

## Reviewer's Case Study Marking Guide

Name of Applicant: ADEA Membership Number:

Criteria	Marks/Comments
The case study is within the word limit	
(max 3 points)	
Demonstration of each education principle (Meets ADEA Core	
Competencies)	
(max 5 points)	
Appropriately addresses each heading identifying learning	
(max 10 points)	
Appropriate referencing using ISO 690	
The special section of the section o	
(max 2 points)	
, ,	
TOTAL SCORE	

To successfully complete the Case Study as part of the Credentialling process, applicants must achieve a score of 15 or more.



Criteria	Marking Guide	Score and Comment
The case study is	0- < 1000 or > 3000	
within the word	1- < 1500 or >2500	
limit	2- < 1750 or > 2250	
	3- 1750 - 2250	
Demonstration	1: Provides safe, effective, client centred, and clinical care	
of each	to people with diabetes.	
education	2: Provides safe, effective, client centred diabetes self	
principle (Meets	management education.	
ADEA Core	3: Organises and manages a diabetes service.	
Competencies)		
	4: Demonstrates professional responsibility and	
1 point for each	accountability in planning and delivering diabetes self	
competency met	management education and clinical care.	
	5: Demonstrates leadership and acts as an advocate for	
	diabetes education and care.	
	Background: Adequate description and summary of the	
	article.	
Appropriately		
addresses each	Case Presentation: Thorough description of the case	
heading	including gender and age, reason for referral, medications,	
	medical history, social history, demographic and lifestyle	
1 point for each	factors, family history, previous diabetes knowledge,	
heading	biochemistry, investigations, anthropometry, other health	
	professional input, diet history, exercise.	

Assessment: adequate description of the working diagnosis/clinical impression, and the plan for care (aims/objectives).	
Management: goals and expected outcomes, education provided, justification, client receptivity, referrals made and resources used. Who was involved, over how many consultation sessions and how long the consultations were, what treatment decisions were made and the reasons for them.	
Review: adequate description of outcome measures such as self-management behaviours (blood glucose monitoring, medication/ insulin adherence, exercise) and clinical investigations (HbA1c, weight, BMI, blood pressure) and what those outcomes were; plans for follow up and frequency, progress towards goals, factors facilitating progress and barriers preventing goals being met; other positive or negative outcomes; and an indication of how often and why the patient might continue to return for review.	
Literature Review: relevant review of the literature within 500 words, approx. 1 page.	
Discussion: succinct discussion about issues which have arisen and correctly related some background as to why they might occur.	
Reflection: including impact on learning within scope of practice and relevance to the ADEA Core Competencies.	

TOTAL SCORE	Out of 20	
Appropriate referencing using ISO 690	<ul> <li>0- Incorrect referencing</li> <li>1- Correct Citations in body of text OR Correct list of references.</li> <li>2- Correct Citations in body of text AND Correct list of references.</li> </ul>	
	been overcome.  Conclusion: has clearly and succinctly addressed the aim /objective's and key learning's.	
	Strengths and Limitations: Challenges and strengths have been addressed, including how the challenges might have	

Reviewers	Name:
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Reviewers Signature:

Date: