



MGH INSTITUTE
OF HEALTH PROFESSIONS
A graduate school founded by Massachusetts General Hospital

**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

¹ Facione, P. A. (2015). Critical thinking: What it is and why it counts. Hermosa Beach, CA: Measured Reasoning. Retrieved June 11, 2018. <https://www.insightassessment.com/>

Critical Thinking Criteria (continued)

o *Analysis and interpretation:*

- o Strong *analytical* reasoning:
 - o Identifies assumptions, reasons and claims, and examines how they interact in the formation of arguments
 - o Extracts key information from charts, oral communication, and written documents
 - o Attends to patterns and details
 - o Identifies elements of a situation and determines how they interact.

- o Strong *interpretation:*
 - o Supports high quality analysis by providing insights into the *significance* of what something means.

- o 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
 - o 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)

o *Clear and concise language:*

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

o *Objective, diplomatic and formal tone:*

- o 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*)
- o Errors include use of subjective or 'undiplomatic' language. Examples:
 - o description of client behaviors with negative connotation
 - o 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/>