

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

The common grading scheme (CGS) applies to all courses, except where published Award & Assessment Regulations incorporate the 10-point scheme.

This is the marking scheme for individual pieces of work and not the degree 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. For the more commonly used grades, there is a core descriptor of the essential grade (e.g. upper second) and enhancer/detractor points which would place the mark in the 'high' or 'low' range of the 'class'. Only those percentages that appear with descriptors in the marking scheme are to be used; percentages that fall between these **must not** be used.

## Application of the Scheme

The CGS applies to:

- long answer (essay style) and "descriptive style" short answer questions;
- problem-solving questions that require an essay style answer; and
- project reports (library and research)

Short answer and problem-solving questions that require lists, short phrase responses or calculations continue to use the 0 - 10 marking scheme. MCQs, EMQs, OSCEs, supervisor marks, oral presentations and rotations have more direct approaches to the allocation of marks which are satisfactory and are not covered by this scheme.

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 and/or Professional Reasoning Questions<br>(Some or all descriptors may apply)  | Mark | BVM / VN<br>Grade |
|--------------------------------|--|------|-------------------|
| No Answer                      | Selection & Coverage of Material<br>Nothing presented or completely incorrect information or containing nothing at all<br>of relevance and/or patient/client/colleague in danger.<br>and / or<br>Understanding of Concepts & Critical Ability<br>None evident.<br>and / or<br>Structure, Clarity & Presentation  | 0    | Fail              |
|                                | None or extremely poor. Selection & Coverage of Material   |      |                   |
| Extremely<br>Poor<br>Answer    | <ul> <li>Hardly any information provided or information that is almost entirely incorrect or irrelevant and/or patient/client/colleague safety or welfare seriously at risk.</li> <li>and / or</li> <li>Understanding of Concepts &amp; Critical Ability</li> <li>No or almost no understanding evident. Virtually no interpretation of clinical</li> </ul>  | 15   | Fail              |
|                                | information or explanation of clinical or professional approach.<br>and / or<br>Structure, Clarity & Presentation<br>None or very poor.  |      |                   |
| Very Poor<br>Answer            | Selection & Coverage of Material<br>Very limited amount of information provided that is correct and relevant and/or<br>patient/client/colleague safety or welfare definitely compromised.<br>and / or<br>Understanding of Concepts & Critical Ability<br>If any, extremely limited evidence of understanding. For relevant questions, no, or<br>almost no, evidence of wider reading of an appropriate nature. And/or no<br>discernible critical thinking/synthesis of information.<br>and / or<br>Structure, Clarity & Presentation<br>Very poor.   | 27   | Fail              |
| Poor<br>Answer                 | Selection & Coverage of Material<br>Incomplete or inaccurate description of clinical/professional reasoning and/or<br>inadequate description of diagnostic/therapeutic approach, with a large number of<br>errors and/or patient/client/colleague safety or welfare likely to be compromised.<br>and / or<br>Understanding of Concepts & Critical Ability<br>If any, very limited evidence of understanding. Very little evidence of critical<br>thinking, analysis and synthesis of information. Where relevant, there may be<br>evidence of very limited wider reading of an appropriate nature.<br>and / or<br>Structure, Clarity & Presentation<br>Poor. | 35   | Fail              |
| Clearly<br>Deficient<br>Answer | As for 45 but with a greater number, and/or more significant,<br>omissions/inaccuracies/errors, flaws in understanding, presentation and/or<br>communication of information and/or patient, client or colleague safety concerns.<br>There may be less evidence of wider reading of an appropriate nature.  | 42   | Fail              |

| Descriptor                        | Clinical and/or Professional Reasoning Questions<br>(Some or all descriptors may apply)   | Mark | BVM / VN<br>Grade |
|-----------------------------------|---|------|-------------------|
|                                   | Selection & Coverage of Material<br>Incomplete description of clinical and/or professional reasoning, lacking explanation<br>and justification for the approach taken. And/or deficient description and<br>justification of diagnostic and therapeutic approach, with significant errors or<br>omissions. And/or patient/client/colleague safety or welfare potentially<br>compromised. And/or where relevant, a case which has been inappropriately<br>selected can score no higher than 45%.  |      |                   |
| Deficient<br>Answer               | and / or<br>Understanding of Concepts & Critical Ability<br>Likely to be inaccuracies in analysis and/or interpretation of clinical/professional<br>information and unexplained observations or assertions. And/or little or no<br>evidence of critical thinking, analysis and synthesis of information.  | 45   | Fail              |
|                                   | and / or<br><b>Structure, Clarity &amp; Presentation</b><br>Some disorganisation in structure, lack of organisation, and/or deficiencies in clarity<br>of expression.   |      |                   |
| Marginally<br>Deficient<br>Answer | As for 45 but with fewer, and/or less significant, omissions/inaccuracies/errors, flaws<br>in understanding, presentation and/or communication of information and/or<br>patient, client or colleague safety concerns. There may be more evidence of wider<br>reading of an appropriate nature.  | 48   | Fail              |
| Adequate<br>Answer                | As for 55 but with more numerous, and/or more significant<br>omissions/inaccuracies/errors, flaws in understanding, presentation and/or<br>communication of information and/or patient, client or colleague safety concerns. If<br>relevant, there may be less evidence of wider reading of an appropriate nature.  | 52   | Pass              |
| Sound<br>Answer                   | <ul> <li>Selection &amp; Coverage of Material</li> <li>Adequate description of clinical and/or professional reasoning, with some justification for the diagnostic or therapeutic approach taken. Diagnostic and therapeutic approach is appropriate and logical, with no gross errors or omissions. Some speculation is evident, but likely to be unsubstantiated.</li> <li>Patient/client/colleague safety and welfare not compromised. (A case which has been inappropriately selected can score no higher than 45%).</li> <li>Understanding of Concepts &amp; Critical Ability</li> <li>Basic grasp of concepts, with most assertions and observations supported and some evidence of critical analysis and synthesis of information. Responses are generally logical, but there may be some unexplained observations or assertions. Where relevant, evidence of sufficient wider reading of an appropriate nature.</li> </ul> | 55   | Pass              |
|                                   | Structure, Clarity & Presentation<br>Reasonably well-organised and logically presented with adequate clarity of<br>expression.  |      |                   |
| Very Sound<br>Answer              | As for 55 but with fewer, and/or less significant omissions/inaccuracies/errors and<br>more evidence of critical ability and/or powers of argument and clarity of<br>expression. If relevant, there may be more evidence of wider reading of an<br>appropriate nature. Patient/client/colleague safety and welfare not compromised.   | 58   | Pass              |
| Quite Good<br>Answer              | As for 65 but with more, and/or more significant, omissions/inaccuracies/errors and<br>less evidence of critical ability. If relevant, there may be less evidence of wider<br>reading of an appropriate nature. Patient/client/colleague safety and welfare not<br>compromised.   | 62   | Pass              |

| Descriptor                  | Clinical and/or Professional Reasoning Questions<br>(Some or all descriptors may apply)   | Mark | BVM / VN<br>Grade |
|-----------------------------|---|------|-------------------|
| Good<br>Answer              | <ul> <li>Selection &amp; Coverage of Material</li> <li>Sound description of clinical and/or professional reasoning, with clear justification for the approach taken. Diagnostic and therapeutic approach is appropriate and logical, with only minor errors or omissions that would not impact patient/client/colleague welfare. Some speculation, where appropriate, but may not be fully supported. Patient/client/colleague safety and welfare is of a high standard. (A case which has been inappropriately selected can score no higher than 45%).</li> <li>Understanding of Concepts &amp; Critical Ability</li> <li>Thorough grasp of concepts with all observations and assertions fully supported. Evidence of critical analysis and synthesis of information. Some evidence of original/innovative thinking. Where relevant, evidence of sufficient, or some more extensive, wider reading of an appropriate nature.</li> <li>Structure, Clarity &amp; Presentation</li> <li>Logical and well-organised structure with good clarity of expression.</li> </ul> | 65   | Merit             |
| Very Good<br>Answer         | As for 65 but with fewer, and/or less significant, omissions/inaccuracies/errors.<br>More evidence of critical judgement likely. If relevant, there may be more evidence<br>of wider reading of an appropriate nature. Patient/client/colleague safety and<br>welfare is of a high standard.  | 68   | Merit             |
| Extremely<br>Good<br>Answer | <ul> <li>Selection &amp; Coverage of Material Full and accurate description of clinical approach, high standard of clinical and/or professional reasoning, with very few errors and/or omissions and none of significance to the patient, client or colleague. Where appropriate, sensible and rational speculation. Patient/client/colleague safety and welfare is of a very high standard. (A case which has been inappropriately selected can score no higher than 45%).</li> <li>Understanding of Concepts &amp; Critical Ability Thorough grasp of concepts. Clear evidence of critical analysis, synthesis of information and original/innovative thinking throughout. Where relevant, references to authoritative sources used extensively and appropriately.</li> <li>Structure, Clarity &amp; Presentation Very well-organised with very good clarity of expression.</li> </ul>  | 75   | Distinction       |
| Excellent<br>Answer         | As for 75 but demonstrating an authoritative grasp of concepts with sustained powers of argument, and frequent insights. Virtually no errors or omissions and none of significance. Patient/client/colleague safety and welfare is of a very high standard.   | 82   | Distinction       |
| Outstandin<br>g Answer      | As for 82 but with strong evidence of independent thinking throughout and no omissions or factual errors. Patient/client/colleague safety and welfare is of a very high standard.   | 90   | Distinction       |
| Exceptional<br>Answer       | <ul> <li>Selection &amp; Coverage of Material         Exceptional depth of coverage of clinical and/or professional reasoning with no         identifiable errors or omissions. Patient safety, welfare and management is of an         exceptional standard. (A case which has been inappropriately selected can score no         higher than 45%).     </li> <li>Understanding of Concepts &amp; Critical Ability         Exceptional powers of analysis, argument, synthesis and insight. Where relevant,         considerable evidence of extensive wider reading of an appropriate nature.     </li> <li>Structure, Clarity &amp; Presentation         Flawless     </li> </ul>  | 100  | Distinction       |