

Long case marking criteria

Below are the criteria which are used to guide the assessment of a candidate in the FPM long case assessment. Each section is marked out of 10. From time to time the FPM Examinations Committee will update this document. The document is being made available to assist trainees and their supervisors prepare for the long case assessment.

| Marking criteria | 0-4 marks Performance below expected | 5-6 marks Performance at expected level | 7-8 marks Performance above expected | 9-10 marks Exceptional 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 | 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 modesty and comfort | Patient autonomy respected including modesty and comfort | Patient autonomy respected including modesty 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 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 | | | | | |