very poor attention to detail in terminology, language, spelling, or grammar and/or; Failing to address the specific requirements of the assignment. | Poor overall attention to detail and construction e.g. poor use of correct and precise terminology when describing lesions, anatomical locations, radiographic projections, medications etc.; Poor attention to detail in spelling and grammar; Poor reference formatting, not using the Harvard Style. | Inadequate overall attention to detail and construction e.g. in use of correct and precise terminology when describing lesions anatomical locations, radiographic projections, medications etc.; Inadequate attention to detail in spelling and grammar or adherence to word limits; Inadequate reference formatting using the Harvard Style. | Adequate overall attention to detail and construction e.g. in use of correct and precise terminology when describing anatomical lesions, locations, radiographic projections, medications etc.; Adequate attention to detail in spelling and grammar and adherence to word limits; Adequate reference formatting using the Harvard Style. | Good overall attention to detail and construction e.g. in use of correct and precise terminology when describing lesions, anatomical locations, radiographic projections, medications etc. Good attention to detail in spelling and grammar and adherence to word limits; Good reference formatting using the Harvard Style. | Very good overall attention to detail and construction e.g. in use of correct and precise terminology when describing lesions, anatomical locations, radiographic projections, medications etc. Very good attention to detail in spelling and grammar and adherence to word limits. Very good reference formatting using the Harvard Style. | Excellent overall attention to detail and construction e.g. in use of correct and precise terminology when describing lesions, anatomical locations, radiographic projections, medications etc. Excellent attention to detail in spelling and grammar and adherence to word limits; Excellent reference formatting using the Harvard Style. |