Description of a Case Study Report

A medical case study report is an article that describes a particular patient's diagnosis and treatment plan. Most of the cases chosen for published medical case studies are of unusual diagnoses, or include complications in treatment. A case study report is written in a specific format and can be submitted to peer-reviewed journals.

Case reports are written about patients who have rare or unusual illnesses, or where a treatment plan has an unexpected positive or negative outcome. The purpose of publishing or presenting a case study is to inform the wider medical and research community of an unusual or unexpected finding or event, where doing so might change or improve future treatment or practice.

Confidentiality and Privacy

Researchers/clinicians must take every care to protect patient privacy and should not publish personal information about patients. However, patients should be made aware that because the events described in case reports are usually very rare, it is not possible to guarantee that their identity could not be guessed or discovered by someone reading the report.

Patient Information and Consent

Research ethics guidelines require that a patient who is the focus of a medical case study report must provide written consent. Many journals also have their own consent forms that must be completed and signed by the patient before the report is submitted

By signing the consent form patients gives consent for researchers and relevant research staff to collect and use personal information about them for the case study. Any information obtained in connection with a case report that can identify patients, must remain confidential and stored securely. Patient information must only be used for the purpose of reporting the case study and must not be disclosed with your permission, except as required by law.

The participant consent form should be signed by the patient, if he/she has decision-making capacity, or by the patient's parent or legal guardian, or if the patient is under 18 years of age, the patient's Senior Available Next of Kin.

How to Write a Case Study

- Collect relevant copies of the patient's labs, x-rays, or any clinical photographs
- To write the medical case study report follow the standard format for the report, as outlined in the BH Case Study Report Template
- Provide the patient/next of kin with the Participant Information
- Discuss the case study with the patient/next of kin, provide and request their consent
- Submit your medical case study report to RDU for ethics oversight via ERM
- Keep your source records in the event of queries or audits – records are usually stored at least one year after publication, or longer in some cases (e.g. where the case involves a minor)
- For further instructions and document templates, visit the **Case Study Applications** webpage

For a useful guide see BMJ guide for writing Case reports
https://casereports.bmj.com/pages/authors/#how_to_write

Before writing up a case study, seek advice or support from your line manager and advice from the Research Development Unit (RDU) at **RDU@barwonhealth.org.au**.