CEC Diplomate Case Report Rubric

Candidate Number:		Case Report Number:		Category:		Reviewer:					
Title:	Title:										
<u>a</u>											
Clinic	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 h	istory.								
	Reject	Case history is incomplete, insufficient,	or not p	ertinent and/o	r has not/	will not be able	e to address missing items in a revision.				
2. Has the patient been thoroughly evaluated with appropriate testing that meets the standard of care?					re?						
	Accept	Testing is relevant, complete, and appr	opriate.	If relevant test	ing is not	included, it has	s been thoroughly explained.				
	Minor Revision	One relevant test is missing and/or not	address	ed.							
	Major Revision	Multiple tests are missing or not addre	ssed.								
	Reject	Work-up is incomplete or insufficient to	o suppor	t the proposed	diagnosis	<i>and/or</i> has no	t/will not be able to address missing items in a revision.				
3. Have	3. Have all diagnostic tests been accurately performed and interpreted to provide an accurate clinical picture?										
	Accept	Appropriately interpreted all tests accu	rately an	d thoroughly.							
	Minor Revision	Test interpretation can be expanded m	inimally.								
	Major Revision	Test interpretation can be expanded sig	gnificantl	у.							
	Reject	Incorrect interpretation of test results	that have	e not/cannot be	e addresse	ed in a revision					
4. Are	4. Are the diagnoses accurate and appropriate?										
	Accept	Correct diagnoses with acceptable sup	portive d	ocumentation.							
	Minor Revision	Major diagnosis correctly identified bu	t one mir	nor diagnosis n	nissed/mis	sdiagnosed.					
	Major Revision	Major diagnosis correctly identified bu	t multiple	e minor diagno	osis missed	l/misdiagnosed	d.				
	Reject	Incorrect primary diagnosis.									
Comm	Comments (required):										

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.		al thinking and a logical approach used when implementing the treatment plan? 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 and/or rationale must be expanded significantly.				
	Reject	Treatment plan unsubstantiated.				
	Accept	Follow up visits were appropriately timed and sufficient evaluation/details were provided.				
		Follow up visits were appropriately timed and sufficient evaluation/details were provided.				
		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.				
1.	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 o future care.				
		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.				
	Reject					

Patient Educatio	<u>n</u>				
1. Was the patient ad	equately educated on the condition, treatment options, and future prognosis?				
Accept	All areas appropriately educated.				
Minor Revision	Minor Revision One area needs minimal expansion of education.				
Major Revision	Major Revision Two areas need significant expansion of education.				
Reject	Improper education.				
2. Was the patient ad	equately 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 under	lying 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 diff	erential 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 dia	gnostic 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 a	ddress 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)	· · · · · · · · · · · · · · · · · · ·

Comments (required):

<u>Case</u>	report writi	ng quality
1. Doe	es the case meet	structural guidelines for formatting based on the current candidate guide?
	Accept	Well-written, publishable case report with all subsections present.
	Minor Revision	Most subsections present and formatted correctly.
	Major Revision	Significant reformatting of case report required.
	Reject	Prior request for reformatting has not been addressed.
2. Doe	es the case repo	rt meet standards for publishable writing quality, including proper syntax, grammar, punctuation, spelling, etc?
	Accept	Well-written, publishable case report with no spelling, grammar, or punctuation errors.
	Minor Revision	Minimal grammar, spelling, or punctuation errors.
	Major Revision	Moderate grammar, spelling, or punctuation errors.
	Reject	Significant errors that have not been addressed in revision.
3. Is tł	ne case report p	roperly cited and referenced?
	Accept	References are correctly cited and appropriately structured. Resources are peer reviewed sources.
	Minor Revision	Citing structure is inconsistent, minor corrections needed.
	Major Revision	Multiple references missing, structure inappropriate or incomplete, significant corrections needed.
	Reject	References incomplete, incorrect, and/or poor quality.
4. Is t	he chosen categ	ory and topic appropriate for the content of the case report?
	Yes	
	No	
5. Do	the figures, tab	les, etc. follow the format in the Case Report Guide?
	Yes	
	No	
Comm	nents (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: