

Marking rubric for palliative care case report in Radiation Oncology

	-1= 47%-49% S 0= < 46% F	1= 50%-53% 2= 54%-56% 3= 57%-59%	4= 60%-63% 5= 64%-66% 6= 67%-69% 7= 70%-74%	8= 75%-85% 9 = 85-100%
	Supplementary or Fail -1 or 0	Adequate 1-3	Good 4-7	Excellent 8-9
Histopathology of cancer (10%)	Limited information on the tumour pathology, staging and of the relevant organs involved. Not able to summarise information.	Adequate information the tumour pathology, staging and of the relevant organs involved. Able to summarise information but summary is not clear.	Good description of the tumour pathology, staging and of relevant organs involved. Is able to summarise information in a clear manner.	Excellent evidence of detailed description of the tumour pathology, staging and of relevant organs involved. Is able to summarise information in a clear insightful manner.
Clinical summary (30%)	Clinical summary does not include adequate history, examination or appropriate special investigation. Limited or no integration of histopathology and clinical details to prognosticate. Problem list is not comprehensive. No engagement with patient and family	Adequate clinical summary which includes the history, examination and special investigations. Adequate integration of histopathology and clinical summary to prognosticate and to develop problem list. Limited engagement with patient and family	Good clinical summary which includes the history, examination and special investigations. Able to integrate histopathology and clinical summary (bio psycho-social) to prognosticate and to develop a problem list. Good evidence of engagement with patient and family.	Excellent clinical summary which includes the history, examination and purposeful special investigations. Able to integrate histopathology and clinical summary (bio psycho-social) to prognosticate and to develop an appropriate problem list. Evidence of assessment shows excellent, deep and insightful engagement with the patient and family.
Management plan (30%)	Limited use of bio-psycho-social and radiation skills to manage the patient. Provides a prescription which does not demonstrate	Adequate use of bio-psycho-social and radiation skills to manage the patient.	Good use of bio-psycho-social and radiation skills to manage the patient. Provides a prescription	Excellent use of bio-psycho-social and radiation skills to manage the patient. Provides a clear prescription which includes

	comprehensive care. Unable or poor insight into benefits and risks of long and short term treatment. Limited literature to improve care. Poor use of team and no evidence of patient and family interaction.	Provides a prescription which includes both the radiation treatment as well as the symptomatic relief. Unable or poor insight into benefits and risks of long and short term treatment. Adequate literature to improve care. Poor use of team and no or limited evidence of conversation with patient and family.	which includes both the radiation treatment as well as the symptomatic relief. Able to demonstrate benefits and risks of long and short term treatment. Uses literature to improve care. Good use of team and communication skills.	both the radiation treatment as well as the symptomatic relief. Able to insightfully demonstrate benefits and risks of long and short term treatment. Critically reflected on literature to improve care. Excellent use of team and communication skills with patient and family included.
Reflection (20%)	No evidence /little evidence of reflection on the role of the case in professional development with limited or no ethics or palliative care principles included.	Adequate reflection on role of case in professional development. Limited ethical and palliative care principles included.	Good reflection on the reasons why this was an important case and on own role in the care of the patient. Evidence of the use of ethical and palliative care principles to improve care.	Critically reflected on the reasons why this was an important case and on own role in the care of the patient. Evidence of the use of ethical and palliative care principles to improve care.