

# Casebook Writing and Defense Without Tears

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## Introduction

The West African College of Physicians (WACP) and the National Postgraduate Medical College of Nigeria (NPMCN) have handbooks for residency and they cover the particular requirements of their faculties of Family Medicine on dissertation and casebook. This article is just guide to candidates on how to write up the cases they choose to include in their casebooks so that they avoid stumbling blocks during assessment of their casebooks by examiners and defense of these books at the final/part 2 fellowship examinations.

Though casebooks are scheduled to be phased out in the final fellowship examinations in family medicine the contents of this guide are appropriate for candidates who will write and defend casebooks before the “retirement” of the books. More importantly the contents of this guide are invaluable to fellows and lecturers who desire to write dignifying journal articles; it leaves bad taste to read journal articles with unnecessary and distracting fundamental errors.

## Preliminary pages

Preliminary pages of a casebook consist of:

Cover page

Declaration

Certification

Dedication

Acknowledgments

Table of contents

List of abbreviations

The preliminary pages are in Roman numerals (i, iv, ix, xxii, etc.) and precede the main portion of the casebook which is numbered using Arabic numerals (1, 3, 13, 87, etc.).

### Cover page

The cover page of a casebook should meet the following criteria:

\*Casebook title

\*Author

\*Study center

\*Purpose/Examining body

\*Examination date

**Casebook title:** This states that the work is a Casebook of 15 (or other appropriate number) Cases/Patients – e.g. A Casebook of 15 Patients

**Author:** The next is the name of the author/resident – the candidate’s name should be written correctly. My name, just like for most of the candidates, has three components i.e. first, middle, and last. The first name is the name that you are usually called. The middle name for some people is the father’s name, alternative/additional first name, etc. The last name is the family name which is synonymous with the surname – usually brothers and sisters have this name in common. For example, my name is Inyang Akpanika Ukot. Inyang is my first name; Akpanika is my father’s name; Ukot is my family name.

In most documents the surname is required first. When this is the required or personally chosen style the convention is to write a comma just beside the surname. After the comma the next component of your name is the first name in full or sometimes the first letter in upper case/capital. The final name to be written using this style is the middle name which may be in full or using the first letter in upper case. This means that my name that is normally called or written starting from first name to surname as Inyang Akpanika Ukot should, in this case, be written as Ukot, Inyang Akpanika. In summary:

Ukot (Surname) followed by comma (,);

Inyang (First name) after the comma (,) ;

Akpanika (Middle name) as the last entry.

This is written as:

Ukot, Inyang Akpanika or

UKOT, Inyang Akpanika

but it may also be written as:

Ukot, I. A. or

UKOT, I. A.

Finally, on the sub-heading of Author, the candidate must be the one who actually and actively managed the conditions in the casebook. The examiners who assess casebooks prior to the examinations and before whom the candidate defends the contents are experienced enough to spot cases that the candidate was just an observer or hardly participated in their management.

**Study center:** The study takes place in an accredited center (or centers). The patients' conditions may have been managed in one or more accredited centers and their names and locations should be indicated.

**Purpose/Examining body:** In this part of the work the candidate mentions the examining body that the book is to be presented to e.g. The West African College of Physicians or the National Postgraduate Medical College of Nigeria; the same paragraph indicates the purpose of the work and presenting it to the institution as e.g. "In Partial Fulfilment of the Requirements for the Award of the Fellowship of the West African College of Physicians (FWACP) in Family Medicine" The faculty that the work pertains to must be indicated for this portion of the write-up to be complete. This, however, is written in upper case throughout i.e. IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE FELLOWSHIP OF THE WEST AFRICAN COLLEGE OF PHYSICIANS (FWACP) IN FAMILY MEDICINE just as every component mentioned above. When it is the National Postgraduate Medical College of Nigeria the same wording suffices and is applicable.

**Examination date:** The date of the proposed examination is very important. A returning candidate should be particularly careful not to "copy and paste" this important page using information that applies to a previous examination.

### **Declaration**

The candidate does written declaration. Declaration states that the work is original, was carried out by the candidate, and has not been presented in part or in full for publication elsewhere. The candidate should couch it in the standard words dictated by the examining body. The candidate's name, signature, and date of declaration are indicated at the bottom of the page.

### **Certification**

Certification states that the candidate who makes the declaration indeed carried out the work documented in the casebook. It does not stop there for it must indicate that the named supervisor(s) who is/are the undersigned actually directed the project. When there is one supervisor, that supervisor must be a fellow in the specialty in the index college; when there are more than one supervisor, one must be a fellow in the specialty of that college and the other may be a fellow in the same specialty but in a sister college or even from another specialty but their experience in supervision of such postgraduate work is required. The head of department of the candidate also certifies that the candidate is a resident in their specialty/department and the name appears at the bottom of the page. It is an aberration for the supervisor(s) and/or head of department to append their signatures and indicate dates of certification that come before the candidate's declaration date.

### **Dedication**

The dedication page indicates an individual, persons, or entity/entities that the candidate holds in high esteem and may have a positive influence on the life or career of the author.

## **Acknowledgments**

Acknowledgments are made of persons who have made specific contribution towards the success of conceiving, carrying out the research, documenting it to the point that it is ready for submission for eventual defense. These may be supervisors, head of department, consultants in the same department, consultants in other departments during rotations, junior colleagues, contemporaries, persons who rendered secretarial services, editing services, etc.

## **Table of contents**

Table of contents is one of the most important components of preliminary pages. Correctness and orderliness in the table of contents somehow give a indicator to what to expect in the body of the casebook. The candidate should list the case studies in the casebook accurately from the first to the last. Many candidates use riders in the titles but fail to show the relevance of such riders in the write-up. The table of contents should group cases that are more than one for a major specialty together before listing a case whose title belongs to another specialty e.g. it does not demonstrate good organization when a candidate makes an entry in Maternal health, follows it with one in Otorhinolaryngology, and another in Emergency medicine, then the second case with a title on Maternal health; the two titles under Maternal health ought to come one after the other. Pagination of the titles should show the initial/starting page of the case study and not a range i.e. 36 or 101 rather than 36–40 or 101–106. With respect to use of upper case and lower case it is necessary to refer to the requirements of the college and the relevant specialty/faculty.

## **Selection of clinical conditions for documentation**

Some candidates make the mistake of choosing and writing on clinical conditions that catch their fancy; this is unnecessary. Essential features of cases that should be studied and documented include:

***Relevance to family medicine*** – There is almost no clinical entity that does not have an angle on family medicine; the doctor and, in this case, the researcher should spot the tilt towards or aspects that show family medicine relevance. The case does not have to be an unusual case although an unusual case that is appropriate may be chosen and written on.

***Candidate's interest in the condition*** – The candidate must have interest in selected cases and be willing to research into and document them. The candidate whose interest in a case is fleeting may drop the case along the line; when this happens, especially when it is recurrent, there is waste of time that eventually it reflects on the candidate's submitted work – which is usually a hurried work.

***Availability of the clinical condition and the patient*** – The medical condition should be available in the community and the training center. The patient should not be a visitor to the community; if they are, they must not be on a brief visit or the case will be documented superficially, illogically, or incompletely.

**Timing of selection of patients/cases** – It should be obvious that if a candidate is interested in choosing a patient with a chronic condition or one that requires long-term care e.g. cancer or pulmonary tuberculosis the selection of such patients should be in the early part of the research. If the candidate makes such cases be among cases found in the last set of patients – and therefore close to the time of submitting the casebook – the case documentation may not capture some important aspects of the progression of the disease condition or results of therapeutic or surgical intervention. The examiners may find the documentation hollow and the defence by the candidate may be unnecessarily difficult.

**Satisfactory disposal of the case** – The chosen condition should be reported from the beginning to the end. Since the condition is in a person, consent of the person should be obtained before selection of the case and choice of the particular patient; two or more people may have the diagnosis but only one person may be suitable. The patient should be made to understand that follow-up visits may be required not only for the condition but also for the research; when the patient's co-operation is assured or at least promised, the candidate may commence and continue with the documentation. Usually more time is spent on chosen patients. It is when this happens, especially in family case studies, that there is a great likelihood of satisfactory disposal of the case. Finally, the candidate should be wary of documenting death of, or complications in, the chosen patient; if there is an important family medicine lesson to learn from a patient with negative case disposal that importance must be confirmed with the supervisors so that the case study does not turn around to be the little fox that spoils the casebook vine.

### **List of abbreviations**

Every candidate should pay close attention to accuracy of the entries on the list of abbreviations. They should not make assumptions as doing so has led to unnecessary errors. Finally, the candidate should ensure that all abbreviations used in the casebook are included in the list except the ones that are commonplace in the English language like **e.g.** and **etc.** The full stop(s) that is/are associated with appropriate abbreviations (as in the ones I just used) should be included, the ones that start with lower case like **pH** should be taken note of, the ones that have superscript like unit of temperature <sup>o</sup>C (and not *zero* Celsius <sup>o</sup>C), and **HbA1c** for glycated/glycosylated hemoglobin should not be written as HBA1c with B and the letter I rather than **b** and the number **1** means nothing though HB is the abbreviation for Hepatitis B.

### **Introduction**

The introduction presents the assessor, examiner – and, indeed, any reader – with an overview of the purpose and contents of the casebook. The candidate does well to mention or describe where the center is (or centers are), describe the nature of the center and training going on there, describe the department, mention staffing, and also indicate the level of clinical services available including support services like diagnostic capabilities and limitations. Providing clear information on the center enables the assessor and examiner, while reading through the contents of the casebook to understand why certain things were done or left undone.

## **The cases**

Each case study report commences with introduction of the patient whose clinical condition(s) is/are reported. This generally consists of:

**Name** – To meet the requirement of confidentiality of information on the patient only the first letters of the first name and surname are indicated; for my name that would be **IU**.

**Age** – As far as it is reasonably practicable the actual age of the patient should be indicated. Should the patient not know their actual date of birth, as it occasionally happens for adults, the approximate age is used.

**Gender** – This is obvious except in patients who are transgender or do not want their gender to be documented.

**Hospital/clinic number** – A patient-specific hospital number is allocated to the patient who is fresh to the medical facility. All those who are registered patients are expected to mention their number and the case file is brought out if it is paper case file; if the medical facility or institution operates electronic medical records the electronic process is followed to retrieve medical record of the patient based on number or name – the record is then posted to consulting doctor.

**Tribe** – In Africa the patient's tribe is frequently a requirement by hospitals.

**Religion** – What applies to tribe also applies to religion.

**Marital status** – This is indicated as married, single, divorced, separated, or widowed.

**Occupation** – Occupation is documented in various ways but the most basic is Employed, Unemployed, and Retired; this is for adults. For children what is commonly entered is Schooling, Student, or Pupil. A preferred method of documenting occupation is the actual occupation but this is frequently wrongly entered; for example Doctor is entered as occupation rather than Medical practice; ditto applies to Lawyer rather than Legal practice. This can be applied to many occupations/professions e.g. Teaching, Nursing, Trading, Driving, etc. but sometimes it could be difficult to decide what to write. What do you write for a mechanic or housewife for example?

**Address** – For the same consideration of maintaining a patient's confidentiality and security the address is not documented in detail. The street name, village, part of town usually suffice as long as the state name is documented. For a visitor who becomes ill and needs medical attention in a medical facility the imprecise address of the host, hotel, or institution, company, etc. may suffice. That information may be skipped for an unconscious patient who has been stripped of possessions including means of identification at an accident scene, etc.; the documentation could be done later.

**Date of consultation/presentation** – This must be precise.

**Date of admission** – Precision is also required here.

*Date of discharge* – This is essential for admitted patients. It may not be wise to use patients who discharged themselves against medical advice for case studies for a casebook unless there is a significant lesson to learn from that patient and their clinical condition.

*Last menstrual period* – Any female in the childbearing age range should have the last menstrual period (LMP) documented. Some patients do not know or remember the LMP but first, middle, or last part of the month suffices rather than skipping LMP in such patients. For menopausal patients the candidate could simply write Menopausal for so and so number of years.

**This is the first part of this article. It is free up 30 November 2022. The full document will be available from December 2022 for a token amount.**