

## **COMMON GRADING SCHEME** (Clinical and Professional Reasoning Questions - Postgraduate)

This follows the RVC's common grading scheme as amended in October 2014. Markers should use the clinical descriptors for case reports, the reflective scheme for A-module answers and the general long-answer scheme for all other long answers. The descriptors in the reflective scheme should be considered as an extra aid to marking in addition to the normal long-answer scheme

This is the marking scheme for individual pieces of work and not the overall module classification scheme. The latter is calculated through the aggregation of marks from the full range of assessments undertaken by a candidate.

Each mark has a short descriptor and a full definition of what is to be expected of an answer that is assigned that mark. Only those percentages that appear with descriptors in the marking scheme are to be used; percentages that fall between these **must not** be used.

In writing examination questions and key-word answers, question-setters must provide a brief explanation of the philosophy behind their question and what they are expecting in the answer. Generic approaches of this sort will be more important in assessing understanding of concepts rather than facts and it will also enable credit to be given for 'reading around'.

In giving guidance to students on how to answer questions, guidance with respect to allocation of time spent answering sections of the question, rather than marks for individual sections, will be of more value to the student writing an answer, and staff setting questions are recommended to adopt this approach.

Providing all other descriptors for a particular mark have been satisfied, the absence of evidence of wider reading (beyond course work materials) in long answers written under examination conditions should not prevent that mark from being awarded. The descriptors indicate how marks should be allocated according to the standard of a piece of work in three different categories; "selection and coverage of material", "understanding" and "structure, clarity and presentation". If the marks in the three different categories are not the same, the median of the three categorical marks should be allocated as the overall mark for the piece of work. This will ensure that the mark is a synthesis of the different aspects of the work and appears on the 17-point scale. Where an answer comprises entirely or almost entirely incorrect information, no credit will be given for Structure, Clarity and Presentation.

Descriptor	Clinical Case Reports	Mark	MSc / CertAVP Grade
<b>No Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Nothing presented or completely incorrect information or containing nothing at all of relevance.</p> <p>and / or</p> <p><b>Understanding</b> None evident.</p> <p>and / or</p> <p><b>Structure, Clarity &amp; Presentation</b> None or extremely poor.</p>	0	Fail
<b>Extremely Poor Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Hardly any information or information that is almost entirely incorrect or irrelevant.</p> <p>and / or</p> <p><b>Understanding</b> No or almost no understanding evident.</p> <p>and / or</p> <p><b>Structure, Clarity &amp; Presentation</b> None or very poor.</p>	15	Fail
<b>Very Poor Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Very limited amount of information that is correct and relevant and/or patient safety or welfare compromised.</p> <p>and / or</p> <p><b>Understanding</b> If any, extremely limited evidence of understanding.</p> <p>and / or</p> <p><b>Structure, Clarity &amp; Presentation</b> Very poor.</p>	27	Fail
<b>Poor Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Incomplete or inaccurate clinical information, and/or inadequate description of diagnostic procedures, and/or therapeutic plans and/or a large number of errors, and/or patient safety or welfare compromised without adequate explanation.</p> <p>and / or</p> <p><b>Understanding</b> If any, very limited evidence of understanding with many unexplained observations or assertions likely. Little or no evidence of original/innovative thinking. Very limited reference to published work from authoritative sources.</p> <p>and / or</p> <p><b>Structure, Clarity &amp; Presentation</b> Poor.</p>	35	Fail
<b>Clearly Deficient Answer</b>	<p><i>As for 45 but with a greater number, and/or more significant, omissions/inaccuracies/errors, flaws in understanding, interpretation, presentation and/or communication of information.</i></p>	42	Fail

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<b>Deficient Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Superficial coverage of clinical information and methods of practical work, and/or incomplete justification of clinical reasoning, and/or flawed by errors and/or omissions, and/or patient safety or welfare potentially compromised without explanation, and/or little comment on most observations.</p> <p>and / or</p> <p><b>Understanding</b> Likely to be inaccuracies in data analysis and/or interpretation and unexplained observations or assertions. Little or no evidence of original/innovative thought. Very limited reference to published work from authoritative sources.</p> <p>and / or</p> <p><b>Structure, Clarity &amp; Presentation</b> Adequate, although may not be entirely systematic.</p>	45	Fail
<b>Marginally Deficient Answer</b>	<i>As for 45 but with fewer, and/or less significant, omissions/inaccuracies/errors, flaws in understanding, interpretation, presentation and/or communication of information.</i>	48	Fail
<b>Adequate Answer</b>	<i>As for 55 but with more numerous, and/or more significant, omissions/inaccuracies/errors, flaws in understanding, interpretation, presentation and/or communication of information.</i>	52	Pass
<b>Sound Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Systematic account of clinical information and methods of practical work. Adequate justification of clinical reasoning. No significant errors, omissions or inaccuracies. Appropriate speculation is unlikely or, if present, is likely to be unsubstantiated.</p> <p><b>Understanding</b> Limited evidence of original/innovative thought. Sufficient reference to published work from authoritative sources. Data are largely accurate but there may be some unexplained observations or assertions.</p> <p><b>Structure, Clarity &amp; Presentation</b> Reasonably well-organised and logically presented.</p>	55	Pass
<b>Very Sound Answer</b>	<i>As for 55 but with fewer, and/or less significant, omissions/inaccuracies/errors and more evidence of critical ability and/or powers of argument and clarity of expression.</i>	58	Pass
<b>Quite Good Answer</b>	<i>As for 65 but with less evidence of critical judgement and more, or more important, omissions/ inaccuracies/errors. There is likely to be less evidence of wider reading through reference to published work from authoritative sources.</i>	62	Pass
<b>Good Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Systematic and accurate account of clinical information and justification of clinical decision-making. Full record of aims and methods of clinical work and no significant errors or omissions. Some speculation, where appropriate, but may not be fully supported.</p> <p><b>Understanding</b> Thorough grasp of concepts with reasonable comment on all observations with few unexplained findings or assertions. Some evidence of original/innovative thinking. Appropriate reference to published work from authoritative sources. Data manipulated and analysed correctly.</p> <p><b>Structure, Clarity &amp; Presentation</b> Logical and well-organised account with clarity of expression.</p>	65	Merit
<b>Very Good Answer</b>	<i>As for 65 but with more evidence of critical judgement and fewer and/or less significant omissions/inaccuracies/errors. There is likely to be more evidence of wider reading through reference to published work from authoritative sources.</i>	68	Merit

Descriptor	Clinical Case Reports	Mark	MSc / CertAVP Grade
<b>Extremely Good Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Full and accurate account of task, aims and methods of clinical work with few errors and/or omissions and none of significance. Complete justification of clinical reasoning. Where appropriate, sensible speculation, supported by evidence.</p> <p><b>Understanding</b> Thorough grasp of concepts with some critical and/or comparative comment on all observations. Clear evidence of original/innovative thinking. Published work from authoritative sources used extensively and appropriately. Data manipulated and analysed correctly.</p> <p><b>Structure, Clarity &amp; Presentation</b> Very well-organised.</p>	75	Distinction
<b>Excellent Answer</b>	<i>As for 75 but demonstrating an authoritative grasp of concepts with sustained powers of argument, frequent insights and much evidence of original/innovative thinking. Virtually no errors or omissions and none of significance.</i>	82	Distinction
<b>Outstanding Answer</b>	<i>As for 82 but with strong evidence of original/innovative thinking throughout and no omissions or factual errors. Would be of publishable standard with only minor modifications to content.</i>	90	Distinction
<b>Exceptional Answer</b>	<p><b>Selection &amp; Coverage of Material</b> Exceptional depth of coverage with no identifiable errors or omissions.</p> <p><b>Understanding</b> Exceptional powers of analysis, argument, synthesis and insight.</p> <p><b>Structure, Clarity &amp; Presentation</b> Flawless. Of publishable standard with only amendments in style/formatting required.</p>	100	Distinction