**Case Study Marking Rubric**

**Please allocate a mark of “pass” or “redo” for each section**

\*Please note that these are some of the reasons you may be asked to resubmit your cases. This is **NOT** an exhaustive list

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | Pass | Redo**\*** | Sub total |
| **KNOWLEDGE**:  Demonstrates knowledge & understanding of the key concepts associated with the given case | Demonstrates ***thorough*** knowledge & understanding of the key concepts associated with the given case | Demonstrates ***some-limited*** knowledge & understanding of the key concepts associated with the given case |  |
| **APPLICATION:**  Presents analysis of identified issues that are noted by both patient and clinicianand able to apply or relate relevant concepts to the case.  Appropriate use of type of sleep study **and clinical management pathway in line with ASA guidelines.**  All cases presented require post treatment sleep studies and analysis of results. | Presents an ***insightful & thorough*** analysis of identified issues and able to apply or relate relevant concepts to the case.  All cases tested with appropriate level of sleep study for severity of OSA.  **AND**  **ALL cases also follow the correct clinical management pathway in regards to working with sleep physicians and GP’s in line with the ASA guidelines.**  **AND**  All cases also have post treatment sleep studies which have been analysed thoroughly.  If any of the cases were unable to follow the ASA guidelines due to things like lack to post treatment sleep studies, through analysis provided with accompanying documentation of correspondence from sleep physicians and GPs involved. | Presents **a some - poor** analysis of identified issues and able to apply or relate relevant concepts to the case.  Not all cases tested with appropriate level of sleep study for severity of OSA.  **OR**  **Not all cases follow the correct clinical management pathway in regards to working with sleep physicians and GP’s in line with the ASA guidelines.**  **OR**  Cases missing things like post treatment sleep studies have **not** been analysed thoroughly and remaining case discussed thoroughly as to why post treatment sleep studies are missing. **Lack** of accompanying correspondence with sleep physicians and GP’s involved to justify why cases failed to follow ASA guidelines. |  |
| **JUSTIFICATION**:  Issues requiring justifications were reasoned, supported & documented, drawing from the relevant evidence based medicine & current scientific understands. | Issues requiring justifications were ***fully*** reasoned, supported & documented, drawing from the relevant evidence based medicine & current scientific understands. | Issues requiring justifications were ***adequately at best or not at all*** reasoned, supported & documented, drawing from the relevant evidence based medicine & current scientific understands. |  |
| **Writing Mechanics:**  Demonstrates clarity, conciseness and correctness. Writing is free of grammar and spelling errors. | Demonstrates clarity, conciseness and correctness. Writing is free of grammar and spelling errors. | Writing has some to many grammatical errors, is unfocused or disjointed. |  |
| **Presentation:**  Case well organised and constructed with appropriate use of headings, subheadings and diagrams/photos. | Excellent presentation of case which is well organised and constructed with appropriate use of headings, subheadings and diagrams/photos. | Readable to not well presented at all.  Or  Lacks proper or any use of headings, subheadings or appropriate photos/diagrams.  Or  Patients have not been de-identified. |  |
| **Total** |  | |  |