

## Case Report Guidelines for B-PAP

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. We will be giving you guidelines as to the types of cases we want you to be looking for in each module as we go through, but the point in this B module is for the case report to demonstrate your **overall approach**, **clinical reasoning processes** (equates to *understanding*), **reflection and evidence based medicine** and your ability to **communicate** these effectively in written form. 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, 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 preclude the case as a case report. However, don't forget to explain your clinical reasoning as to why you did not carry out those tests, what factors influenced those decisions, and reflect on whether this could have caused errors or problems in your diagnosis or management of the case. There does need to have been enough basic work up though to demonstrate your clinical reasoning process adequately so case selection is still important.

Some case reports will be stipulated as to being an individual animal, others will stipulate a group or herd/flock case; make sure you read the question and write up the correct type of case.

## Report Structure

You can vary this, but generally a case report includes:

1. **Title** (do not include “case report” or the name of your module – we know that, ensure the title reflects the case e.g. ‘Urethral obstruction in a ram’)
2. **Introduction** for setting the scene – keep very short
3. **Case details** - usually includes patient/herd details, history and presenting complaint.
4. **Investigations** – diagnostic data base and *what* you did to establish it and, where relevant, *why* (clinical reasoning) which should demonstrate a logical and systematic approach
5. **Problem list or Differential Diagnoses clinical reasoning process**
6. **Treatment/management** (including reasoning process)
7. **Discussion and reflection** on your case in the light of the literature or what you’ve learned in the module

An important part of the case report process is **reflection** – you must reflect on your own case when you present it. ***What did you learn from this case and/or your subsequent review of the literature/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.

## 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.

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.
- Figures and tables should be used to complement rather than duplicate the text and the use of photographs and other illustrations is encouraged (“a picture paints a

thousand words” as the saying goes). Figures and tables are not a means of adding to the word count. Your text should stand alone and make sense even if the figures and tables were removed, but they are a sensible way of incorporating data.

***Some items are worthy of note:***

- Keep your initial presentation of the case (History, clinical exam, investigations etc) brief and factual with no detailed explanation of reasoning, you can use the later sections to pick up and expand on those. You must include a description of the farm/its systems in order for the case, whether individual animal or a herd/flock, to be taken correctly in context.
- You are not expected to present the perfect case without any faults. Your management of the case should be logical and safe; marks will be deducted and appropriate feedback given if your fundamental management of the case is poor/dangerous/negligent  
You are expected to demonstrate your clinical reasoning and highlight where, on reflection, your approach could have been different (e.g. a more conservative approach, a different technique, more diagnostics, follow up, treatment) and in so doing demonstrate you have learned from the experience.
- In all cases your **reflection should be in the light of the current literature** on that topic.
- 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.
- The discussion, if required for your specific case report, 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.
- Don't refer to the patient by name (may be relevant if writing up a smallholding/backyard pet case)
- Clinical examination: It is not sufficient to summarise a clinical examination by abnormalities and then assume “all other findings were normal” as examination of the ruminant can include specifics which it is essential we know you performed. 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.
- Your list of differential diagnoses should demonstrate that you have a good sense of priority for the case that you are presenting. Do not present a long problem list, followed by the differentials for *each* problem. Whilst a problem list is a way of consolidating your thoughts about the case, you should be able to incorporate the problems you have identified into the description of your clinical examination and other diagnostic tests, then come up with a list of differentials which encompass your findings. 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.
- 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 judgement as to what is appropriate for your specific case.

- Do not be under the misunderstanding that the reviewer expects a “perfect” work up for your case report. In fact, if you perform unnecessary tests for a particular case investigation then this does not suggest that you are just being thorough it suggests that you don’t have a good understanding, knowledge and sense of priority relating to the case that you are presenting. 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.
- Include copies of your lab results radiographic and ultrasound images if relevant and where possible (see notes below for further guidance). 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.
- 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. Comments may be based upon personal experiences of similar cases/your opinions and /or be referenced comments which add to everyone’s understanding of the case. Increased use of evidence rather than just anecdotes does attract higher marks.

### 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 images need not be included if numerous)

For example, lab results, ultrasound and radiographic images which demonstrate pathology/ abnormalities should be included where possible. Inclusion of lab results and radiographic images is **mandatory** as these should always be 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 data or 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.