Camelid C-Module: General advice on writing Case Reports

The purpose of these assessments are to ensure candidates can write professional reports, which are helpful to colleagues or clients and which might be publishable. This includes describing the case clearly and supporting statements properly with references. The A and B modules have enabled you to learn how to write case reports. A higher standard is expected in order to pass the C-modules, in particular in demonstrating your knowledge and understanding.

For a professional case report, there are several key factors and it should comprise:

- An introduction: It must include a succinct overview of the farm, its aims and production systems. The introduction should also include a brief description of the problem which was diagnosed and its importance in general terms (e.g. the extent of IBR infection in UK herds and the detrimental effects it has).
- A logical description of the clinical presentation of the problem and the diagnostic work-up, providing good detail & insight so the reader can follow your train of thought and assess whether the most likely causes and aspects have been considered.
  It often works better if you describe the work-up factually without opinion or reflection; however, we will not penalise you if you combine the work-up and your discussion/reflection (provided it remains logical and easy to follow).
- Remember to include a final diagnosis or, if the case remains tentative, what you think the most likely diagnosis is.
- In general, discussion of the case should comprise about 50% of the report. The case report brief may ask you to concentrate on a particular aspect (e.g. the therapeutics of the case) – make sure you address any focus being asked for.
- A short conclusion to finish off the report.

Particular points to consider (in no particular order):

1) Grammar and spelling: The modules are not leading to a certificate in the English language, but a professional ability to write is expected of you. You must proof read your work. As a guideline, if a report is not good enough to go to VDS/court/fellow professionals, then it is not good enough for high marks.
   - Avoid first person "I".
   - Keep to one tense, usually past tense for case reports, until you come to the discussion of current literature and evidence which, by being current, can be phrased as "XYZ suggests that treatment ABC……."
   - Avoid slang/colloquialisms at all costs
   - Avoid contractions ("will not", instead of "won't")
   - Microbe names: capital letter for the genus, whole name in italics
   - Avoid storytelling: use "the animal was examined" or "examination of the animal showed", not "After taking a history I entered the barn and clinically examined the animal" – think of the word count as well as the difference in style! Be ruthless when culling words (you had guidance on this in the B-PAP module). In case you are wondering: the word count is imposed by the fact that modules worth 10 credits have an overall maximum word count allowed by the university.
   - The whole report should read as a scientific report.

2) References
   - Use the guidelines you have been given ('Cite them Right'). Ensure that in-text citations tally with your reference list.
   - Use the highest quality reference available, i.e. primary / original scientific reports > review articles > textbooks > industry literature (the last may be appropriate in report to client, though).

3) Drug usage & doses
   - State the generic name of drug plus trade name & manufacturer in ( ).
   - Give the dose rate in mg/kg BW. This allows reader to quickly compare to other publications or drug formularies. It is unacceptable to just state volume given, drug concentration and weight of animal, because (a) you are asking reader to work out dose rate and (b) this is not good practice: working on a volume-basis can easily lead to under- or over-dosing should the drug concentration change (e.g. different product being used).
     Exceptions are local anaesthesia or topical drugs, where concentration and volume given is acceptable. However, for local anaesthesia, the dose rate still comes in handy to compare to toxic doses.
   - Try seeing it this way: the reader has to have enough information to know the dose is correct and to be able to find the same product if, in a research project, they wanted to duplicate your work, or wanted to use exactly the same treatment of a clinical case. They should not have to look up anything.
   - Demonstrate your understanding of prescribing (e.g. prescription cascade, RUMA)
   - All lab results should be presented in SI units, which may require conversion in some cases.

4) Tables (& figures / images)
   - Tables potentially are a double edged sword: useful to summarise information, but if you find your table becoming large and cumbersome because you are writing paragraphs within it, have a rethink – it might be better as text.
   - Remember to refer to any table (and figure / image) in the main text, and that the table / figure should be interpretable and make sense without having to refer to the main text (i.e. provide a good caption).
   - Tables containing essential information (like clinical examination findings, action points etc.) will be counted in the word count. Exceptions are lab results. Please see the word count details you have been given.

5) Problem and differentials lists
   - By the time you reach C-modules, the problem list should be a mental one, leading you to a considered list of differentials which encompasses all the problems (rather than you giving us a list of problems, then a list of differential diagnoses for each one).
   - Consider your differentials in order of likelihood, and indicate why / how you ruled or could rule each in or out.

- Consider drafting a differentials list for herd investigations, too: it will focus your mind and prevent you from overlooking any major causes.

6) Reflection or discussion
   Try and see this section as a scientific review of the case: discuss it clinically and in a manner that educates the reader and is objective. Use references to back up your discussion points.
   You may wish to consider alternative / better approaches to the case, but try not to let it become too personalised. For example: "it would have been better to do XYZ, given the evidence of Oultram et al. (2008) who state that…." reads so much better than "I feel I would /would like to do XYZ next time because I have read that….."

7) Show off your knowledge & understanding
   Remember that the reader (here: assessor) only gets as much insight into the case and your approach to it as you put in your writing. In your head, everything may be detailed and clear, but unless you bring this to the paper we cannot assess it. So make sure you show off your logic and knowledge, provide justifications etc.

8) Economics of the case
   We expect a brief outline of the economics of the case: for example, the cost of the work-up / treatment / intervention / implementing advice versus the value of the animal (taking prognosis into account) or what reduction in disease level it would take to recoup the cost. Ballpark figures are sufficient, and you are welcome to include aspects that are difficult to put a monetary value to (like accreditation, closed herd or pedigree status).