

Clinical case study marking criteria

Generic criteria:

- Communicates effectively in written English language, including adequate editing (proof-reading for spelling, punctuation, absence of abbreviations and appropriate de-identification).
- Presents accurate and original work.
- Presents information in a sequence that develops the case.
- Demonstrates effective judgment in selecting of patient related data.
- Demonstrates effective judgment in the selection of scientific literature.
- Demonstrates effective skills in integrating patient data with scientific literature.
- Demonstrates effective clinical reasoning, analysis and judgment.
- Demonstrates appropriate judgment in presenting professional opinions.

Case component criteria:

Pass:

- Provides all positive and negative information that is relevant.
- Analysis of the information and demonstrates its relevance to the patient and her/his predicament
- Provides an integrated discussion that draws on support from the scientific literature and further demonstrates the relevance of that information to the Study.
- The language used is clear, professional, appropriate and concise and the topic is approached in a structured, systematic manner and the discussion is relevant to the case

Close fail:

- Does not provide all the relevant data expected from an assessment
- Little analysis of the data and its relevance to the patient and his/her predicament
- Makes an attempt to provide an integrated discussion using the scientific literature, however, the relevance of the information remains uncertain.
- The language used is occasionally unclear or unnecessarily extended and or the approach to the topic is confusing and or the discussion is not relevant to that section

Clear fail:

- Provides non-specific and or inadequate information related to the patient
- Does not consider or analyse that information and or relate it to the patient and her/his presentation
- Does not provide an effective integrated discussion and or does not effectively use the scientific literature.
- The language used is generally unclear, less precise or professional and may be inappropriate and or the topic approach is not structured and systematic or irrelevant.

The following components are what examiners look for when marking a clinical case study:

Cover sheet

- Key words

Introductory paragraph

Assessment



Does this case include a thorough, comprehensive history in the standard format including discussion of the referral, history of presenting complaint, pain history, past medical history etc. as relevant?

- History of the patient with Pain
- History of the Pain
- Biological including past medical and surgical history

Are the personal and developmental histories sufficiently detailed to substantiate the proposed psychological aspect of the formulation?

Is the social history sufficiently detailed to substantiate the proposed contribution of the family/vocational/social groups to the proposed social aspect of the formulation?

- Developmental history
- Psychological history
- Social history

Has a comprehensive physical examination been conducted with emphasis relevant to the person?

Has a thorough and comprehensive mental status examination been conducted with emphasis relevant to the person with the pain problem?

Is there adequate discussion around the collection of further information, including investigations?

- Examination
- Pain oriented physical examination
- Functional examination
- Other physical examination
- Mental state examination
- Investigations (positive and negative, past and pending or to be ordered)

Formulation

Were the diagnosis and differential diagnosis made using a recognised classification system?

Has a sophisticated biopsychosocial formulation been included, developed at the time that therapy was initiated so that this can be reflected upon during the course of the therapy and modified with increasing experience and knowledge of the person with the pain problem?

- Diagnostic List (with Taxonomy Framework)
- Case Formulation

Management plan and clinical progress

Does the management plan demonstrate that the trainee has considered all of the relevant biological, psychological, social, spiritual and cultural issues?

Does this case include discussion of:

- the way in which therapy was negotiated with the person with the pain problem?
- the suitability of the type of therapy for the person with the pain problem?
- other treatment modalities which were considered and the reasons for their rejection?
- the potential risks of the chosen therapy?
- goals and expectations of the person with the pain problems and the therapist?
- awareness of any limitations of the therapies used

Has the involvement with other health professionals, case managers, etc. been detailed and the issues around this fully explored and discussed?

Has there been a review of the progress of the person with the pain problem and a clear description of the processes that were observed and experienced?

Has the trainee demonstrated and discussed his/her communication with other professionals who are or will be working with the person with the pain problem?

- Goals of management
- Management plan (short and long term)
- Risk management
- Plan Implementation/Anticipated challenges
- Multidisciplinary team approach to, and its application in practice
- Prognosis
- Follow Up
- Progress
- Outcomes
- Multidisciplinary team approach to, and its application in practice

Discussion

Has the discussion evaluated the therapy and its significance for the person?

Has the discussion placed this therapy/therapies in the context of the theory underpinning the model of therapy/therapies and reflected on this?

Is the discussion reflective and as appropriate, critical of the existing theoretical knowledge?

Is the discussion correctly referenced according to a standard format?

- Discussion of significant issues highlighted by this case (and of appropriate length)
- Appropriate use of references and satisfactory referencing system