Appendix K.

How to Write the Case Discussion

The following are instructions on how to write the Case Discussion:

1. The Case Discussion should be a *brief* narrative review of the case, based on the presenting signs and symptoms, and demonstrating appropriate clinical reasoning in the diagnosis and management. It should not be a “lecture or topic discussion” lifted from a textbook.

2. The discussion should include the following in proper sequence:
   
   A. Complete History and Physical Examination
      1) Chief Complaint
      2) History of Present Illness
      3) Past History
      4) Family History
      5) Personal and Social History
      6) Menstrual History
      7) Obstetrical History
      8) Systems Review
      9) Condition on Admission
      10) Physical Examination
   
   B. Laboratory Examinations/Ancillary Procedures
   
   C. Admitting diagnosis
   
   D. Pre-operative diagnosis
   
   E. Type of operation; Operative technique and operative findings
   
   F. Post-operative diagnosis (include necessary post-operative discussion)
   
   G. Friedman’s Curve or Partogram (for dystocia cases)
   
   H. Course in the ward/post-op management
   
   I. Final diagnosis
   
   J. Discussion Proper: basis for diagnosis, differential diagnosis/diagnoses; justify choice of diagnostic tests; justify choice of management, preoperative management; discuss operative findings, outcome and postoperative management, as well as future plans for the patient.
   
   K. References/Bibliography
3. Attach the following documents for every case:
   A. Photocopy of the patient data sheet (if applicable, according to Data Privacy Policy)
   B. OR record
   C. Technique of Operation
   D. Histopathology report (duly authenticated/stamped “Certified True Copy” from Records section)

4. The grading will be based on a discussion of the salient features of the case. “Copy-paste” and plagiarism are strictly not allowed. Typographical errors and poor grammar will entail deductions.

5. Use Arial Font 12 points, single space, and portrait view.