

Diagnosis Justification Scoring Form: SCCX Class of 2012

Student Number: Click here to enter text.

Case:

Evaluator: Click here to enter text.

Date: Click here to enter text.

1. **Differential:** Based on the diagnostic possibilities discussed did the student consider an appropriate range of diagnostic possibilities given the findings of the case?

0 Poor 1 Borderline 2 Competent 3 Excellent

2. **Recognition and use of key findings (Pertinent positives and negatives alike) in building an argument for the final diagnosis**

0 Poor 1 Borderline 2 Competent 3 Excellent

To be completed only for students rated poor or borderline in this section

- Some key findings not noted.
- Student reported findings that were not present in this patient.
- Student failed to recognize significance and/or meaning of some key findings.
- Some key findings were misinterpreted.

3. **Thought Processes and Clinical Knowledge Utilization**

0 Poor 1 Borderline 2 Competent 3 Excellent

To be completed only for students rated poor or borderline in this section

- No response or a response that just re-asserted the diagnosis without providing supporting evidence.
- Organization reflects routine unfocused data collection rather than an active effort to link diagnostic models of disease and patient findings (no reasoning shown)
- Student failed to use constellations of findings that are indicative of medical diagnoses.
- Student was overly focused on defending a single diagnosis. Failed to actively consider alternative explanations.
- Response reflects a superficial analysis and/or an oversimplified understanding of the patient's medical problems.
- Response reflects an erroneous understanding of the constellation of findings associated with one or more diagnoses considered.
- Student failed to actively and explicitly address disconfirming evidence.
- Student Failed to explicitly address pertinent negatives.
- Inadequate consideration of disease prevalence (Thought about zebras rather than horses).
- Over-reliant on pre-existing conditions, family history and other context factors to explain current signs and symptoms.

Comments: