

Residents Program Grading Rubric

	Excellent (3)	Good (2)	Fair (1)	Poor/ Unacceptable (0)
Abstract Quality (10%)	Abstract is written in a clear and focused manner; fully developed with pertinent supporting evidence. No spelling or grammar issues. Comprehensive original source references within the last 5-7 years; cited with consistent structure. References key landmark studies or novel literature.	Abstract is largely written in a clear and focused manner; somewhat developed with pertinent supporting evidence. Minor spelling or grammar issues. Comprehensive original source references within the last 5-7 years; cited with consistent structure. References landmark studies or novel literature.	Abstract is written in a somewhat clear and focused manner; underdeveloped or lacks supporting evidence. Few spelling or grammar issues. References over 5-7 years; citing structure is inconsistent; 1 or 2 key references missing but original references used	Failure to follow submission instructions. Writing does not meet minimum acceptable standards or additional editing is required (ex: multiple grammatical, typographical, or spelling errors). Previously published copyrighted material.
Data Collection (20%)	All pertinent testing completed (i.e., OCT/CL fit/topography) in a timely manner with appropriate interpretation of results summarized. Includes summary of testing performed by referral providers	All significant testing and results present with appropriate interpretation, but minor ancillary testing may not be documented.	Small gaps in documentation of testing or results may exist, but overall management of patient is appropriate. Appropriate testing eventually completed but may have been delayed.	The case work-up is insufficient or incomplete to support the proposed diagnosis. The author had insufficient involvement in the examination, diagnosis, or management of the case.
Diagnosis Discussion (30%)	Clear clinical diagnosis with thorough explanation of rationale. Clear connections between exam data and diagnosis. All relevant differential diagnoses provided. Key significant clinical features and/or pathophysiology of stated condition discussed with supportive references.	Clear clinical diagnosis with some explanation of rationale. Some differential diagnoses provided. Some clinical features about diagnosis with some supportive references.	Unclear clinical diagnosis, but provided reasonable rationale. Irrelevant differential diagnoses included. Minimal information included about diagnosis	Based on the submitted information, the diagnosis of the case is in question. The author had insufficient involvement in the examination, diagnosis, or management of the case.
Management Discussion (30%)	All potential treatment options discussed with supportive references. Rationale thoroughly explained. Treatment plan fully implemented.	Multiple potential treatment options discussed with some supportive references. Rationale explained. Treatment plan appropriately implemented.	Some potential treatment options discussed with minimal supportive references. Rationale minimally explained. Treatment plan partially implemented.	Treatment plan unsubstantiated by findings. No supporting rationale for treatment. Treatment plan was delayed or inappropriately implemented. The author had insufficient involvement in the examination, diagnosis, or management of the case.
Complexity / Uniqueness (10%)	High complexity: Rare condition or common/straightforward condition with multiple sequelae. Significant novel or unconventional characteristics in diagnosis or management. Significant additional tests required to reach diagnosis.	Moderate Complexity: Uncommon condition or common / straightforward condition with sequelae. Novel or unconventional characteristics in diagnosis or management. Additional tests required to reach diagnosis.	Low Complexity: Common / straightforward condition with minimal sequelae. Minimal novel or unconventional characteristics in diagnosis or management. Minimal or no additional tests required to reach diagnosis.	Straightforward/common diagnosis without unique characteristics. Abstract restates conventional clinical wisdom.