

**Case Presentation Rubric**

Components	Weightage	D 49 and below	C 50-59	B 60-74	A 75-89	A+ 90 and above
<b>History</b>	<b>10%</b>	There is no justification for the historical data	History is justified but does not include 2 or more important domains	History is justified and includes all areas but interpretation is incomplete	History is justified and includes all areas and interpretation is complete	History is justified and includes all areas and interpretation is complete and includes intuitive and analytical information
<b>Examination</b>	<b>10%</b>	Content is sketchy  No justifiable relevance to history	Content is complete and includes all areas but is not evidence based Or Examination is unfocussed and does not lead to hypothesis and DD	Examination is appropriate with current evidence based methods but there is no demonstration of methods. Covers all areas of interest	Examination is appropriate with current evidence based methods with appropriate demonstration	Examination is appropriate with current evidence based methods with appropriate demonstration and contains at least one definitive test
<b>Knowledge and understanding of disorder</b>	<b>15%</b>	Demonstrates no in depth understanding of the topic,  Unable to answer questions  Demonstrates no understanding of current knowledge in the area	Demonstrates a superficial understanding of the topic  Able to answer questions clearly  No comprehensive relevance to theoretical constructs	Demonstrates a thorough understanding of the topic  Able to answer questions clearly  With comprehensive relevance to theoretical constructs	Demonstrates a thorough understanding of the topic  Able to answer questions clearly and give relevant examples form current literature	Demonstrates an in depth understanding of the topic  Able to answer questions clearly and provide new evidence based knowledge  Demonstrates the ability to analyse findings with relevance to theoretical background including basic sciences

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<b>Justification for differential diagnosis</b>	<b>10%</b>	Demonstrates no ability to relate theoretical knowledge, patient findings and arrive at a diagnosis	Demonstrates beginning of ability to relate theoretical knowledge, patient findings and arrive at a diagnosis. Situates the diagnosis in current evidence	Demonstrates good ability to relate theoretical knowledge, patient findings and arrive at a diagnosis. Provides additional information on expected prognosis, other factors relating to the psycho social aspects of disorder and care plan	Demonstrates outstanding ability to relate theoretical knowledge, patient findings and arrive at a diagnosis. Provides additional information on expected prognosis, other factors relating to the psycho social aspects of disorder and care plan	Demonstrates outstanding ability to relate theoretical knowledge, patient findings and arrive at a diagnosis. Provides additional information on expected prognosis, other factors relating to the psycho social aspects of disorder and care plan. Discusses the justification with conviction
<b>Assessment</b>	<b>15%</b>	Demonstrates no ability to use theoretical knowledge to decide prognosis. Demonstrates no ability to analyse contextual factors and decide possible treatment options and methods	Demonstrates minimal ability to use theoretical knowledge to decide prognosis. Demonstrates no ability to analyse contextual factors and decide possible treatment options and methods	Demonstrates good ability to use theoretical knowledge to decide prognosis. Demonstrates some ability to analyse contextual factors and decide possible treatment options and methods	Demonstrates good ability to use theoretical knowledge to decide prognosis. Demonstrates good ability to analyse contextual factors and decide possible treatment options and methods	Demonstrates outstanding ability to use theoretical knowledge to decide prognosis and to analyse contextual factors and decide possible treatment options and methods. Analysis is astute and relevant

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<b>Goals</b>	<b>15%</b>	Sets goals which are not comprehensive and some are not SMART	Sets goals considering some aspects of examination and assessment and all are SMART.	Sets goals considering BS&F aspects of ICF only and all are SMART. Goals are based on theoretical knowledge of conditions without consideration of patient specific factors	Sets goals considering BS&F and A&P aspects of ICF and all are SMART. Goals are based on theoretical knowledge of conditions and treatment options but are not fully patient specific factors	Sets goals considering all aspects of ICF and all are SMART. Goals are based on theoretical knowledge of conditions and treatment options and patient specific factors Ultimate of LTG are articulated appropriately
<b>Treatment plan</b>	<b>15%</b>	Treatment is related to goals with current practice. .	Treatment is SMART with evidence which is not current. Treatment addresses BS&F and A aspects of ICF with specific criteria, HEP is given which is clear but not patient specific	Treatment is SMART with current evidence. Treatment addresses all aspects of ICF. Gives progression until achievement of LTG but has no progression and cessation criteria HEP is patient specific and has safety precautions mentioned	Treatment is SMART with current evidence. Treatment addresses all aspects of ICF. No plan for progression until achievement of LTG and has unclear or no progression and cessation criteria HEP is patient specific and has safety precautions mentioned	Treatment is SMART with current evidence. Treatment addresses all aspects of ICF. Gives progression until achievement of LTG and has clear progression and cessation criteria , methods of delivery, HEP which is patient specific and has safety precautions mentioned

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<b>Evidence of treatment validity</b>	<b>5%</b>	Gives information of attaining less than 50% of goals	Gives clear information of achieving 50% of set goals with justification of goals not achieved. Evidence of patient satisfaction, adherence and any reasons for early discharge are not clear	Gives clear information of achieving 75% of set goals with justification of goals not achieved. Evidence of patient satisfaction, adherence and any reasons for early discharge are mentioned	Gives clear information of achieving 100% of set goals with justification of goals not achieved. Evidence of patient satisfaction, adherence and any reasons for early discharge are somewhat justified	Gives clear information of achieving or surpassing 100% of set goals with justification of goals not achieved. Evidence of patient satisfaction, adherence and any reasons for early discharge are justified
<b>Presentation</b>	<b>3%</b>	Use of presentation techniques is monotonic	Use of limited presentation techniques  Employs limited presentation aids (e.g., graphs, multi-media, text, charts, images, tables etc.).  Uses language and terminology not often technical, to express content.	Professional use of several presentation techniques  Employs several presentation aids that somewhat effectively integrate various elements (e.g., graphs, multi-media, text, charts, images, tables etc.).  Uses technical language and terminology to somewhat clearly and professionally express content.	Dynamic, integrated and professional use of a number of engaging presentation techniques  Content selection is very good and provides a visual communication of the information which is selected with recent evidence	Dynamic, integrated and professional use of a wide range of engaging presentation techniques  Employs succinct, creative and engaging presentation aids that effectively integrate a wide range of elements (e.g., graphs, multi-media, text, charts, images, tables etc.).

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References	2%	<p>Does not demonstrate use of credible, current or relevant resources.</p> <p>Uses only one source for sourcing evidence.</p> <p>Referencing does not adhere to Vancouver style.</p>	<p>Demonstrates use of some moderate-quality, relevant resources to support the topics and interpretation related to clinical practice guidelines.</p> <p>Uses more than 1 source for sourcing evidence.</p> <p>Referencing of more than half of the sources do not adhere to Vancouver style.</p>	<p>Demonstrates use of fair-quality, mostly credible, current and relevant resources to support the topics and interpretation related to clinical practice guidelines.</p> <p>Uses 2-3 sources for sourcing evidence.</p> <p>Vancouver referencing contains many errors and images are not referenced.</p>	<p>Demonstrates use of good quality, credible, mostly current and relevant resources to support the topics and interpretation culminating in clinical practice guidelines.</p> <p>Uses at least 4 sources for sourcing evidence.</p> <p>Uses a good number of high-quality sources.</p> <p>Vancouver referencing is mostly free from errors and images are also correctly referenced.</p>	<p>Demonstrates use of high-quality, credible, current and relevant resources to support the topics and interpretation culminating in clinical practice guidelines.</p> <p>Uses a wide variety of sources for sourcing evidence. Uses an extensive number of high-quality sources.</p> <p>Vancouver referencing is free from errors and images are also correctly referenced.</p>
Overall grade	100%					