**Nuclear Medicine - Paediatric Case Study Marking Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainees Name** |  | | |
| **Case Study Title** |  | | |
|  | Submission 1 | Resubmission 1 | Resubmission 2 |
| The aim of the Nuclear Medicine Paediatric Case Report is to provide the trainee with the opportunity to discuss and research an interesting or unusual case in paediatrics that they may have encountered during their training.  Trainees are required to submit, in PowerPoint format, a Case Study of a patient they may have been involved in while training in Paediatric Nuclear Medicine. The case study will not focus solely on the clinical and imaging aspects of the case but will also consider wider issues of paediatric nuclear medicine (e.g. disease process, choice of appropriate imaging investigation, image interpretation) as well as a review of the relevant literature related to elements of the case.  Even though the case study does not require to 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 or presentation in an appropriate forum. The cases may be included in the Paediatric Nuclear Medicine case library.  The case study must receive a satisfactory result against at least 4 of the 5 sections listed below with minor revisions needed in no more than 1 area in order to receive an overall result of satisfactory.  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. | | | |

|  |
| --- |
| **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. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Major revisions** | **Minor revisions** | **Satisfactory** | **Comments** |
| 1. **Case presentation** | Major omissions in the case presentation e.g. key aspects of the history or clinical findings missing, lack of discussion of prior investigations and treatment.  Trainee has misunderstood key aspects of the clinical presentation | A few aspects of the presentation incomplete but generally well done | All aspects of the case covered |  |
|  |  |  |
| 1. **Nuclear Medicine Investigation** | Major omissions in outlining what the clinical question that is to be addressed by the nuclear medicine study, including why it is/may be the most appropriate study.  Deficits in the description of the study performed and interpretation of the clinical findings. | A few aspects of the presentation incomplete but generally well done | All aspects of the case covered |  |
|  |  |  |
| 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 paediatric nuclear medicine including addressing aspects of child and family centred care  Discussion omits key points in the issues covered  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 |  |
|  |  |  |
| 1. **Key Learning Points** | Key learning points irrelevant to case and / or discussion | KLP omits some of the key issues from the case | KLP succinctly summarises the key issues and learning points from the case |  |
|  |  |  |
| 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  Appropriate citation of referenced sources used to provide evidence and support for the case background and discussion, following a recognised referencing style  Case not de-identified | 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  Generally inconsistent or incorrect referencing style (Vancouver Guidelines) | Clear, logical structure  No spelling or grammatical errors  Written in third person  Relevant, up to date, high quality references used  Consistent, correct referencing style (Vancouver Guidelines) used |  |
|  |  |  |