

## GUIDELINES FOR SUBMISSION OF CASE REPORTS FOR SENIOR RESIDENTS

### INTRODUCTION

To assess the approach and thought flow in the diagnosis and management of complex endocrine and metabolic disorders, senior residents will be required to submit case write-ups describing presentation, diagnoses, treatment and follow-up of 7 patients with endocrine disorders. This will enable the assessment of the senior resident's proficiency in some of the less common disorders. The following guidelines are provided for submission of case reports. These guidelines are provided for senior residents in endocrinology submitting case reports as part of the requirements for exit certification in Endocrinology.

### CASES FOR INCLUSION / EXCLUSION

The senior resident must have had a **major participatory role** in the **evaluation and care** of the patients described. It is preferable that the cases selected are personal patients of the senior resident – however it is acceptable to use cases of others in whom the senior resident played a major and significant role in evaluation and management. If the case submitted was largely managed by someone else and the senior resident neither evaluated the patient nor dealt with the complex management issues, then this case will receive a failing grade. Cases selected should have **sufficient follow up data** and therefore it is not advisable to submit cases that have defaulted follow up or in whom follow up data are not available.

Case write-ups have to be handed in 3 months before the end of the training year.

Year	Number of cases
1	1
2	2
3	3

At the end of the training, the write-ups must fulfil the following criteria:

- 1 write-ups from Category A
- 2 write-ups from Category B
- 2 write-ups from Category C
- Final write up can be from Category A, B or C

<b>Category A</b>	Reproductive endocrinology Gonadal disorders Polyendocrinopathy Multiple Endocrine Neoplasia Pancreas Hypoglycaemic syndromes (non-diabetic) Ectopic hormone secretion Paediatric Endocrinology
<b>Category B</b>	Diabetes Mellitus Hyperlipidaemia Thyroid
<b>Category C</b>	Hypothalamus-pituitary disorders Calcium, Bone or Metabolic Disorders, Adrenal disorders

The purpose of the write up should be an educational one. The problem presented must be complex enough to be included in the write-up. As such, senior residents are encouraged to write up cases that are common presentations of unusual conditions or uncommon presentations of usual conditions. It is also acceptable to write on unusual presentations of uncommon conditions. If the case submitted is a common presentation of a common condition and the educational value was not sufficient for a registrar grade, then the case is unsuitable and should receive a failing grade.

### **CASE WRITE-UPS**

1. Each case write up must provide **sufficient details** of the patient including age, sex, date of first consultation, date first seen in institution, date first seen by the senior resident and date last seen by senior resident. Initials may be used for names but the patient should not be identifiable. Please do not include the name of the principal physician in charge.
2. The case write up must include the **relevant positive and negative history and physical signs**.
3. A detailed documentation of the **relevant investigations** done and the candidate's interpretation of these investigations including the candidate's justification / criticism on the approach (particularly if it does not follow the standard recommendations) to the evaluation of the primary condition should be discussed. Senior Residents are encouraged to discuss problems related to evaluation including assay / investigational

sensitivities / specificities / limitations. Where appropriate, cost-effective evaluation should also be discussed.

4. The write-up must include **management of the problems** (acute and long term including follow up) and where relevant investigational / surgical complications or problems. The discussion should also touch on alternative therapeutic modalities and the risk vs. benefit. The approach to the clinical problem must be in keeping with expected practice. If deviation from standard protocol was observed, this should be appropriately justified.
5. Where relevant, senior residents are encouraged to provide line drawings, photographs of radiological / pathological or clinical findings as part of the write-ups. While these are not mandatory these would help enhance the quality of the write-ups. The reproductions should ensure that patients are not identified (e.g. digitally masking names, identification numbers, blocking the eyes)
6. The discussion should also contain a **commentary** on the typical / atypical presentation of each case together with a note on how the senior resident had benefited from evaluation of each case,
7. Each case write up should be **adequately referenced** (please follow the international standard with respect to the way references are written in journal presentations) with the important references pertaining to the subject discussed.
8. The case write up should **not be a theoretical discussion** on a subject but a **case centred** discussion. Hence regurgitation of text book contents or “cut and paste” from “Up-To-Date” or other online publications is not advisable.
9. It is mandatory for senior residents to pass each of the history section and the physical examination portions of the case write-up.
10. Case write ups will be marked as one of the 3 possible grades –Pass, Borderline Pass and Fail. The case write up will be **marked by 3 examiners**. 3 marks will be awarded for a Pass grading, 2 marks for a Borderline Pass grading and 1 mark for a Fail grading. A minimum of 7 marks is required for the case to be considered an overall Pass.
11. If a case write-up had received an overall failing grade, the candidate will need to rewrite the case, addressing the points the examiners have raised. Alternatively, they may submit a brand new case write-up in its place.

12. The points of contention will be relayed to the candidate and the candidate should seek to address but not confine the rewrite only to these issues that are raised. If the candidate feels that the points of contention cannot be remediated by rewriting the case, then he/she may choose to submit a new case in its place.
13. For Year 1 and 2, the candidate will have 2 months to resubmit the case again for evaluation.
14. In order to be eligible for the exit viva, the candidate must have passed all write-ups of R4 and R5 and 3 out of 4 write-ups of R6.
15. For exit certification, senior residents are required to pass all 7 case write-ups.

## FORMAT

- Each of the case write ups should be neatly type-written and with a double margin. Each case write-up should be limited to a **maximum of 4500 words**, excluding diagrams and charts (text within tables will count towards word limit). The **font** should be Times New Roman with font size of **12**.
- Copies of letters to referring doctors / general practitioners will not be considered as case write-ups.
- Only standard abbreviations and nomenclature are recommended. If drugs are mentioned provide standard pharmacologic names with the brand names in parenthesis e.g. Simvastatin (Zocor), Octreotide (Sandostatin).
- In the event of the case write-ups being unsatisfactory or not meeting the expectations of the Endocrinology Residency Advisory Committee, the write-up(s) would be returned to the senior resident for resubmission with the relevant comments.

RESIDENCY ADVISORY COMMITTEE (ENDOCRINOLOGY)