

SCHOOL OF DENTISTRY, CARDIFF UNIVERSITY

YEAR 5 BDS ASSESSMENT & FEEDBACK HANDBOOK

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Cardiff University

School of Dentistry

EXTENUATING CIRCUMSTANCES

You are expected to submit all assessments by the published deadlines and attend assessment activities as scheduled.

If you experience a severe and exceptional circumstance in the period immediately before, or during, an assessment, you must submit a declaration of extenuating circumstances using the [form in SIMS](#), to be considered by the School's Extenuating Circumstances Group.

To be considered as an [extenuating circumstance](#) your situation must meet all of these criteria:

- be severe and exceptional; and
- unforeseen or unavoidable; and
- close in time to the assessment, or where you can demonstrate that the circumstances continued to have an impact on your ability to complete assessments or to undertake examinations.

When you experience extenuating circumstances, you will usually be unable to complete the assessment as scheduled and must declare your circumstances before the assessment deadline in most cases. There are limited situations when you can [submit a declaration of extenuating circumstances](#) if you have started or completed an assessment.

In the School of Dentistry, the following **deadlines for submission** of Extenuating Circumstances declarations apply:

- If you are **unable to submit** coursework by the deadline, you must submit a declaration of extenuating circumstances on SIMS **before** the assessment submission deadline.
- If you are **unable to take** an exam or time-limited assessment on the specified date and time, you must submit a declaration of extenuating circumstances **within 24 hours of the start** of the assessment.
- If you are **unable to complete** a time limited assessment and have fallen ill or had technical difficulties, you must submit a declaration of extenuating circumstances on SIMS **within 24 hours** of the start of the assessment. You must also contact the School immediately to inform them of the circumstances.
- **If you have completed an assessment** and have circumstances related to a protected characteristic, long-term health condition and/or caring responsibilities, you must submit a declaration of extenuating circumstances on SIMS **within 7 days** of the date of the assessment.

If the approved remedy is a deferral, the deferred assessment date is likely to be in the next assessment period, which could be in the re-sit period or the next academic year. This may impact your progression on the programme and requirement to repeat a year.

In cases where coursework is submitted late, and where there are no [extenuating circumstances](#):

- If the assessment is submitted no later than 24 hours after the deadline, the mark for the assessment will be capped at the minimum pass mark
- If the assessment is submitted more than 24 hours after the deadline, a mark of 0 will be given.

Please see the [Extenuating Circumstances Policy and Procedure](#) for full details

Independent advice about completing the Extenuating Circumstances form, and the Procedure in general, can be sought from the Student Advice at the Student's Union. The Student Advice Team can be contacted as follows:

by email: advice@cardiff.ac.uk

telephone: +44 (0)29 2078 1410

website: [Students' Union](#)

INTERRUPTION OF STUDY

Where you are experiencing prolonged difficulties, it may be in your best interest to consider an interruption of study. If you need to be absent from your programme for more than 14 days, you can apply for an IOS. Full details can be found on the student intranet - [Interruption of Study](#)

ACADEMIC MISCONDUCT

You must approach assessment in an honest way, and only submit assignments that are entirely your own work. Using the work of others without proper acknowledgement is cheating, or unfair practice, as you will have had an unfair advantage in your assessment.

Examples of academic misconduct (in breach of the academic [misconduct](#) procedure) include:

- plagiarism (submitting the work of others as your own work)
- self-plagiarism (using your own ideas for multiple assessments)
- collusion (unauthorised collaboration with others)
- and exam misconduct (not following rules within the exam venue) that would allow you to receive a higher mark or grade than you would otherwise achieve.

These are examples only – any attempt to obtain an unfair advantage counts as academic misconduct.

Read guidance and tutorials on [how to avoid plagiarism and reference correctly](#). Your subject librarian can also help with referencing queries.

We use a range of different tools and techniques to identify academic misconduct. The penalties for students caught can be severe. Invigilators are also trained to identify misconduct in examinations. It is up to you to ensure that you don't commit an unfair practice, even unintentionally – it is an offence either way. Further information is available in our [academic integrity policy](#).

For independent advice on this procedure, you can speak to Student Advice at the Students' Union

by email: advice@cardiff.ac.uk

telephone: +44 (0)29 2078 1410

website: [Students' Union](#)

WELSH LANGUAGE

We are committed to ensuring your rights under the [Welsh Language Standards](#) are met. Welsh speakers can [undertake your assessments in Welsh](#) (be aware of different deadlines for such requests).

RELIGIOUS OBSERVANCE DAYS

If you expect you will be unable to sit an exam on religious grounds on certain days then you will need to notify us. Requests have to be made by week 3 of each semester through the [Student Connect Portal](#).

SITTING EXAMS AWAY FROM THE UNIVERISTY

You may apply [to sit exams outside Cardiff](#) if you are unable to return to the University for the resit period in August 2024.

Please read the [information leaflet and request form](#) carefully before making any request.

You should apply to the Dental School before you receive your results if you think that it would be impossible for you to return to Cardiff to during the resit period, please be aware of deadlines for such requests).

YEAR 5 BDS ASSESSMENT & FEEDBACK BLUEPRINT FOR STUDENTS 2023-2024

Summary:

This document provides a summary of assessments issued to students each year. All assessments (summative and formative) are listed in chronological order and are based on the date/month the assessment is issued.

Please refer to the [School](#) and [University](#) Handbooks for further information on relevant procedures.

Points to be noted:

- Months are listed to represent the academic year (September to May/June or July)
- Year 5 assessments are numbered 5.1, 5.2, 5.3 and so on
- For details on assessment type and percentage (summative, please contact the Assessment Co-ordinator or refer to the Module Description.
- Assessments are listed under summative or formative based on the assessment type.
- For 'high stake' assessments, which are a pre-requisite to undertaking other areas of the programme, remarks are added to the summary information on each relevant assessment.
- Clinical competences are listed under a separate heading in each relevant year. These are not listed monthly as the competency tests can be taken at any time between the specified periods by agreeing an appropriate time with your tutor.
- Clinical competences that can be taken in Year 3 or 4 are listed both under year 3 and 4. In Year 4, they continue to be listed with their original assessment number given in Year 3 (e.g. 3.26 listed in Year 4).

YEAR 5 BDS (FBDS) ASSESSMENTS

September

5.1 - Endo Case Reports (Written Report submitted via Turnitin Learning Central): Date of Issue: September 2023 Submission Date: 12th February 2024 (Year 5) - submission area open Nov/Dec 2023 Results: 4 weeks after submission Type and Timing of Feedback Given: Written feedback with results given to students through Turnitin Resit assessment: Resubmission via Learning Central (25th March 2024) Assessment Co-ordinator: Edward Longbottom (CLINICAL DENTISTRY) Remarks: High stake assessment (Pass required before signing up to Clinical Finals)	Summative (Sign up For Finals)
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October

5.2 - DE5003 FBDS, Part C - Clinical Case Reports – 3 Written Case Reports Date of Issue: October 2023 Submission Date: 12 noon Thursday 21st March 2024 Results: 2 working days after the Exam Board (dates dependent on Exam Board w/c 20th May 2024) Type and Timing of Feedback Given: Written comments via Learning Central Grade centre with the results Assessment Co-ordinator: Paul Wilson (CLINICAL DENTISTRY)	Summative
5.3- Audit Project (students present their findings to Peers and a staff panel) Date of Issue: October 2023 Submission Date: 15th April 2024 Results: Same day after the presentation Type and Timing of Feedback Given: Oral to cohort, staff panel gives feedback after the presentation. Assessment Co-ordinator: Andrew Ashraf (CLINICAL DENTISTRY)	Formative
5.4 - Decontamination Audit Exercise Date of Issue: September 2023 To be completed by: Thursday 21st March 2024 Results: By 12th April 2024 Type and Timing of Feedback Given: Written after the test – April 12th 2024 Assessment Co-ordinator: Melanie Wilson (CLINICAL DENTISTRY) Remarks: High stake assessment (Pass required before signing up to Clinical Finals)	Summative (Sign up For Finals)

December

January

5.5 - DE5002 FBDS, Part A1 - Integrated Exams (3 Hours Written Paper - MSAs): Exam Date: W/C 8th January 2024 Results: 2 working day following the Exam Board (w/c 12th February 2024) Type and Timing of Feedback Given: Strength and Opportunity report via ExamSoft. One to one feedback where required. Assessment Co-ordinator: Paul Wilson (CLINICAL DENTISTRY) Resit w/c 18th March 2024	Summative
5.6 - DE5002 FBDS, Part A2 - Integrated Exams (3 Hours Written Paper – SBAs): Exam Date: W/C 8th January 2024 Results: 2 working day following the Exam Board (w/c 12th February 2024) Type and Timing of Feedback Given: Strength and Opportunity report via ExamSoft. One to one feedback where required. Assessment Co-ordinator: Paul Wilson (CLINICAL DENTISTRY) Resit w/c 18th March 2024	Summative
5.7 - DE5001 FBDS, Part B2 - Final Research Project (4000 – 6000 words): Date of Issue: 28th July 2022. Titles confirmed in January of Year 4 2023 Submission Date: 12 pm 30th November 2023 (Year 5) Results: March 2024 Type and Timing of Feedback Given: Transcripts and comments released by the Undergraduate Student Centre. Assessment Co-ordinator: Xiaoqing Wei (Immunology)	Summative

May

5.8 - DE5004 FBDS, Part D - Diagnosis and management of previously unseen patient case - 3 clinical vivas Exam Date: Week commencing 13th May 2024 Results: 2 working days after the Exam Board (dates dependent on Exam Board; Board w/c 20th May 2024) Type and Timing of Feedback Given: Transcripts and grades only. If Fail, one-to-one feedback given. Assessment Co-ordinator: Paul Wilson (CLINICAL DENTISTRY) Resit where permitted w/c 17th June 2024	Summative
Individual capability portfolio/CAFS Assessment coordinator – Leili Sadaghiani	Summative

CARDIFF UNIVERSITY SCHOOL OF DENTISTRY

BACHELOR OF DENTAL SURGERY

YEARS 4 & 5 FINAL BDS SCHEDULE OF ASSESSMENT 2023 - 2024

Programme Structure and Requirements

Year 4 and Year 5 of the BDS Degree Programme comprises topics delivered across a range of Themes, notably Clinical Dentistry comprising Oral Diseases, Paediatrics/Orthodontics and Restorative Dentistry. Human Disease and Basic Science are integrated within these topics.

The assessments in these subjects contribute to the Final BDS Examinations.

The overall Final BDS (Year 4 & 5) mark will itself contribute **60%** to the Final Degree Classification achieved at the end of Year 5. In line with University regulations, the final classification of the BDS degree will be:

Honours	70% or above
Commendation	60-69%
Pass	50-59%

OVERALL ASSESSED COMPONENTS

For the Final BDS summative examinations in Year 4 and Year 5, marks will be obtained from end of year academic and clinical examinations, and course work (including Projects).

PART A	DE5002	Integrated Written Examinations	45%
PART B	DE5001	Projects & Coursework	25%
PART C	DE5003	Clinical Case Reports	15%
PART D	DE5004	Diagnosis and Management of Patients	15%
PART E	DE4001	Year 4 OSCE & Advanced Prosthodontics Competency (Bridge preparation)	
PART F	DE5005	Completion of Competencies Individual capability portfolio/CAFS	

The Overall Assessed Components (or 'OAC's) for Final BDS will be called Parts A, B, C, D and E. Some of these Overall Assessed Components are divided into individual Assessed Sub Components (e.g. B1, B2).

Pass mark and Compensation

The pass mark for each assessment is 50 %.

Compensation will be made available *within* certain Overall Assessed Components (i.e. Parts A and B) but not *between* Overall Assessed Components (i.e. there is no compensation between Parts A, B, C, D, E and F). See each Part for further information.

PART A – DE5002 Written MSA Papers

Contribution: **45%** of Final BDS

A Written Examinations

Contribution: 100% of Part A

- **A1** 1 x 3 hour Integrated MSA Papers covering all themes
- **A2** 1 x 3 Hour Integrated SBA paper covering all themes

Compensation: A candidate must attain a mark of at least 40% in each assessed subcomponent to be eligible for compensation (i.e. Parts A1 and A2,). Failure to attain 40% will lead to a candidate failing the Overall Assessed Component to which the Assessed Sub-Component contributes.

The pass mark (cut-score) for the two components is standard set and then scaled to the Cardiff University pass mark of 50%

PART B – DE5001 Projects & Coursework

Contribution: **25%** of Final BDS

Year 5 Projects

B1 Contribution: 14% of Part B
Orthodontic Longitudinal Project

B2 Contribution: 86% of Part B
Final Research Project

Compensation: Candidates who achieve a mark of less than 50 % for **both** B1 and B2 will fail the component however candidates who receive between 40 - 49% in B1 will be eligible for compensation with B2 and vice versa **provided** the weighted average mark across the two parts is at least 50%.

PARTS C & D – Clinical Examinations

Eligibility for entry to the Final BDS examination following successful completion of Final BDS Part A.

To be deemed eligible to be signed up for entry into the final summative assessments (Part C and D) above a panel will consider the progress of each student during the academic year scrutinising any competencies, clinical progression and formative assessment for which completion is expected at this stage of the programme.

In addition, the attendance record, disciplinary record, professional attitudes & behaviour will also be taken into consideration (please note that a students are expected to attend all timetables activity and clinical and practical class attendance is compulsory). Students with identified professional or attendance challenges may have a recommendation to the examination board not to progress.

Should a student be deemed not ready for progression the student will **not** be entered for the assessment and will be required to wait for a later sitting, the timing of which will be determined by the panel.

The sign up process will start in the January of year 5 and a panel will meet to discuss progress of all students towards minimum requirements. Students whose progress is identified as causing concern will be informed and advised in regard to any remedial action required. Further meetings will be held in March and April to check progress.

Part C – DE5003 Clinical Case Reports

Contribution: **15%** of Final BDS

3 x case reports (34%, 33% & 33% of Part C)

FURTHER DETAILS OF PART C WILL BE ISSUED IN OCTOBER OF YEAR 5.

Compensation: Candidates who receive a minimum of between 40 - 49% in all case reports will be eligible for compensation provided the average mark across the three case reports is at least 50 %.

Part D – DE5004 Diagnosis and Management of a Previously Unseen Patient Case

Contribution: **15%** of Final BDS

3 x Diagnosis and Management of an Unseen Patient Cases

1 Adult (35% of Part D)

1 Paediatric (35% of Part D)

1 Oral Diseases (30% of Part D)

FURTHER DETAILS OF PART D WILL BE ISSUED IN OCTOBER OF YEAR 5.

Compensation: There is **no** compensation within Part D. Candidates who fail one Unseen Patient Case Presentation will be given an opportunity to resit the one failed component. If a candidate fails more than one Unseen Patient Case Presentation the student will be expected to resit all components the following year.

PART E – DE4001 Year 4 OSCE and Advanced Prosthodontics Competency (Bridge preparation)

The OSCE and Bridge Competency are gateway and therefore summative assessments. Students are required to pass to progress into the Final year but will not contribute to the Final BDS mark.

PART F – DE5005 COMPLETION OF COMPETENCIES

All competence tests must be completed successfully before a student is deemed ready to be entered for the BDS Finals Part C and D. Failure to complete these assessments is taken as a clear indication of the students inability to have gained the necessary competence and Fitness to Progress.

Absences

Students will be required to attend all assessments as listed. Absences will only be permitted if supported by appropriate documentation – **see reporting extenuating circumstances on page 2**. Normally, students absent from any components of Parts A, C and D of the examination will be required to repeat element(s) of the examination at the appropriate resit period.

In relation to Parts B1 and B2 unauthorised failure to submit and/or present a piece of work will result in a capped mark up to 50% if submitted within 24 hours of the deadline, or a mark of zero if submitted after that. Authorised absence will be considered by the Chair of the Examination Board. Students will not normally be given the opportunity to resit the Year 5 Project.

Please note that if you do not inform us promptly of any extenuating circumstances, the Examining Board cannot take such reasons into consideration retrospectively.

Plagiarism

It is a disciplinary offence to indulge in plagiarism (i.e the unattributed use of other persons work) or to collude with other students in the preparation and writing of the project. Full details of the unfair practice/academic misconduct procedure are detailed in the Student Handbook.

The Examination Board

An Examination Board will meet to consider the marks obtained in Part A (Written Examinations) in February 2024.

The Final BDS Examination Board will consider the marks obtained in Primary BDS, Intermediate BDS and Final BDS examinations and award the appropriate Degree Award. The results of the examinations will provisionally be released via your SIMS record. Registry will issue confirmed individual transcript records on a set date which is shown on your SIMS record. Students will be able to seek feedback from the Assessment Leads.

As per academic regulations it is at the discretion of the examination board to permit a student to undertake a resit opportunity and decide on progression. Students' performance across all assessments will be reviewed and the examination board will decide on the students progress, examination board remedies can include;

- Permission of a resit;
- Decide that a repeat of the year in its entirety is required before a further resit attempt;
- Exclusion from the programme

Resit Examinations Parts A and B

A student unsuccessful at the first attempt of their written examinations (Part A) in January of Year 5 at the discretion of the examining board will be permitted two further attempts at an agreed time. The first resit attempt will be March 2024 of Year 5, the next resit opportunity will be in the January of the following academic year prior to sitting Parts C and D in May/June of Year 5.

The resit written examinations (Part A) are self-contained. Students who are required to resit because of a failure in coursework and/or projects (Part B1) will be provided with an appropriate project to complete before May 2024.

Resit Examinations Parts C and D

Students who successfully pass the Written Examinations (Part A) and the Projects (Part B) but who fail the Clinical Examinations (Part C or D) at the discretion of the examination board may have two further attempts at Part C and/or D following an agreed period of remediation. This may be in the following academic year. Failure of one clinical assessment ie one viva or one case report may be deemed a resit opportunity in the June. Students failing more components will be required to represent at the next opportunity in the following academic year.

Repeating a year of study

Should a student be unsuccessful at the June attempt, the examining board will decide if the student will be permitted a further attempt.

As per university regulations a student required to repeat a year of study must repeat the year in its entirety, fully engaging with and passing all assessments, including those previously passed.

Failure at a third attempt of the examination will lead to the student being excluded from further studies on the BDS Programme. Therefore, satisfactory completion of the examinations is necessary before a student is permitted to proceed to other parts of the Dental programme. A student may [Appeal](#) against exclusion in line with University regulations

Please be aware there is a 7-year limit to complete the BDS programme, and students are not permitted to repeat the same year of study more than once.



SCHOOL OF DENTISTRY, CARDIFF UNIVERSITY

FINAL BDS EXAMINATION 2023-2024

YEAR 5 DE5003 PART C: CLINICAL CASE REPORT GUIDELINES

Deadline for Submission: See Assessment Blueprint

1. Aims

Part C: The aim of Part C of the Final BDS Examination is to provide Year 5 students with an opportunity to demonstrate their knowledge and understanding of clinical care provided to patients as part of their learning and teaching within Clinical Dentistry in a written format. These patients may have received their care within the Dental School or in the outreach facilities of Mountain Ash and St David's. Students will be assessed on the quality of their written reports using explicit marking criteria.

2. Background

The General Dental Council and the Quality Assurance Agency have produced documents that detail what is expected of a dental graduate. The Case Reports and Presentation are used to assess a substantial number of these educational requirements. The relevant areas of knowledge, understanding and competence are outlined in Section 3 below.

1. Preparing for Practice - General Dental Council 2012
2. Subject Benchmark Statements: Academic Standards - Dentistry, The Quality Assurance Agency for Higher Education - available at:

<http://www.qaa.ac.uk/academicinfrastructure/benchmark/honours/dentistry.asp>

3. Tasks required of the candidate

Amongst other learning outcomes the candidates should be able to demonstrate their ability to:

Task	GDC/QAA Statements
1. Take a history of the present complaint(s) from a patient	GDC:1.2 - obtain, record and interpret a comprehensive history, and contemporaneous patient history. QAA: - obtain a detailed dental history to include chief complaint and history of present illness
2. Take a previous dental history from a patient	GDC:1.2 - obtain, record and interpret a comprehensive history, and contemporaneous patient history. - be competent at obtaining a detailed history of a patient's dental state 1.2.5 Assess patient's levels of anxiety experience and expectations in respect of dental care.

3. Take a medical history from a patient	GDC: 1.1.4 Identify general and systemic disease and explain their relevance to prevention diagnosis and treatment. 1.1.9 Describe the properties of relevant drugs and therapeutic agents and discuss their application to patient management. - QAA: - obtain and record a relevant medical history, which identifies both the possible effects of oral disease on medical wellbeing and medical conditions that affect oral health or dental treatment - assess and appraise contemporary information on the significance and effect of drugs and other medicaments taken by the patient on dental management
4. Take a social history from a patient	GDC: 1.1.13 Explain evaluate and apply to clinical practice psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease. - QAA: - identify patient expectations and goals for oral care
5. Carry out an extra-oral and intra-oral examination of a patient	GDC: Undertake an appropriate systematic intra-oral and extra-oral clinical examination. - QAA: - perform a physical and oral examination to include head and neck, oral hard and soft tissues, vital signs, and recognise disease states and abnormalities including detrimental oral habits - make a general evaluation of a patient's appearance, including the identification of abnormalities in their physical, emotional, or mental status
6. Carry out an examination of the mouth	GDC: 1.2.2 Undertake an appropriate systematic intra-oral and extra-oral clinical examination. QAA: - perform a physical and oral examination to include head and neck, oral hard and soft tissues, vital signs, and recognise disease states and abnormalities including detrimental oral habits - recognise abnormalities of facial growth and development in dental patients and arrange appropriate management of such disorders either within the dental practice or by referral to the relevant specialist

7. Determine what other tests, investigations or further information may be required in order to arrive at a diagnosis	GDC: -1.2.5 Contribute to relevant special investigations and diagnostic procedures including radiography. 1.1.11 Explain and apply the scientific principles of medical ionizing radiation and statutory regulations. 1.2.3 Manage appropriate clinical and laboratory investigations. 1.2.4 Undertake relevant special investigations and diagnostic procedures including radiography.
8. Collate information from the history, examination, and the results of other tests/ investigations in order to arrive at a (differential) diagnosis	GDC: 1.4.1 Synthesise the full results of the patient's assessment and make clinical judgements as appropriate 1.4.2 Formulate a differential diagnosis or diagnoses and from there a definitive diagnosis. - QAA: - understand the importance of and procedures for submitting specimens for laboratory diagnosis and demonstrate the ability to interpret diagnostic reports - devise diagnoses by interpreting and relating findings from the history, clinical and radiographic examinations and other diagnostic tests
9. Critical evaluation of the assessment and treatment planning process.	GDC: 1.2.6 Discuss the importance of each component of the patient assessment process 1.5.1 Formulate an appropriate treatment plan synthesising patient assessment and diagnosis data 1.5.2 Describe the range of orthodox complementary and alternative therapies that may impact on patient management. 1.5.6 Critically evaluate the treatment planning process
10. Discuss the information derived from the history and examination of the patient in order to demonstrate understanding of the condition(s) diagnosed and the management of the patient in the context of their previous dental history and relevant medical/social histories	GDC: practice safely and effectively, making the high quality long term care of patients the first concern Apply an evidence based approach to learning, practice, clinical judgement and decision making and utilise critical thinking and problem solving skills Demonstrate effective clinical decision making. 1.1.13 Explain , evaluate and apply to clinical practice psychological and sociological concepts and theoretical frameworks of health illness , behavioural change and disease 1.5.3 Explain the principles of obtaining valid patient consent. 1.7.11 Critically evaluate all components of patient management.

	- QAA: - understand the implications of and obtain informed consent - dental care, modify treatment plans to take account of general medical status, and recognise those patients who are beyond the scope of their management
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4. Methodology - Part C

Candidates presenting for Part C of the Final BDS Examination must submit three written Case Reports (1, 2, 3) detailing care that they have provided to patients as part of learning and teaching within clinical dentistry. Each Case Report must detail a different patient.

Whilst it is anticipated that at least one of the cases will be based on Restorative Dentistry, students are encouraged to include Paediatric Dentistry and / or Orthodontics or clinical contacts in Oral Medicine, Oral Surgery, Exam & Emergency as part of learning and teaching in Oral Diseases for the other two. The impact of a complex medical history and / or poly-pharmacy on the patient's care should be emphasised.

The case report should demonstrate completed **significant ongoing care**, particularly for the Restorative cases, **(it is anticipated that patient's treatment plans will be largely completed)**. The candidate will be required to demonstrate treatment provided and an understanding and rationale for the treatment not completed e.g. restorations have been completed in preparation for prosthodontic rehabilitation, however construction of prosthesis has begun but not completed by the date of case report submission.)

PLEASE NOTE. Patients whose care has been presented as a Case report for the Year 3 Case Report or IBDS Case report must NOT be presented again as a case for Final BDS.

THE SUBMISSION OF A CASE PRESENTED BEFORE WILL RESULT IN DISCIPLINARY ACTION AND A PENALTY IN RELATION TO MARKS AWARDED.

Candidates should include photographs and radiographs where appropriate to their cases, for example examiners would expect to see post-operative radiographs for patients who have received endodontic care.

Candidates should be explicit in detailing which treatments have been completed and what ongoing care is required, where shared care has been undertaken

These photographs and radiographs should be appropriately labelled.

- **Patient anonymity MUST be maintained at all times. No information relating to patients, whether hardcopy or electronic, must be taken outside the University Dental Hospital or outreach facilities, e.g. St Davids, Mountain Ash at any time.**
- **Patient names must not be used within the case report.**
- **Case notes should not be taken from clinical areas; students obtaining information from case notes should undertake this activity on clinics or in adjacent seminar rooms. Case notes should not be taken to the Library.**
- **Candidates must not take their own photographs or scan images of radiographs – this must be undertaken by the Dental Illustration Unit within the Dental Hospital and School, or using an appropriate camera in Outreach clinics.**
- **Full face images of patients are inappropriate unless justified, i.e. Ortho, if used should be anonymised.**

Content of Case Report

The Case Reports should be structured to include:

- **Title Page (page 1):** Detailing case report number, candidate number.
- **Abstract (Page 2):** to include a short summary outlining the main theme of the case. **(max half a page).** Candidates are asked that hospital number of the patient treated is included within the abstract to ensure any follow up required can be completed and a formal check between your report and patients record can be demonstrated.
- **Clinical information (page 3 onwards, no more than 5 pages):** to include a detailed history & examination, any relevant medical / dental history, clinical findings, a copy of the appropriate charting, diagnosis, the treatment plan, work completed, including before and after photographs and/or radiographic images to illustrate the main treatment points.
 - The history should include a detailed account of the patient's presenting complaint and past dental and medical history.
 - The examination should include positive and negative findings to demonstrate that your examination has been thorough and demonstrates excellent holistic patient care.
 - There should be a distinct diagnosis or differential diagnosis, and treatment plan with an assessment of risk analysis. There should also be an indication of when you would advise the patient to attend for a recall in the future based on your risk assessment.
 - If the treatment plan has not been completed, candidates are required to explicitly indicate what treatment has been completed and what is ongoing at the time of submission.
 - If your patient's care has been shared with a hygienist, therapist or fellow student then the elements of treatment completed by yourself and the dental care professional should be explicit.
 - Ensure that your case history is in strict time order.
- **Discussion section (no more than 2 sides of A4):** This section should be a discussion explaining the rationale for the treatment plan and delivery of care for your patient especially in terms of best evidence-based practice. This section would therefore be expected to include appropriate referencing to substantiate the treatment plan. Note that this should **not** be simply a procedural record.
- **Reflective Passage (no more than 1 side of A4) and Reference section:** This section gives you the opportunity to reflect on the issues arising from the treatment of your patient. It should include what elements of the treatment were successful, what were less than ideal and how you may have carried out the care differently. You may wish for example to discuss professionalism issues that arose, or medical complications. You may also wish to comment on how the patient complied with advice given and the possible barriers encountered.

Rules of style

- You should use your 7 digit University ID number and identify your work **ONLY** with this number.
- When naming your case report files it must be in the following format – **7 digit University ID number followed by the respective number of the case report, 1/2/3, e.g. C1234567-3.** This identification code must be visible on every page of the Case Report. When uploading your file this same file name **MUST** be typed in the Submission Title Field. There are three separate assignment folders for each of the three case reports. Please refer to the Submission Instruction in the Assessment folder on Learning Central.
- The completed Case Reports should be no more than **11 sides** of A4 (not including the title page), word processed using 12 point text with 1.5 line spacing, fully justified, margins 1.5 cm all round. All pages must be numbered in the bottom right hand corner starting with 1 as the first page after the title page.
- The front cover (which does not count as one of the 14 sides of A4) can be downloaded from Learning Central.
- An electronic copy of each case report should be submitted via the GradeMark Assessments option in Learning Central, by the deadline.

- Please note that a formal check between your report and patients record will be made, to reassure examiners that your case report is a fair reflection of the examination recorded and the treatment provided.
- Referencing should be presented using the Cardiff Harvard (author-date) style, for further help see the [Cardiff Harvard Referencing Tutorial](#) and [examples](#). Do not refer to unpublished sources, e.g. lecture / seminar notes or handouts.
- You must retain a copy of the Case Reports.

Failure to Submit

With good cause, i.e. with Extenuating Circumstances

**SEE EXTENUATING CIRCUMSTANCES PROCESS ON PAGE 2.
UNDER NO CIRCUMSTANCES ARE CANDIDATES TO APPROACH CLINICAL ACADEMIC
STAFF TO REQUEST AN EXTENSION.**

Without good cause

The student will receive a capped mark of up to 50% if submitted within 24 hours after the deadline, or a mark of zero if submitted after that.

Plagiarism

It is a disciplinary offence to indulge in plagiarism (i.e the unattributed use of other persons work) or to collude with other students in the preparation and writing of the project. Full details of the unfair practice/academic misconduct procedure are detailed in the Student Handbook.

Submission

Candidates will be required to submit **one electronic copy of each case report** via the Assessment Option in Learning Central.

Formative feedback

Should you wish to receive advice on the choice of patient for your case reports you are advised to contact:

Mr Edward Williams or Mr Paul Wilson for Restorative cases
Ms Shannu Bhatia or Dr Caryl Wilson for Paediatric or Orthodontic cases
Professor Vaseekaran Sivarajasingam for Oral Disease Cases.

Please do not ask Clinical Academics to review/edit your case report write up for you. This is inappropriate and unfair to others.

Any questions that arise before then should be made to Dr Paul Wilson, Year 5 lead

YEAR 5 DE5003 PART C: CLINICAL CASE REPORT MARKING RUBRIC

Criteria	100	90	80	70	60	50	40	30	20
Hist & Exam 40%	Demonstrates outstanding: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates excellent: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates advanced: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates comprehensive: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates good: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates reasonable: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates borderline: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates insufficient: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.	Demonstrates poor: □ Identification of factors relating to present patient complaint and/or history of complaint □ Identification of relevant factors from previous dental, medical or social histories □ Sequencing of component parts □ Charting (here, we take into account errors or conflicts) □ Provision of information (and/or images) for the 'scene-setting' aspect in History & Exam. □ Insight or recognition into complexities/uncertainties relating to the complaint and previous histories.

Criteria	1	90	80	70	60	50	40	30	20
Discussion 20%	Demonstrates outstanding □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates excellent □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates advanced □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates comprehensive □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates good □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates reasonable □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates borderline □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates insufficient: □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen	Demonstrates poor: □ Ability to discuss treatment linked to explicit evidence based practice □ Citations chosen are appropriate “Land Mark “ research identified ie primary source □ Use of citations shows deep/ systematic understanding of literature □ Ability to explain rationale for treatment plan chosen

Reflection	Demonstrates outstanding:	Demonstrates excellent:	Demonstrates advanced:	Demonstrates comprehensive:	Demonstrates good:	Demonstrates reasonable:	Demonstrates borderline:	Demonstrates insufficient:	Demonstrates poor:
20%	□ Reflective commentary of student's learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs	□ Reflective commentary of students learning experience □ Appreciation of risks and benefits of treatment provided and awareness of patient issues □ Awareness of how their personal skills have developed because of this experience □ Identification of personal future learning needs

Criteria	10	9	8	7	6	5	4	3	2
Presentation 20%	Demonstrates outstanding: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates excellent: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates advanced: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates comprehensive: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates good: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates reasonable: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates borderline: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates insufficient: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)	Demonstrates poor: ☐ Spelling and grammar ☐ Coherency in argument and discussion ☐ Coherency in structure, expression and sequencing ☐ Use of specialist vocabulary ☐ Ability to present and interpret data (here, we pay particular attention to the variety of ways in which data is presented) ☐ Referencing and citation skills (here, we pay particular attention to the correct use of the <i>Cardiff Harvard referencing style</i> .)



SCHOOL OF DENTISTRY, CARDIFF UNIVERSITY

FINAL BDS EXAMINATION 2023-24

YEAR 5 DE5004 PART D: UNSEEN CASE PRESENTATION GUIDELINES HISTORY, EXAMINATION, DIAGNOSIS & TREATMENT PLANNING

Deadline for Submission: See Assessment Blueprint

1. Aim

The aim of Part D1, D2 and D3 of the Final BDS Examination is to provide Final year students with an opportunity to demonstrate their ability to synthesise a given prepared patient case which will include details of a history and examination, appropriate investigations and adjuncts necessary to diagnose and develop a suitable treatment plan.

2. Background

The General Dental Council have produced their learning outcomes within the Preparing for Practice Document (2012) that details what is expected of a dental graduate.

The diagnosis and treatment planning of a previously unseen patient case are used to assess a substantial number of these educational requirements.

The relevant areas of knowledge, understanding and competence are outlined in the Section 3 below.

3. Tasks required of the candidate

Candidates should be able to demonstrate their ability to:

- Synthesise and analyse information from a given prepared history, examination and the results of other tests/investigations.
- Present relevant information to clinical colleagues about the case in a concise and logical manner in a *viva voce* situation.
- Identify further relevant information, investigations or tests which may assist with the diagnosis of a case.
- Use the given information to arrive at a (differential) diagnosis.
- Develop a definitive or provisional treatment plan where appropriate.
- Demonstrate an understanding of the treatment plan, indications and contraindications, for planned treatment or where treatment has already been instigated.
- Discuss and demonstrate an understanding of history, examination, condition diagnosed and the management of the patient with clinical colleagues in the context of their previous dental history and relevant medical/social histories.
- The proposed treatment plan should show evidence that the candidate has adopted a holistic approach to arrive at a suitable care plan including an appreciation of any inherent legal or ethical issues in the patient management. Candidates may be expected to discuss professional and ethical issues that may arise from the case.

4. Methodology

At present it is anticipated the assessment will be conducted face-face with two assessors. Should university or government restriction be imposed due to the coronavirus pandemic students will be informed as soon as reasonably possible. The assessment under these circumstances are likely to be a virtual viva-voce. Candidates will attend on three occasions, one for part D1, one for part D2 and one for part D3. Candidates presenting for Part D of the Final BDS Examination are required to examine three prepared patient cases that will include all appropriate investigations and results, make a (differential) diagnosis and develop a suitable treatment plan for each of the three cases.

For each case, candidates will be required to present the information and to discuss the findings and provisional treatment plan in a viva voce examination in order to demonstrate an understanding of the conditions diagnosed and their subsequent treatment plan for the management of the patient case.

Candidates will record any information they wish to on plain lined paper and will have access to the British National Formulary.

All Candidates Will Be Given Three Prepared Cases In order to satisfy a need for a comprehensive range of speciality areas. Each case will have a main topic area, however candidates will need to be able to discuss the holistic care of the patient. They will also need to be able to discuss managing complex medical health needs, pain and anxiety control and the management of a case across all specialties, within dentistry and multidisciplinary professional cases across professions. Students will be expected to be able to justify their answer and present relevant evidence in support of discussions. Candidates may be required to discuss professional or ethical issues related to the case. The patient cases will be compiled and collected using the matrix below:

Case	Topic Area	Main Topics Covered		Topic Leader
D1	Restorative Dentistry	Periodontics Endodontics Prosthodontics Restorative Dental Care	25% 25% 25% 25%	Dr Paola Marino Mr Edward Longbottom Mr Edward Williams & Dr Ryan Olley Mr Edward Williams
D2	Paediatric Dentistry/Orthodontics	Paediatric Dentistry Orthodontics	50% 50%	Dr Shannu Bhatia Dr C Nagrani
D3	Oral Diseases	Oral Surgery Oral Radiology Oral Medicine Exam and Emergency	100%	Dr V Sivarajasingam

The patient case will be presented with a typed history and examination proforma along with appropriate radiograph, test results and photographs.

5. Conduct of Viva

Candidates will be given 20 minutes to examine/read the prepared case prior to the viva voce examination. The viva will extend over a period of 15 minutes with a further 5 minutes allocated for the examiners to agree the mark awarded. When the student enters the viva room, the Senior Internal Examiner will welcome the student, introduce the examiners and confirm the details of the “patient” examined.

The candidate will then be invited to present the case starting with the history and examination, then their diagnosis and finally proposed treatment plan. The candidate will then be questioned on their general understanding of the case and his/her condition. It would be appropriate to question the evidence base of the treatment plan proposed.

The ability of the candidate to communicate to the examiners is a key task to be evaluated in this assessment.

Students should be directed to present their findings in order for the marking criteria to be applied and for a valid assessment of their performance to be determined. Students should be guided in a sympathetic manner to remain within these categories: those who deviate away from the main aim of the viva and the tasks of the assessment should be redirected.

6. Marking and Assessment

The Marking Criteria for the Unseen Case are provided separately. External and Internal Examiners will undergo training in the use of the criteria. A Marking Sheet that covers the key tasks will be available to record notes during the viva in order to assist the award of marks. The Senior Internal Examiner in the *viva voce* will then facilitate / co-ordinate a discussion and the award of marks for each task (section) and an overall mark agreed for the candidate. In view of the honours degree classification examiners should not intention mark; rather, they should provide marks for the various areas of assessment and then total the marks to provide the overall mark.

Variation in case complexity between students will be taken into account during the *viva voce* examination through discussion. The examiners have the discretion to fail a student whose responses in relevant sections of the *viva voce* would put a patient at significant risk. The definition of a 'significant risk' must be taken within the context of each case and could include a life-threatening decision (e.g. incorrect antibiotic) or the catastrophic failure to diagnose and treat pathosis (e.g. carious lesions). Such a student would then be subject to the same rules and conditions that apply to any student who fails an assessment.

Please note that students are required to achieve a pass mark of 50% for all 3 unseen patient case vivas in order to pass the module.

Examiners should note that there is no compensation between the two sub-components (Part D - Unseen Cases and Part C - the Case Reports). In other words candidates will be expected to pass both components.

Final Research Project Marking Rubric 2022-23

Criteria	Outstanding	Excellent	Advanced	Comprehensive	Good	Borderline	Insufficient	Unsatisfactory	Poor
Rational for study (10%)	Demonstrates outstanding rationale for the study	Demonstrates excellent rationale for the study	Demonstrates advanced rationale for the study	Demonstrates comprehensive rationale for the study	Demonstrates good rationale for the study	Demonstrates reasonable rationale for the study	Demonstrates borderline rationale for the study	Demonstrates insufficient rationale for the study	Demonstrates poor rationale for the study
	10	9	8	7	6	5	4	3	2
Introduction (10%)	Outstanding understanding of the background and review of relevant studies	Excellent understanding of the background and review of relevant studies	Advanced understanding of the background and review of relevant studies	Comprehensive understanding of the background and review of relevant studies	Good understanding of the background and review of relevant studies	Reasonable understanding of the background and review of relevant studies	Borderline understanding of the background and review of relevant studies	Insufficient understanding of the background and review of relevant studies	Poor understanding of the background and review of relevant studies
	20	18	16	14	12	10	8	6	4
Methodology (10%)	Outstanding appreciation of study methodology	Excellent appreciation of study methodology	Advanced appreciation of study methodology	Comprehensive appreciation of study methodology	Good appreciation of study methodology	Reasonable appreciation of study methodology	Borderline appreciation of study methodology	Insufficient appreciation of study methodology	Poor appreciation of study methodology
	20	18	16	14	12	10	8	6	4
Results and Contents (20%)	Outstanding interpretation of results with relevant tables and / or figures	Excellent interpretation of results with relevant tables and / or figures	Advanced interpretation of results with relevant tables and / or figures	Comprehensive interpretation of results with relevant tables and / or figures	Good interpretation of results with relevant tables and / or figures	Reasonable interpretation of results with relevant tables and / or figures	Borderline interpretation of results	Insufficient interpretation of results	Poor interpretation of results
	20	18	16	14	12	10	8	6	4
Conclusion / Discussion (20%)	Outstanding explanation of the implications of study and comparison with previous publications	Excellent explanation of the implications of study and comparison with previous publications	Advanced explanation of the implications of study and comparison with previous publications	Comprehensive explanation of the implications of study and comparison with previous publications	Good explanation of the implications of study and comparison with previous publications	Reasonable explanation of the implications of study and comparison with previous publications	Borderline explanation of the implications of study and comparison with previous publications	Insufficient explanation of the implications of study and comparison with previous publications	Poor explanation of the implications of study and comparison with previous publications
	20	18	16	14	12	10	8	6	4
Reflection / Further work & Presentation style (10%)	Outstanding suggestions for further research	Excellent suggestions for further research	Advanced suggestions for further research	Comprehensive suggestions for further research	Good suggestions for further research	Reasonable suggestions for further research	Borderline suggestions for further research	Insufficient suggestions for further research	Poor suggestions for further research
	5	5	4	4	3	3	2	2	1
Supervisor Evaluation (20%)	Outstanding demonstration of, use of word count, referencing style, spelling, grammar	Excellent demonstration of, use of word count, referencing style, spelling, grammar	Advanced demonstration of, word count, referencing style, spelling, grammar	Comprehensive demonstration of use of word count, referencing style, spelling, grammar	Good demonstration of use of word count, referencing style, spelling, grammar	Reasonable demonstration of, word count, referencing style, spelling, grammar	Borderline demonstration of, the use of word count, referencing style, spelling, grammar	Insufficient demonstration of the use of word count, referencing style, spelling, grammar	Poor demonstration of the use word count, referencing style, spelling, grammar
	5	5	4	4	3	3	2	2	1

