**Palliative Medicine Case Study Marking Criteria**

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| **Trainees Name** |  | | |
| **Case Study Title** |  | | |
|  | Submission 1 | Resubmission 1 | Resubmission 2 |
| The aim of the Case Study is to help ground the trainee in the culture of palliative medicine and interdisciplinary palliative care.  Trainees are required to write a Case Study of a patient with whose management they have been involved while training in Palliative Medicine. The case study will not focus solely on the clinical aspects of the individual patient’s disease but will also consider wider issues of palliative care (e.g. service delivery models, multidisciplinary care, carer issues, conflict etc.) and the role of the doctor as a provider of palliative medicine. The trainee will explore the impact that caring for the particular patient and their family had on them personally.  Even though the Case Study would not normally be submitted to a peer reviewed journal for consideration for publication, the Case Study must still be of a sufficient standard to be submitted for publication.  The Case Study must receive a Satisfactory result against at least 5 of the 6 sections listed below with minor revisions needed in no more than 1 area in order to receive an overall result of Satisfactory.  Assessors should note that assessment of, or commentary on the clinical management as described in the case study should be avoided.  Please ensure your comments are clear to ensure that trainees know what needs to be revised to make the case study satisfactory, if it is deemed as unsatisfactory. | | | |

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| **OUTCOME** |
| **Satisfactory -** Meets satisfactory standard. Minor revision required in no more than 1 criterion.  **Resubmit** ≥ 2 areas require minor revision or ≥ 1 area requires major revision  **Fai**l – Does not meet any of the criteria.  **General Comments and Feedback**  Reviewers are encouraged to provide a balance of positive feedback as well as indicate areas for improvement. For reports graded unsatisfactory, reviewer's comments should point out inadequacies in the report and promote the trainee’s learning. |
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|  | **Major revisions** | **Minor revisions** | **Satisfactory** | **Comments** |
| 1. **Introduction** | Introduction irrelevant to the case | Some aspects of the introduction omitted | Introduction includes an overview of the problem or problems that the case addresses, a brief description of the case and the issues to be discussed |  |
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| 1. **Case presentation** | Major omissions in the case presentation e.g. key aspects of the history or examination findings missing; psychosocial aspects of the case not included  Trainee has misunderstood key aspects of the clinical presentation  Case does not include palliative care issues | A few aspects of the presentation incomplete but generally well done eg minor omissions in the medical or psychosocial history | All aspects of the case covered including medical and psychosocial aspects |  |
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| 1. **Discussion** | Discussion is irrelevant to case and / or not linked back to the case  Discussion does not cover issues relevant to the practice of palliative care  Discussion omits key points in the issues covered  Discussion is of inadequate length (NB the discussion should form 50 – 60% of the case study)  Many statements in the discussion **not** supported by citations and/or citations used do not support statements made.  References cited have been superseded by more current findings | Some aspects of the discussion not linked to the case  Some statements in the discussion not appropriately supported by citations | Good discussion of the issues relevant to the case described.  Discussion linked appropriately to the case.  Key statements supported by relevant and contemporaneous citations |  |
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| 1. **Reflection** | Superficial reflection with no evidence of any change in understanding, attitudes or behaviour as a result of completing the case study  Reflection is of inadequate length (NB the reflection should be 400 – 500 words) | Partial reflection on the case with some evidence of change in understanding, attitude or behaviour as a result of completing the case study | Deep reflection on the case demonstrating a clear change in understanding, attitude or behaviour as a result of completing the case study |  |
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| 1. **Conclusion** | Conclusion irrelevant to case and / or discussion | Conclusion omits some of the key issues from the case | Conclusion succinctly summarises the key issues and learning points from the case |  |
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| 1. **Academic Writing** | Presentation and/or discussion disjointed and difficult to follow  Poor spelling and/or grammar with a significant impact on the readability of the assignment  Limited or no evidence of purposeful literature searching and reading  Generally inconsistent or incorrect referencing style (Vancouver Guidelines)  Inadequate number of references used  Word limit exceeded by >10% | Minor issues with flow and structure of case study  Some spelling and grammatical errors  Not written in third person  Conventions regarding acronyms and drug names and doses not followed  Minimal mistakes in referencing | Clear, logical structure  No spelling or grammatical errors  Written in third person, except the personal reflection  Relevant, up to date, high quality references used  Consistent, correct referencing style (Vancouver Guidelines) used  Meets the Uniform Requirements for Manuscripts Submitted to Biomedical Journals including the use of abbreviations. For more assistance and information please refer to the ICMJE recommendations |  |
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