

LOCAL LONG CASE MARKING CRITERIA

Date and Time: _____

Candidate name: _____

Patient Name: _____

Assessor: _____

(both assessors to complete and submit a marking criteria form)

Please return this sheet to the Faculty (FPMexams@anzca.edu.au)

*Please circle the relevant comments below.

| Marking criteria | 0-4 marks Performance <u>below</u> expected level | 5-6 marks Performance <u>at</u> expected level | 7-8 marks Performance <u>above</u> expected level | 9-10 marks <u>Exceptional</u> performance | |
|---|---|---|--|---|-----------------------------------|
| 1. HISTORY TAKING (key components): A. Presenting complaint B. Pain history , incident/condition history C. Pain cognitions D. Pain impact on mood, physical function, social interaction E. General history F. Systemic enquiry G. Pertinent negative history H. Psychological history/stressors (past and present) I. Social history (developmental history, significant life events) J. Drug and alcohol history K. Interview/communication skills | Poorly organised, inaccurate | Fairly organised and accurate | Skilled and structured history | Very skilled, structured history | Marks awarded for History: |
| | Missing key issues | Identified most key issues | Identified all key issues | Identified all key issues | |
| | Inefficient use of time | Efficient use of time | Good time management | Excellent time management | |
| | Poor rapport Caused distress to patient (insensitive/inappropriate language/action) | Appropriate rapport | Good rapport, active listening with gentle directive questioning | Excellent rapport, active listening with gentle directive questioning | |

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|--|---|---|---|---|---|
| 2. EXAMINATION (key components): A. Relevant specific systemic physical examination including sensory examination B. Clinical signs present elicited C. Expanded general examination D. Risk of infection awareness E. Respect of patient | Poorly organised approach, appears inexperienced, incomplete | Satisfactory examination | Organised meticulous examination | Well executed structured, thorough examination completed with ease | Marks awarded for Examination: |
| | Poor time management | Completed within time | Good time management | Excellent time management | |
| | Important clinical signs missed | Few clinically relevant signs missed | All clinically relevant signs sought and elicited | All clinically relevant signs sought and elicited with ease | |
| | Patient exposed to risk of infection | Practised appropriate infection control measures | Practised appropriate infection control measures | Practised appropriate infection control measures | |
| | Poor respect of patient | Patient autonomy respected including <i>modesty</i> and comfort | Patient autonomy respected including <i>modesty</i> and comfort | Patient autonomy respected including <i>modesty</i> and comfort | |
| | Patient caused unnecessary pain | | | Superior examination if case is difficult | |
| 3. CASE PRESENTATION A. Opening statement B. Summary of history, examination, investigations C. Interpretation D. Differential diagnosis E. Mental status findings F. Pain Cognitions identified G. Diagnostic formulation With predisposing/precipitating/perpetuating/contributory factors and impact of illness on individual/family/community | Poorly organised opening statement | Organised opening statement | Concise opening statement | Succinct elegant opening statement | Marks awarded for case presentation: |
| | Poor/misinterpretation of history/examination | Accurate interpretation of history and examination | Structured analysis of history, examination findings and investigations | Mature analysis of history, examination findings and investigations | |
| | Key issues not identified/not prioritised appropriately | All key issues identified | Good grasp of key issue with appropriate prioritisation | Sophisticated grasp of key issues with appropriate prioritisation | |
| | Inadequate diagnostic formulation with poor understanding/ judgement of complex underlying issues | Complete and accurate Diagnostic formulation | Well considered complete and accurate diagnostic formulation | Sophisticated diagnostic formulation | |

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|--|---|--|--|--|--------------------------------|
| H. Holistic and patient specific management plan I. Further investigations/prognosis J. Anticipation of potential issues, including barriers to treatment | Narrow focus of management | Planned multimodal management plan appropriate to case | Well formulated, multimodal, holistic practical management plan tailored to specific patient | Sophisticated multimodal, holistic, practical management plan tailored to specific patient | |
| | Not relevant/appropriate for specific patient | | Takes into consideration potential risks and limitations of therapy | Takes into consideration potential risks and limitations of therapy | |
| | Inadequate management plan | | Identifying possible barriers to treatment | Identifying possible barriers to treatment and outlining ways to overcome them | |
| | Requires extensive questioning to propose management plan | | | | |
| 4. VIVA A. Direct questioning related to case B. Discussion of relevant clinical issues unexplored by candidate C. Discussion around future scenarios/prognosis D. Discussion of recent evidence relevant to case | Inaccurate responses | Correct responses | Correct responses with appropriate clinical reasoning supported by scientific evidence | Correct responses with clinical reasoning supported by scientific evidence | Marks awarded for Viva: |
| | Gaps in knowledge | Aware of recent research literature relevant to case | Able to discuss recent research literature relevant to case | Demonstrates deeper understanding of recent research literature relevant to case and ability sift the evidence | |
| TOTAL MARKS | | | | | |

Additional Notes

Degree of difficulty of patient as a long case: _____

Note any other issues on the day which may have a bearing on the long case performance (e.g. interruptions etc.)

Long case assessment mark sheet

Candidate: _____

Date of assessment: _____

Assessment venue: _____

Brief case descriptor: _____

Assessor 1: _____

Patient: _____

Assessor 2: _____

Both assessors must be FPM Fellows and at least one must have assessed a long case previously.

Please ensure you enter the agreed mark out of 10 for each question.

| | History taking | Examination | Case presentation | Viva | TOTAL MARK |
|-----------------------------------|----------------|-------------|-------------------|------|------------------------------|
| | | | | | |
| Assessor 1 | | | | | |
| Assessor 2 | | | | | |
| Agreed Mark (out of 10) | | | | | (out of 40, 20 is a pass) |

Please provide feedback to the candidates.

What did the candidate do well?

In what areas could the candidate improve?

Assessor 1 signature: _____

Assessor 2 signature: _____

Please return this mark sheet to the Faculty.