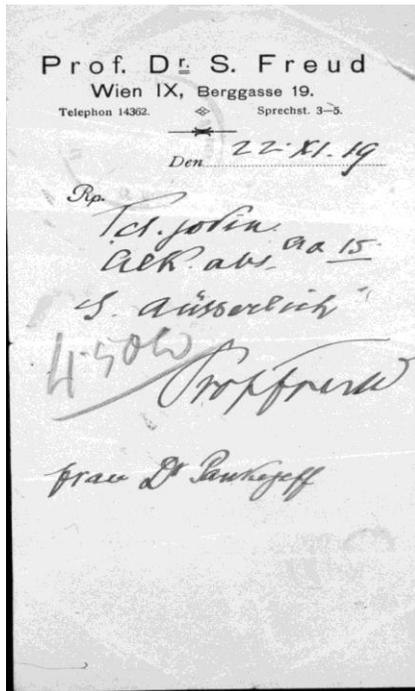


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## Case Study: The Record of a Profession



Some of the most interesting case studies ever written and read are those by Sigmund Freud. The “Rat Man” (OC), “Anna O” (dissociative), “Little Hans” (phobias), and the “Wolf Man” (neurosis) have all become famous. At their core, they are stories. True stories. And they impart real world lessons about problems that demand solutions. They convey that there is an art or craft to problem solving, to the very act of observing, noticing, and recording in words that which presents itself as a problem, riddle, or fact of suffering. There is a method to case studies; they teach how to think creatively and critically. The case study method of learning is immersive. It is a true experiential education because one can use all of one’s senses, which makes the reader use theirs.

A few points about studying cases:

- Theory and practice are too often separated. Exchange is needed between the two. This is worth mentioning because of the issue of disseminating knowledge.
- The unknown is encountered in clinical practice every day. The unknown is a problem without a solution, a question without an answer. It can sometimes be resolved fairly easy by stepping into the known, i.e., the literature, database or archive. But sometimes it may not be found in the record. In that case, you must draw on skills to guide your practice when you confront the unknown. And you must simultaneously be open and intuitive.
- As students or beginners in your profession, your skills are not merely “basic.” Someone can always learn from you. This should guide you in creating a case study. The particular circumstances of a case may very well be those that bring out the best in your skills, knowledge, intuitions, and so forth. They may be circumstances that justify digressing from guidelines and doing things a little different.

- Updating knowledge and skills is an ongoing pursuit. This is precisely where writing enters the picture. A case study is based on direct observation, and observation is all about paying attention to everything and taking both mental and written notes. Awareness itself is/can be a form of learning. And case study writing heightens awareness. In other words, you can improve observation through writing and improve writing through observation.

What makes case studies challenging to write is that most students and practitioners are not experienced/expert writers, which can give them pause and even stop them from trying to write or publish. What follows are guidelines to help you write a case study (CS). With this goal come ways to think about bigger studies and perhaps to reflect on your clinical practice itself.

### **Observing a Life Not Your Own**

Many students “shadow,” which is a form of observation. No matter how you look at it, observation is a challenge and writing is part of observation. How do you go from observation to writing? How do your notes and your memory of the observation coalesce into prose? The writer has to use both rational and intuitive thinking, to put both forms of thought into play.

Observation is a zone in which objectivity and intuition (or experience) hew to the thing observed. One doesn't dominate the other. But we have to train ourselves to look at detail, especially if we're used to ignoring it. Neurologists say our minds are wired to wander. Anything more than wandering requires an act of conscious will.

Observation entails noticing facts about a person. It is deliberate and analytical in nature. It requires *curiosity*. Awareness increases with practice, so one has to practice all the time to become very aware, knowledgeable, and capable of recording signs of illness precisely. This is vital because the CS will always be necessary in some form.

Most health profession students undertake note-taking when the patient is actually present. Whether you're a watcher or a participant—participation can be either in a predetermined or spontaneous way—your written observation should likely record the gist of the observation. It usually occurs under time pressure. Here are some options for note-taking:

- 1) Use a *linear* system like outlining in which you make headings and supporting points. Advantages include not only recording content but also relationships among details. An outline is also easy to review. However, an on-the-spot transcription is not always possible.
- 2) Use a *nonlinear* system such as a chart or double-entry journal in which you list a word or phrase in a left column and put information about that word or phrase in a right column. Advantages include less writing and easy review for relationships.
- 3) Use the *sentence method*, i.e., record a new thought with a new line. You're writing fragments rather than whole sentences because of the speed at which you're taking down the info. This lets you number/bullet, but you have to order the info which can get difficult.
- 4) Use a *checklist* or *rubric*, especially if you have trouble organizing thoughts and putting together a concise differential diagnosis. These data from the patient may not cover everything a clinician needs to have.

How do you use your eyes skillfully? How do you bring the world into greater focus? How do you learn to see with the discerning eye of a photographer, detective, or scientist?

When the mind of the observer (with all their five senses) is engaged, the observed becomes the source of vital information. When we focus, something striking usually happens: the world speaks to us in wonderful ways. Writers are very familiar with this process/outcome. They search for words among words. They search for "it" —it being some elusive truth. Language sometimes seems an obstacle to capturing the "it." But writers get it only through language. Of course, not every word they write burns luminous and eternal, but with maximum attentiveness writers produce sentences that measure as they manifest the world.

With that in mind, always write as if to someone not there. Keeping an audience in mind helps you make good decisions about what to include and how to organize.

### **Function and Purpose**

Present the following: 1) unusual/unreported things like side effects/adverse interactions; 2) unexpected presentations of disease; 3) new associations/variations in disease; 4) an unexpected association between diseases/symptoms; 5) an

unexpected event in the course of observing/treating; and 6) findings that shed new light on the pathogenesis of a disease/adverse effect of a disease.

Focus on either treatment or diagnosis, i.e., how a patient was treated or assessed. The CS can be written after treatment (retrospective) or before treatment begins (prospective) in order to research the literature and to plan for outcome measures. It can also focus solely on learning.

The usual types are diagnostic/assessment, treatment/management, and instructional. The first focuses on ID/evaluation of a rare, confusing, or difficult case; the second focuses on details of treatment and results; the third concerns current practice/strategy or is a literature review.

Regardless of type, the writing of a case study is a scholarly and reflective activity that develops skills, knowledge, and behavior required for practice, and more.

### **Structure**

According to Budgell (2008), a “finished case study should be only 500 to 1,500 words in length” (p. 200). All things considered, if you go less than 500, you aren’t saying much, and if you go over 1,500, you might as well write a full-blown study.

As with most forms of academic/professional writing, gather all your info before you write: notes, lab reports, x-rays, and so on. Budgell says these provide “the clear picture of the story.”

Obviously, you need to be honest about what you observe and record. For most healthcare practitioners today, a problem is more likely to arise from speculating rather than lying or distorting facts. Leave areas you’re not familiar with to the experts. Stick to the facts, Budgell exhorts, and be modest in what you describe. Good advice.

The following template reflects a common CS process, the goal being to chronicle the progress of a patient rather than tell the story of medicine, nursing, PT, or some other specialty. This is step by step.

## TEMPLATE

### Introduction

- Context for the case and similar cases previously reported (if any)

### Case Presentation

- Introductory sentence (“This 25-year-old female office worker presented for treatment of...”)
- Essential nature of complaint
- Further development of history
- Factors such as responses to treatment
- Health history (if relevant)
- Family history (if relevant)
- Summary of exam results incl. general observations

### Management & Outcome

- Specific description incl. nature, frequency, and duration of care
- Objective measures of patient’s progress
- Description of resolution of care

### Discussion

- Synthesize all sections
- Summarize lessons learned

### Consent

- If you’re going to publish, you need consent signed or obtained from parents
- Keep the language concise and succinct
- Don’t use first person
- Use something like “Written informed consent was obtained from the patient for publication of this CS...”

### References

### Finally

To write a case study well, you only have to know what you’re supposed to do and carry an attitude of curiosity that will enable you to select details which add up to something useful. Once you record the details of an exam into a CS, you become an authority. You may not know more about a patient than others do, but your written observation commands respect by its truth to facts. When you think about it, writing to establish truth through facts is the natural way to write.

**Commented [AR1]:** Provide the background of the disorder, presentation, and/or progression in 1-2 sentences. In a single sentence, review the literature of similar cases or simply mention if similar cases have been reported. Cite the reference. The intro should define terms and provide relevance and purpose. This might mean stating the challenge of diagnosis/treatment of the condition. Do this stat. Keep the intro focused and provide a clear sense of purpose. Most intros will be anywhere from 1-3 paras long.

**Commented [AR2]:** This is the raw data. Introduce the patient, i.e., state why s/he came to your clinic. Include history, signs, symptoms, in the patient’s own words, if possible. Obviously, do not ID the patient or dates of any kind; do not include unnecessary facts. Then, present the info gathered from the exam. This should be limited to what yielded the diagnosis. Present in a narrative form. Use full sentences that sum up the result of your questions. The data obtained from your questions are not the results of the exam, simply the results of the questions. Now describe the results of the exam. Again, write narratively. Don’t include every detail. If you used tests/assessments, name them here and describe the actual results. Assume there may be readers who do not understand “negative” and “positive.” All this is done before you present your working diagnosis. Each case will be different, but every case must include demographics (age, gender, occupation), meds (even brand names), diet, chief complaint, prior treatments, exams and labs, treatment, working diagnosis and differential diagnosis, before and after metrics, outcomes (positive and negative) of treatment. Some studies include the patient’s perspective.

**Commented [AR3]:** A plan of care would be most essential to include. Discuss what was provided, the outcome, and what will be provided. Let the reader know how long the patient was under a practitioner’s care and what treatment was used. Always use a common name, if one exists, of a treatment, but in any case be specific. Again, if the patient’s perspective is useful, use it. Have things improved or worsened? As much as possible, try to validate this info. Was treatment finished? If so, how or why?

**Commented [AR4]:** This is the most important section. The significance is outlined here. You can’t provide a complete explanation for everything observed and you can’t list all the possible hypotheses that might explain the patient’s condition. You’re not writing a scientific paper but a chronicle. Summarize the lessons learned and don’t repeat info. Use critical thinking, clinical reasoning, and reflection. If this case represents a “first,” your opinion is valuable. Therefore, suggest/hypothesize about treatment, but mainly identify questions the case raises.