The Case Report

Case reports that you read in the literature are rarely simple and straightforward because the unwritten rule is that they need to be novel, provide new information and be generally considered to be of educational value.

This is not the case with the case reports you submit - The modules are designed to be completed by practitioners working in first opinion practice. We are not looking for the type of odd or exotic case seen only in referral practice.

Case Selection
This is clearly a vital part of the case report process, and indeed is a skill which needs to be developed in the modules. Choose an inappropriate case and you are simply making the task much harder for yourself. The case reports that you will be producing do not need to represent “zebras”, in fact it may be best that you stay away from very complicated cases since the reason you are doing them is, in part, to demonstrate core competencies in approach to cases within different body systems.
As we work through each body system we will be giving you guidelines as to the type of cases we want you to select. The point of the case report is to demonstrate your overall approach and clinical reasoning process as well as your ability to critically reflect on the case and demonstrate appropriate use of evidence based medicine. You may want to revise your A/FAVP.1 module where these are specifically discussed.

“When you hear hoof beats think horses not zebras”

We are looking for a normal case that you have seen, diagnosed and treated yourself (with input from referral centers if appropriate, well worked up, within the constraints of normal veterinary practice. If constraints – imposed by practice facilities or the economic abilities of your client prevent you from carrying out certain tests then that should not necessarily preclude the selection of a particular case for a case report. It is perfectly acceptable to present a case where acceptable “corners were cut” due to lack of finances, facilities, operator skill, etc. if you acknowledge and explain this. But these must be acceptable corners, and the decision making process or clinical reasoning process must be adequately explained.
There does need to have been enough basic work up to demonstrate your clinical reasoning process adequately and preferably reasonable follow up to have an idea of outcome, so case selection is still important.
Case Structure

Case structure may vary and you should remember to read the specific instructions for each case prior to submission but generally a case report includes:

1. Presenting problem
2. History and signalment
3. Diagnostic approach – including your clinical examination findings and diagnostic investigation. Outline diagnostic data base and what you did to establish it and, where relevant, why (clinical reasoning) including logical and systematic approach. E.g. to determine the cause of the azotaemia, a PCV and TP as well as a urine specific gravity were measured. Don’t forget to include a problem list and list of possible differentials where appropriate.
4. Treatment and outcome (including reasoning process)
5. Discussion and reflection on the case
6. Reference list (using Harvard Style)

An important part of the case report process is Discussion and reflection – you must reflect on your own case when you present it. What did you learn from this case in light of your subsequent review of the literature (or what you’ve learned on the module?)

Importantly your group will comment on each other’s cases allowing you the opportunity to re-examine what you did in the light of someone else’s opinion. This will not mean you have done something wrong in your management, but it might mean you have the opportunity to look at other approaches, to question why you might have done it this way vs. another (many times in practice we do and don’t think why at the same time), and there may even be new information out there that can be incorporated into future cases of similar type.

Some items worthy of note for BEP.3 module cases:

- Don’t refer to the animal by name
- Avoid the use of the first person i.e. put ‘On examination….’ Rather than ‘when I examined’
- Keep your initial presentation of the case (History, signalment, clinical exam, etc.) brief and factual - If it is not relevant to the case do not include unnecessary background details in the history
- Do not include lengthy details of normal findings on a clinical examination unless you want the reviewer to be aware that you have assessed some particular aspect of the examination that is relevant to that case. It is sufficient to detail any abnormalities and to write that “the remainder of the clinical examination was unremarkable” in most cases. You could include the complete findings of your clinical examination, including normal values, in a table if you prefer. Particularly where most findings were considered normal but you want to show that you specifically checked them.
- Explain your clinical reasoning process. It is your clinical reasoning allied with a good clinical approach both in terms of examination and choice of diagnostic tests which is key to a good case report.
• Don’t forget the problem list!
• Your list of differential diagnoses should demonstrate that you have a good sense of priority for the case that you are presenting
• If the points on your problem list are likely to be related (e.g. inappetance and weight loss) then write a sentence to link them and write your list of differential diagnoses accordingly. If you do want to write a complete list of differential diagnoses for each point on your problem list (for your own benefit) then this should be placed in the appendix. You should, however, ensure that you have a clear and relevant and reasoned differential diagnosis list for the case after the problem list and before you carry out any further tests. Also ensure you consider relevant differential diagnoses for EACH problem that you identify in order to show a logical approach. Once you make a final diagnosis you should then go back and ensure that it explains all of the problems identified. If not you need to rethink your diagnosis or consider concurrent disease. Each problem should be explained by your final diagnosis.
• In some cases, notably many surgical cases, the problem list and differential diagnosis list will be much shorter compared to complex medical cases, you should use your judgment as to what is appropriate for your specific case.
• Make sure that you refer to any medications used correctly e.g. phenylbutazone (Equipalazone; Dechra) 4.4mg/kg intravenously once daily. You only need to state the trade name and manufacturer on one occasion throughout your report and then you may simply use the generic name.
• You are not expected to present the perfect case. You are expected to recognize when the parts in the case where it is not a perfect case and reflect on this in your discussion so you demonstrate awareness of the problems of the case and explain your logical clinical reasoning that lead to those decisions and what you may do differently in the future. However your management of the case should be adequate, logical and safe!
• The discussion should not be a literature review, but rather a discussion of any points from your individual case management that could have been good, or bad, or done better, or to explain why the case was managed in a particular way. That said any pertinent points raised in the discussion should be discussed with reference to the published literature.
• Include copies of your lab results and diagnostic images. These images should be of diagnostic quality and made of an adequate size for the reviewer to be able to see clearly to be able to assess your interpretation of these images. There are guidelines for images in the information on presenting reports. You may be able to experiment and see how your images look best. Larger images are easier for the examiner to assess so long as they can be uploaded correctly and without loss of detail so you may be able to include larger images than those suggested in the instructions.

Images and lab results – further guidance

All abnormal lab results and images which have been used to diagnose a condition should be included within the text of submitted case reports with appropriate labelling. If the images / lab results are normal and do not show the pathology relevant to the diagnosis they do not need to be included in the main case report and can be placed in the appendix. (Full copies
of all lab results must be included in the appendix normal radiographs / images need not be included if numerous)

- For example, lab results, radiographic images, ECG traces, endoscope or ultrasound images which demonstrate pathology/ abnormalities should be included where possible. Inclusion of lab results and radiographic images is mandatory as these should always available. We recognise that still ultrasound images or images from endoscopic procedures may not have been recorded and may be unavailable. Assessors can only follow your reasoning process if they too are able to view the lab data and diagnostic images which you have utilised in your case work up and management. Where the case may have been referred for further investigation and you do not have access to images etc. a copy of the report or relevant section of this may be included in the appendix.
  - Failure to include this information may result in a penalty or in extreme cases may result in cases being returned. If you have further queries about a particular case please contact your module coordinator.
  - Plan ahead – you may need to ensure you have post-operative radiographs, follow up blood tests or other aspects of the case in order to be able to present the best case for assessment.
  - The purpose of the discussions on other certificate candidate’s case reports is to show that you can reflect on case management by other veterinary surgeons. We understand that you want to be supportive to your colleagues, and also that it can be difficult to make comments on cases if other candidates have already posted comments but the aim of posting discussions is NOT to purely congratulate each other.

**Grading and feedback:**

Case report skills develop over time and there will be detailed feedback provided by the assessor regarding areas of improvement - this should be used constructively for your next submission. Please bear in mind that some parts of the feedback will be tips and experiences of the assessor. Feedback comments do not always reflect criticisms or areas where marks have been deducted but are added for your benefit and as a valuable part of the feedback process.

Masters grading is set higher than undergraduate grading and a good mark on the rubrics is set at 65%, therefore to achieve >80% the work must be excellent. We recommend that you read the rubrics (assessment criteria) thoroughly.

**Word count and Formatting issues:**

Please format all text as Arial, Font size 11, Line spacing 1.5. The word count does not include references, citations or information in the appendix. Nor does it include information in tables (e.g. blood results) or labelling diagrams or pictures. Pay attention to the Harvard referencing guidelines and adhere to them. Proof read carefully. Your examiners are not being petty by noting errors, but are following University assessment procedures monitored by our external examiners.