

ST3 Intensive Care Medicine Interviews 2025

Clinical Case Scoring Matrix

1. Problem solving	
Descriptor	Score
Focuses on peripheral issues, unable to sift through the information given.	0
Considers minimal information, significant omissions which may impair ability to detect life threatening problems.	1
Considers most of the relevant information. None of the omissions are essential for detecting life threatening problems.	2
Clarity of communication of ideas, mostly precise and mostly but not wholly focused.	3
Clearly organised presentation of relevant information and ideas.	4

2. Diagnosis	
Descriptor	Score
Fails to recognise the most important diagnosis(es), produces a list of less likely differentials which may or may not contain the diagnosis within the list giving the impression of uncertainty or overconfident opinion as to a single diagnosis from information given.	0
Recognises most important diagnosis(es) within a list of irrelevant or unlikely differentials. Gives the impression choice was made by chance or automatic.	1
Recognises most important diagnosis(es). Some differentials may be unlikely but able to suggest why correct diagnosis(es) is/are appropriate.	2
Recognises all possible/significant diagnosis(es) and relevant differentials. Unable to convey how differentials might be affected by additional information.	3
Recognises all possible/significant diagnosis(es) and relevant differentials. Acknowledges information which may be absent which may affect the differentials.	4

3. Decision-making	
Descriptor	Score
Immediate assumption of the diagnosis and reason for ICU referral and inappropriate decision.	0
Minimal use of information giving impression that decision arrived at mostly by chance or assumption. Decision(s) inappropriate.	1
Uses some information to come to appropriate decision, but unable to explain how decision was arrived at.	2
Appropriate decision and some attempt to explain how this was arrived at.	3
Makes use of all information to come to a decision. Can explain why decision was arrived at.	4



Descriptor	Score
Unable to identify why ICU involvement is required, is easily distracted by suggestions of alternative actions, willing to accept less preferable options for patient care. Unable to recognise features that indicate patient condition may deteriorate.	0
Unable to recognise features that indicate potential deterioration of the patient condition. Recognises why ICU involvement is required, but able to be distracted.	1
Recognises why ICU involvement is appropriate. Able to be distracted initially but comes to correct conclusion regarding patient risk of deterioration.	2
Identifies why ICU involvement is appropriate and principles of care that can be offered. Not able to be distracted from this assessment, but not aware of information suggestive of deterioration / destabilisation.	3
Identifies why ICU involvement is appropriate at this point and acknowledges the principles of care that can be offered. Alert to information which suggests patient condition may progress or destabilise.	4

5. Organisation and planning of ideas	
Descriptor	Score
Imprecise, rambling communication of ideas and lacks focus.	0
Some clarity of communication of ideas but overall imprecise and lacks focus.	1
Clarity of communication of ideas, mostly precise but lacking focus.	2
Clarity of communication of ideas, mostly precise and mostly but not wholly focused.	3
Clearly organised presentation of relevant information and ideas,	4

6. Global rating score	
Descriptor	Score
Performance below standard in all respects or significant issue demonstrating dangerous / worrying level of ability in clinical situations decision making, communication, team working or reflective practice. Demonstrates inadequate level of commitment to specialty from answers provided.	0
Performance borderline e.g. limited ability to demonstrate ability in clinical tasks, decision making, communication, team working or reflective practice. Demonstrates low level of commitment to specialty from answers provided.	1
Performance typical e.g. demonstrates ability for delivering clinical tasks, decision making, communication, team working and reflective practice. Evidence of commitment to specialty from answers provided.	2
Performance above standard in most respects e.g. good ability for working in clinical situations, decision making, communication, team working and reflective practice, demonstrated by answers and examples given. Significant evidence of commitment to specialty.	3
Performance above standard in every respect e.g. exceptional ability for clinical scenarios, decision making, communication, team working and reflective practice, demonstrated by answers and examples given. Outstanding evidence of commitment to specialty.	4