

CEC Diplomate Case Report Rubric

Candidate Number:		Case Report Number:		Category:		Reviewer:	
Title:							

Clinical Evaluation and Diagnosis

1. Is the case history comprehensive and written in a clear, concise manner?

	Accept	Case history is relevant, complete, and appropriate.
	Minor Revision	One key item missing from case history, or poor formatting.
	Major Revision	Multiple key items missing from case history.
	Reject	Case history is incomplete, insufficient, or not pertinent <i>and/or</i> has not/will not be able to address missing items in a revision.

2. Has the patient been thoroughly evaluated with appropriate testing that meets the standard of care?

	Accept	Testing is relevant, complete, and appropriate. If relevant testing is not included, it has been thoroughly explained.
	Minor Revision	One relevant test is missing and/or not addressed.
	Major Revision	Multiple tests are missing or not addressed.
	Reject	Work-up is incomplete or insufficient to support the proposed diagnosis <i>and/or</i> has not/will not be able to address missing items in a revision.

3. Have all diagnostic tests been accurately performed and interpreted to provide an accurate clinical picture?

	Accept	Appropriately interpreted all tests accurately and thoroughly.
	Minor Revision	Test interpretation can be expanded minimally.
	Major Revision	Test interpretation can be expanded significantly.
	Reject	Incorrect interpretation of test results that have not/cannot be addressed in a revision.

4. Are the diagnoses accurate and appropriate?

	Accept	Correct diagnoses with acceptable supportive documentation.
	Minor Revision	Major diagnosis correctly identified but one minor diagnosis missed/misdiagnosed.
	Major Revision	Major diagnosis correctly identified but multiple minor diagnosis missed/misdiagnosed.
	Reject	Incorrect primary diagnosis.

Comments (required):

Care and Management Plan

1. Was the selected treatment supported by references and standard of care?

(Note: Treatment outside of the author's scope of practice and provided by referral will be addressed below.)

Accept	Complete treatment options with supportive rationale.
Minor Revision	Appropriate treatment options provided; rationale can be expanded minimally.
Major Revision	Appropriate treatment options provided; rationale can be expanded significantly.
Reject	Incorrect treatment options provided or rationale incorrect.

2. Were sound clinical thinking and a logical approach used when implementing the treatment plan?

(Note: Treatment outside of the author's scope of practice and provided by referral will be addressed below.)

Accept	Treatment plan appropriate with sufficient rationale.
Minor Revision	Appropriate treatment plan, but rationale can be expanded minimally.
Major Revision	Treatment plan partially implement or delayed <i>and/or</i> rationale must be expanded significantly.
Reject	Treatment plan unsubstantiated.

3. Were follow up visits appropriate in frequency and detail?

(Note: Treatment outside of the author's scope of practice and provided by referral will be addressed below.)

Accept	Follow up visits were appropriately timed and sufficient evaluation/details were provided.
Minor Revision	Follow up visits were appropriately timed but minimal additional exam data or discussion is needed.
Major Revision	Follow up visits were appropriately timed but significant additional exam data or discussion is needed.
Reject	Follow ups were inadequate or incomplete to evaluate the effectiveness of treatment.

4. If the patient was referred for additional care, was the result report included and incorporated into future care appropriately?

Not applicable

Accept	Referral report included and used to guide future care appropriately. If relevant information is not included, it has been thoroughly explained.
Minor Revision	Referral report included and used to guide future care, but minimal additional discussion needed to address missing tests from specialist or course of future care.
Major Revision	Referral report included and used to guide future care, but significant additional discussion needed to address missing tests from specialist or course of future care.
Reject	No referral report or inadequate follow up care to evaluate the effectiveness of treatment, or candidate has not addressed with adequate additional discussion in a revision.

Comments (required):

Patient Education

1. Was the patient adequately educated on the condition, treatment options, and future prognosis?

	Accept	All areas appropriately educated.
	Minor Revision	One area needs minimal expansion of education.
	Major Revision	Two areas need significant expansion of education.
	Reject	Improper education.

2. Was the patient adequately educated on any comorbidities, risk factors, or special considerations that may require additional or urgent follow up, referral, etc?

	Accept	Comorbidities adequately addressed.
	Minor Revision	One area needs minimal expansion of discussion.
	Major Revision	Two areas need significant expansion of discussion.
	Reject	Improper education.

Comments (required):

Discussion

1. Is the discussion of the topic thorough? Must include: pathophysiology or pathological mechanisms of the condition; relevant clinical/pathological correlations or underlying disease processes; possible complications; prognosis.

	Accept	All areas appropriately discussed.
	Minor Revision	One area needs minimal expansion of discussion.
	Major Revision	Two areas need significant expansion of discussion.
	Reject	Significant discussion missing.

2. Were pertinent differential diagnoses identified and discussed?

	Accept	Complete differential diagnoses provided with supportive rationale.
	Minor Revision	Appropriate differential diagnoses but rationale can be expanded minimally.
	Major Revision	Appropriate differential diagnoses but rationale can be expanded significantly.
	Reject	No differential diagnoses given or correct rationale not provided.

3. Were pertinent diagnostic tests discussed, even if they were not performed in the care of the patient?

	Accept	Testing is relevant, complete and appropriate. If relevant testing is not included, it has been thoroughly explained.
	Minor Revision	One relevant test is missing or not addressed.
	Major Revision	Multiple tests are missing or not addressed.
	Reject	The candidate has not completed a thorough evaluation pertinent to the case and has not/will not be able to address missing items in a revision.

4. Did the candidate address all relevant treatment options within the discussion, including risks and benefits?

	Accept	All areas appropriately discussed.
	Minor Revision	One area needs minimal expansion of discussion.
	Major Revision	Two areas need significant expansion of discussion.
	Reject	Inappropriate treatment options discussed.

Comments (required):

Overall Recommendation:

- Accept as is with no revision
- Minor revisions – rewrite based on comments
- Major revisions – rewrite based on comments
- Reject – this case report is inappropriate as a diplomate case; a new case report must be written to replace it

Do you recommend this case report be submitted to a journal for consideration of publication?

- Yes No

Additional comments as needed: