Clinical Writing Rubric:
Clinical Educator Handbook

MGH Institute of Health Professions
Speech Language and Literacy Center
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I. General Directions for Numeric Scoring

- Use **whole numbers** (from 1-4) in the right-hand column to evaluate the student’s performance on each criterion.
- A number must be entered for each criterion, except for Revision Expectations, which is scored on the second draft.
- If using the Excel version of the rubric, the average score for each domain will calculate automatically.
II. Explanatory Notes for Rubric Criteria

A. Content Criteria

1. General:
   ○ This rubric section will apply to all sections of the clinical document.
   ○ Assign the lowest score that is pertinent for that row.
     ○ For example, if some sections of the document are rated as 2, and other sections are rated as 3. Overall rating would be 2.
   ○ Provide clarifying comments to student regarding what sections were stronger or weaker.

2. Accuracy and consistency of information:
   ○ This score is heavily influenced by data tables and analysis sections
   ○ Remember to focus on consistent information across all sections
   ○ Go beyond just looking at tables or charts; also look at results and analysis sections

3. Includes essential information:
   ○ Assesses the 'completeness' of information
   ○ Rate documents that are too sparse in content under this criterion
   ○ Rate sparse, choppy sentences under Style Section

4. Clearly communicates with appropriate level of detail:
   ○ Covers all sections of the clinical document
   ○ *Rate documents that are overly long because they contain too much information here
   ○ *Rate documents that are overly long because the sentences are too wordy in Style Section
   ○ Some documents may have BOTH of this issues
   ○ Also rate if there is not enough detail throughout the report
   ○ If some sections of the document are rated as 2, and other sections are rated as 3, overall rating would be 2.
   ○ Provide clarifying comments if some sections are too detailed and others more appropriate or too sparse.
     ○ E.g. the behavioral observations are too detailed, but the rest of the report is appropriate
5. Professional Terminology:
- Professional Terminology refers to technical terms for the professional field. 
  E.g. *decoding, phonology* for Speech Language Pathologists
- Applies to all sections of the document
- A tally is not necessary, use your impressions of each section
- Frequent and significant misunderstanding or use of professional technical 
  terminology is rated as a ‘1’
○ Critical Thinking Criteria

○ General:
  ○ Guidance in this section is based on Facione’s¹ definitions of critical thinking
  ○ This rubric section will be most applicable to certain clinical document sections (e.g. Impressions, Analysis, Diagnostic Conclusions, Summary, Recommendations)
  ○ Criteria for critical thinking are highly interactive with each other and other sections of the rubric. Examples:
    ○ Weakness in evaluation, analysis and interpretation criteria will likely result in low scores for other critical thinking criteria
    ○ Poor content knowledge, form, and/or style may also impact explanation skills

○ Evaluation:
  ○ Strong evaluative reasoning:
    ○ Judges the credibility and quality of information and claims
    ○ Weighs the strength or weakness of arguments
    ○ Poor evaluation skills will most likely affect ratings for all other areas of critical thinking
  ○ Examples:
    ○ Accurately evaluates and reports validity of results. Examples:
      ● Influence of cultural and linguistic diversity
      ● Effect of behavior during testing
    ○ Qualifies or excludes or low quality assessment information. Example:
      ● Does not report data significantly impacted by clinician error
    ○ Does not base conclusions on invalid or low quality information


Critical Thinking Criteria (continued)

- **Analysis and interpretation:**
  - Strong *analytical* reasoning:
    - Identifies assumptions, reasons and claims, and examines how they interact in the formation of arguments
    - Extracts key information from charts, oral communication, and written documents
    - Attends to patterns and details
    - Identifies elements of a situation and determines how they interact.
  
  - Strong *interpretation*:
    - Supports high quality analysis by providing insights into the *significance* of what something means.

- Specific examples of analysis and interpretation in clinical writing:
  - Identifies specifically what construct is being assessed by each measure.
  - Identifies if the construct is a strength or weakness
  - Relates test scores to normal curve (e.g. average range)
  - Identifies whether developmental milestones are met
  - Identifies progress (or lack of progress) towards objectives
  - Identifies and interprets patterns in assessment information. Examples:
    - phonological patterns
    - decoding and spelling error patterns
    - error patterns in speech or language samples
  - Interprets how one component of profile interacts with another, based on models. Examples:
    - Listening comprehension impacts reading comprehension.
    - Expressive language impacts pragmatics.
    - Expressive phonology impacts morphology.
Critical Thinking Criteria (continued)

○ **Inference:**
  ○ Strong *inferential* skills:
    ○ Draws reliable conclusions based on evidence
    ○ Offers thoughtful suggestions and hypotheses
    ○ Indicates the necessary or the very probable consequences of a given set of facts and conditions

**NOTE:** Conclusions and recommendations based on *faulty analyses*, misinformation, or biased evaluations can be erroneous, even if they have been reached using appropriate inference skills.

○ Specific examples of *inferencing* in clinical writing:
  ○ Combines evidence from various assessment sources to infer conclusions or make hypotheses. Examples:
    ● Infers deficits in orthographic memory based on spelling and automaticity measures
    ● Infers attention challenges based on converging observational data
  ○ Explains discrepancies in assessment information
  ○ Hypothesizes reasons for lack of progress
  ○ Makes inferences based on observable behaviors

○ **Explanation:**
  ○ Strong *explanation* skills:
    ○ Convincing and coherent communication of one’s reasoning
    ○ Logical and consistent
    ○ supports high-quality evaluation by providing the evidence, reasons, or assumptions behind the claims made and the conclusions reached
  ○ Specific examples in clinical writing:
    ○ Impressions/Discussion/Conclusion/Summary section(s) logically synthesize key findings and functional outcomes
    ○ Consistency in how information is cited as evidence for conclusions
Organization Criteria

General:
- This rubric section will apply to all sections of the diagnostic assignment
- Assign the lowest score that is pertinent for that row.
  - For example, if some sections of the assignment are rated as 2, and other sections are rated as 3, overall rating would be 2.
- Provide clarifying comments to student regarding what sections were stronger or weaker.

Clear and informative topic sentences:
- This criterion applies primarily to the Results and Impressions/Diagnostic Conclusions sections. Topic sentences may be less relevant for other sections.
- Topic sentences should include the area evaluated and the measure used.
- Client performance (e.g. average range) should be stated either in the topic sentence or the sentence following it.

Main idea and supporting details:
- This criterion applies to all sections of the rubric

Transitions between sentences and paragraphs:
- Appropriate use of cohesive ties indicates strength for this criterion.

Paragraphs and data tables and charts are logically sequenced:
- Data tables should be logically sequenced, based on any template provided.
- Diagnostic Conclusions/Discussion/Impressions sections should sequence results in the same order as listed in the data tables
Style Criteria

Passive voice:
- Generally, avoid the use of passive voice. Examples of poor passive voice:
  - The noun was verbed by the noun.
  - It was observed that...
- Active voice is more direct and takes fewer words.
- Occasionally, the use of passive voice is acceptable. Examples:
  - “The client was hospitalized in June of 2014.”
  - “He was diagnosed with CLD.”
  - “The PLS-5 was administered in a non-standardized fashion.”
- It is acceptable to use passive voice when trying to avoid frequent sentences that focus on the clinician. Example:
  - The clinician did this or that
- When describing the client’s behaviors, always use active voice.
- Examples of converting passive to active voice:
  - “It was noted that the client produced x.”
  - “The client produced x.”
  - “The client is followed by Dr. P.”
  - “Dr. P is the client’s pediatrician.”
  - “The door was opened by the client.”
  - “The client opened the door.”
  - “He receives strong support from his family.”
  - “His family provides strong support.”

Past tense:
- Writing should be primarily in past tense
- Avoid unnecessary use of conditional past tense, which adds to wordiness:
  - Incorrect: Bobby would hesitate before responding.
  - Correct: Bobby hesitated before responding.
- Present versus past tense:
  - Appropriate use of present tense includes:
    - Statements that are ongoing. Example:
      - “Louise is in the third grade.”
  - Statements that are generally true and unchanging. Example:
    - . “Receptive vocabulary supports comprehension.”
D. **Style Criteria (continued)**

- **Clear and concise language:**
  - This criterion evaluates language that is *grammatically correct*, and also as smooth and concise.
  - Score succinctness and smoothness of sentences here. In contrast, overly detailed *content* is scored in the Content Section
  - Do you find yourself crossing out many words? Score these documents lower on this criterion
  - Examples:
    - Overly lengthy rambling sentences
    - Redundant words
    - Awkward wording, including sentences that are too short and choppy

- **Objective, diplomatic and formal tone:**
  - Errors include lapses into a more casual or subjective tone. Examples:
    - overuse of modifiers e.g. *very, extremely*
    - nonspecific language e.g. *some, good*
    - overuse of noncommittal language e.g. *may, seems, probably*
    - use of first person (*I, me, we*)
  - Errors include use of subjective or ‘undiplomatic’ language. Examples:
    - description of client behaviors with negative connotation
    - language that inadvertently communicates the emotion of the clinician (e.g. frustration)
E. **Form Criteria**

**General:**
- Applies to all sections of the assignment.
- Rating is based on the overall judgment of consistent/correct, minimal, moderate, or frequent errors of that specific type.
- *Count each error towards your judgment, even if the same error is made repeatedly.*
- Comma splice, run-on sentences and similar errors should be scored as *punctuation errors.*
- Typos are counted as Form errors:
  - Missing or repeated words: rate as *syntax error.*
  - Typos on individual words: rate as *spelling error.*
- When in doubt, use the guidelines from the OWL Writing Lab
  [https://owl.english.purdue.edu/owl/section/1/](https://owl.english.purdue.edu/owl/section/1/)