## **ASSESSMENT CRITERIA**

QUALITY OF THE PRESENTATION			
	Evaluator 1	Evaluator 2	
3 points VERY GOOD (excellent: indicates reason for consultation, history of interest, anamnesis and examination physics, complementary tests, differential diagnosis, treatment and evolution, final diagnosis, conclusions )			
2 points GOOD (some aspect could be improved)			
1 point <b>REGULAR</b> (quite improvable)			
0 points POOR (very poor)			
ORIGINALITY			
3 points VERY ORIGINAL (very rare or exceptional)			
2 points <b>PRETTY ORIGINAL</b> (although not exceptional, it contains rare aspects or peculiarities)			
1 point LITTLE ORIGINAL (frequent, brings little news)			
0 points <b>NOTHING ORIGINAL</b> (does not contribute anything to the usual)			
CASE DOCUMENTATION (complementary tests and f	inal diagnosis)		
3 points <b>COMPLETE</b> (tests carried out appropriate to the case and achievement of the appropriate syndromic diagnosis or definitive)			
2 points <b>SUFFICIENT</b> (tests performed sufficient for the initial			

orientation of the diagnosis)			
1 point INCOMPLETE (other / more tests available in the emergency room should have been performed).			
0 points WITHOUT DOCUMENTATION OR DIAGNOSIS			
VALUE OR TEACHING AND PRACTICAL CAPACITY FOR THE INTENSIVE CARE WORKERS and RESIDENTS			
3 points <b>VERY DIDACTIC</b> (the clinical case provides relevant practical and educational data for clinical practice)			
2 points <b>DIDACTIC</b> (the clinical case provides some practical and educational aspect for clinical practice)			
1 point LITTLE DIDACTIC (the data provided is not relevant)			
0 points <b>NOTHING DIDACTIC</b> (does not contribute anything to what is already known)			
GLOBAL ASSESSMENT OF THE CLINICAL CASE			
3 points <b>EXCELLENT</b> (should be accepted and communicated in Congress)			
2 points GOOD			
1 point REGULAR			
0 points BAD (should not be accepted)			