**ORAL CASE PESENTATION ASSESSMENT RUBRIC**

**MEDICINE 251 – INTEGRATED CLINICAL CLERKSHIP IN MEDICINE II**

**Name of Student:**

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| **Diagnosis and List of Differentials (20 points)** |
| 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 |
| Clinical impression illogical, Important differentials lacking or were illogical and incomplete | Clinical impression followed some logic, some important differentialslacking or illogical | Clinical impression was logicallybased on appropriate history andPE details, differential diagnoseswere complete & logical |
| **Sufficiency of Basis for Diagnosis and Differentials (15 points)** |
| 1 | 4 | 6 | 8 | 10 | 11 | 13 | 15 |
| Pertinent information from the case (history, PE, labs) were not identified or were misinterpreted | Some pertinent information from the case (history, PE, labs) were identified to support the differentials being considered, some pertinent information were missed  | All pertinent information from the case (history, PE, labs) were identified and was used to support the differentials being considered |
| **Problem List (15 points)** |
| 1 | 4 | 6 | 8 | 10 | 11 | 13 | 15 |
| Problem list was incomplete, illogical and with improper prioritization | Problem list had prioritization but some problems were not identified or not properly clustered | Problem list was complete, clustered, and prioritized  |
| **Pathophysiologic Correlation (15 points)** |
| 1 | 4 | 6 | 8 | 10 | 11 | 13 | 15 |
| Clinicopathologic correlationwas not logical & presentedin a disorganized manner | Clinicopathophysiologiccorrelation was adequatebut lacked some organization | Clinicopathologic correlationwas rational & presentedin an organized manner |
| **Diagnostic Plan (15 points)** |
| 1 | 4 | 6 | 8 | 10 | 11 | 13 | 15 |
| Diagnostic plan wasIrrational & not cost-effective; presentation was disorganized & lackedrelevant modalities &evidence as basis | Diagnostic plan was some-what rational, cost-effective, & presentation had some organization but lacked some relevant modalities & evidence as basis | Diagnostic plan was rational, cost-effective & presented in an organized, evidence-based& comprehensivemanner |
| **Therapeutic Plan (15 points)** |
| 1 | 4 | 6 | 8 | 10 | 11 | 13 | 15 |
| Therapeutic plan wasIrrational & not cost-effective; presentation was disorganized & lackedrelevant modalities &evidence as basis | Therapeutic plan was some-what rational, cost-effective, & presentation had some organization but lacked some relevant modalities & evidence as basis | Therapeutic plan was rational, cost-effective & presented in an organized, evidence-based& comprehensivemanner |
| **Professional Communication and Etiquette (5 points)** |
| 1 | 2 | 3 | 4 | 5 |
| Presentation was notclear, and disorganizedUses language that are unlikely to be understood in a medical/scientific presentationIdeas or explanations are disproportionately lengthy and are difficult to follow Language choices are vague, abstract, or triteIncorrect use of terminology | Presentation was somewhat organizedUses general vocabulary and tends to express ideas wordilyAlthough correct, terminology and language might not be equally understandable for listeners or appropriate for the setting | Presentation was veryclear, concise & organizedTerminology and syntax are purposefully chosen to make a point Uses language that is easily understoodDefines or clearly explains language or concepts that might be unfamiliar to others; the student knows when such explanations might be necessary |
| Comments |
| Total |  |

Reminders for Faculty:

1. This is for **INDIVIDUAL SUMMATIVE** evaluation of students.
2. Minimum pass level for each category is 70%.
3. Minimum pass level for total score is 70%.
4. Remember that the rubric acts as a guide. You may give a numeric grade that is not in the exact guide point if it is within the range for the category. (e.g. For diagnosis and differentials, grade range is 1 to 20. Minimum pass level is 14. You may want to give a score of 17 if student is above satisfactory for passing level but is not at exemplary level).