

Marking scheme for FPM Case Report Summaries

Score Criterion	1. Poor (complete revision)	2. Needs Improvement	3. Pass	4. Good	5. Outstanding
Defining the Question	<p>Unreasonable case either because of irrelevance to Pain Medicine (aspirin to prevent colorectal cancer), or because topic is too broad to adequately demonstrate trainee's summarising abilities (e.g Chronic Pain- pathophysiology, diagnosis and treatment) or too narrow to demonstrate critical appraisal (Use of lidocaine patches in patients over 90)</p>	<p>An overly generalised title without an introductory paragraph (e.g. Pain) where the focus of the topic is evident in the discussion but is not made specific at the start</p> <p>A choice of case that is too broad or too narrow that can be salvaged by removing extra topics, or bulking up some aspects of the focus</p>	<p>Reasonable choice of case. Title is understandable but perhaps lacks focus, but introductory paragraph gives some direction.</p> <p>Introductory paragraph simply reiterates title but title is specific and focused.</p>	<p>Good choice of case with a focused title.</p> <p>Introductory paragraph gives some explanation to background of choice of case</p>	<p>Excellent choice of case with explicit and focused title. The introductory paragraph describes why the case was chosen and attempts to highlight specific learning objectives</p>
Relevant, Succinct Clinical Information	<p>Largely irrelevant clinical details with little or no discussion of the Pain problem that the case focuses on</p> <p>Overly abridged clinical details where it is impossible to get a picture of the patient's clinical course</p> <p>Hugely detailed section that shows no ability to edit appropriately or to highlight relevant clinical details.</p> <p>Unreadable, convoluted or poorly structured clinical case</p>	<p>Overly long clinical detail which still gives an impression of the clinical course but has large quantities of unnecessary detail (e.g. extensive documentation of scan findings)</p> <p>Succinct clinical detail that is readable but misses out key aspects of the topic being discussed e.g. case of Low Back Pain that doesn't mention , timing, duration or complications of previous treatments.</p> <p>Overly convoluted clinical detail where the information is available but working out the sequence is difficult but can be salvaged</p>	<p>Reasonable clinical detail which follows a logical structure and presents a picture of the patient's clinical course. Some excess detail present. Occasional omission of relevant details. Occasional abbreviation or SI units omitted.</p>	<p>Well written, edited and easy to follow clinical summary. Clinical course easy to envisage. All aspects of subsequent discussion alluded to in summarised patient's history. All abbreviations explained and SI units included.</p>	<p>Superior quality clinical detail that is simultaneously succinct but logical and easy to read. All abbreviations and units included.</p> <p>Structure of clinical detail directly mirrors subsequent discussion with areas of controversy mapped to the presented patient's clinical history. Other aspects of potential benefit or detriment of the intervention in question detailed in the patient's clinical history, demonstrating an understanding of where the debate may progress in the future.</p>

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Important features researched and discussed	<p>The main relevance of the topic to Pain Medicine completely missed.</p> <p>A discussion of an intervention that fails to cover key aspects (e.g. a discussion on steroid in lumbar epidurals that focuses entirely on statistical data but fails to discuss type of pain problem, technique, duration of response, complications etc.</p> <p>A case that mentions key aspects but does not research them, skims over them, or presents a very skewed viewpoint based on one article</p>	<p>Some key issues surrounding a topic are not mentioned or are mentioned too briefly.</p> <p>Most key issues discussed, but from a skewed viewpoint, presenting only one side of the argument in any area of contention</p>	<p>Most key elements are discussed, with an attempt to provide some for and against information on points of contention</p>	<p>All key elements of a topic are discussed with a balanced view, with pros and cons logically presented</p>	<p>All key element of a topic are discussed in a balanced and thorough manner, plus other elements that add to the discussion and provide some wider perspective. For example, a case on Trigeminal neuralgia could utilise data from neurosurgical literature on differing approaches.</p>
Relevant and up-to-date information	<p>Out of date publications used.</p> <p>Reliance on inappropriate literature e.g. non peer-reviewed websites.</p> <p>Omission of several key articles on a topic (e.g. focus on neuropathic pain that doesn't mention NICE guidelines).</p> <p>Irrelevant or highly skewed journal articles used exclusively.</p> <p>Complete reliance on review articles that all say the same thing with key RCT's not mentioned</p> <p>No critical appraisal of literature, with poor quality trials taken at face value.</p>	<p>One or two out-of date, irrelevant or poor quality data sources used that affect the conclusions or discussion slightly.</p> <p>One key reference missed that adds important information to the discussion (e.g. neuropathic pain that mentions BPS guidance, but not NICE).</p> <p>Almost exclusive reference to review articles instead of direct presentation of key RCT (i.e. presentation of second hand opinion).</p> <p>Very little attempt to critically appraise literature used.</p>	<p>All key references accessed. One irrelevant, out-of-date or poor quality data source allowed if conclusions or discussion are not affected (e.g. trainee uses non peer-reviewed website to provide incidence data for a condition)</p> <p>Review articles used to guide topic discussion but key RCTs or journal articles are accessed directly when relevant.</p> <p>Some attempt to critically appraise individual trials used, for quality and relevance.</p>	<p>All references are recent, relevant and of good quality, used to highlight key points in the discussion, with good mapping of literature to discussion.</p> <p>Good quality critical appraisal of all trails / articles used.</p>	<p>All key references accessed plus use of additional literature to provide complimentary data. (e.g outside 'ordinary' pain literature). All information is directly relevant and used to argue / highlight key points in the discussion.</p> <p>Exceptional critical appraisal which teases out key differences between similar trials to prove or argue an important issue</p>

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Drawing Conclusions	No conclusions drawn. No evidence of educational progression (i.e. candidate has retained archaic views despite exposure to current evidence that contradicts that view). Inappropriate conclusions drawn (i.e. candidate has missed the point of the literature completely)	Vague conclusions drawn. Overall conclusion appears to misinterpret some of the evidence discussed. Very little evidence of what the trainee has learned from the case, with the paragraph simply a summary of the previous discussion. Obvious limitations of the literature used not discussed.	Conclusion provides some information on what the trainee has learned, all of which is appropriate. Some mild limitations of the evidence not discussed.	Highly appropriate conclusions with limitations discussed and gaps in the evidence base highlighted. Areas for upcoming research and ongoing RCTs mentioned indicating direction of the topic in the future.	Conclusions are potentially of relevance to the wider management of a Pain problem. Consideration for publication of case.
Professional Writing	Main ideas difficult to determine. Paragraphs have little or no discernible relationship to one another. Frequently sentences are awkward, incorrectly constructed, or verbose. Formatting is confusing, inconsistent or absent. Frequent grammar, punctuation, or spelling errors.	Poor lack of of internal consistency; many transitions are weak or used inappropriately. Sentences are commonly awkward, incorrectly constructed, or verbose.. Formatting often does not support main points or used consistently. Common grammar, punctuation, or spelling errors.	Lack of of internal consistency; or weak transitions, but main arguments still apparent. Sentences are occasionally awkward, incorrectly constructed, or verbose.. Formatting often does not support main points or used consistently. Occasional grammar, punctuation, or spelling errors.	A few areas lack internally consistency; a few weak or unclear transitions. A small number of poor or wordy sentences. Formatting mostly support the main points and used consistently throughout. Rare grammar, punctuation, or spelling errors.	Writing is internally consistent, transitions between ideas and information easy to follow. Sentences read well, and convey the intended meaning; No padding. Formatting helps the flow of the report, and used consistently. No grammar, punctuation, or spelling errors.