



# **The Westmead Guide to the RANZCP Case Histories**

---

Christopher Ryan

Last modified: 18 February 2007

---

# Introduction

For many trainees, the case histories represent their first real hurdle in the long steeplechase required to get their letters. I must now have read over one hundred cases, most before submission, but some after failed submission. As is the case with every other element of the training process it is obvious that candidates tend to make the same mistakes or omissions when writing up their cases. This document is based on those past cases. It contains my suggestions (and dozens of trainees suggestions) on how write a case that will pass first time.

Like the other booklets in this series, I have no doubt that this booklet will continue to evolve. I love feedback and suggestions for further improvement, so if you have some don't hesitate to email me at [cryan@mail.usyd.edu.au](mailto:cryan@mail.usyd.edu.au).

Good luck with your cases.

## Before you begin

### When do I begin?

Not too early, not too late.

The answer to this question is easier with the Psychological Methods Case, or at least it is if you choose to see a patient who required “forty hours of a psychodynamically based therapy on an individual basis for a minimum of six months”. This limitation alone will mean you really shan’t be able to write up the case until somewhere in your second year. (I’ll have more to say on exactly when you should write it, in the section focusing on that case).

In theory though, you could write up your First Presentation Case in your first week, but ... please don’t.

Unless there is something seriously wrong with your training, you should know a great deal more about psychiatry after 18 to 24 months than you do when you start. This extra knowledge will make your case much better and much easier to write.

The cases used to be (there used to be five of them) a monumental waste of time. Now though, with only two to do, they can actually be a useful learning experience and chance to formalise skills you’ll put to good use in the viva and to a lesser extent in the written. Bearing this in mind, I would look to writing up the First Presentation Case just before you start your serious preparation for the writtens – probably then in the second half of your second year.

Do not put it off repeatedly. It is actually not hard to do, and after the first eighteen months or so, it won’t get that much easier for waiting.

### Reinventing the wheel

Before you write your own case, make sure that you look at two or three cases that others have written, which you can use as a model for yours. Choose the cases of another registrar you respect and who’s notes you’ve been impressed with when you’ve read a patient’s medical record. This modelling is particularly important for the Psychological Methods Case, which is definitely the harder of the two.

### How much time?

The College only awards satisfactory or unsatisfactory for the cases so sadly there is little point in spending any more time on them, than is required to make them clearly satisfactory enough to pass first submission. This could amount to a couple of full weekends, but should not amount to months. If it is taking you months, get help.

### Which case?

#### Choosing the First Presentation Case

It is vital that you chose the case to write up as the First Presentation Case wisely. You need to keep two things clearly in mind.

First, you must write a case that clearly satisfies the criteria for case selection. That is you must choose a case that is ...

*... a person who has presented for the first time to the mental health service, although they may have been treated in the past by their general practitioner or another non-specialist service. A patient seen in the past by a psychiatrist in private practice is not suitable.*

*You must be the first person in the mental health service to assess the chosen patient.*

*It is expected that you will have been significantly involved with the person's management over a period of time, following their presentation to the mental health service.*

This sounds basic, but it is amazing the number of people who write cases (excellent cases) that do not actually meet these criteria. If the patient you write up, was for example, not seen by you first when they entered the mental health service, the case will fail, no matter how good it is. (See the section *Little white lies* below).

Second, and this is a much more understandable error, the case you write up must be easy and straightforward.

It is always tempting when considering which case to write up, to choose someone that was really interesting or unusual or who presented an interesting diagnostic dilemma or (worst of the worst) kept you awake a night, and now you feel that writing him or her up will help you work it all out better.

Don't do it.

Write up the most basic and straightforward case you come across. I say this because you've only got 8000 to 10 000 words. That's not very many, and it turns out that people, even really straightforward-simple-case-type people are complicated and interesting enough for your purpose. Everyone is fascinating, there is no need to go looking for especially fascinating and then making your job all the harder.

### Choosing the Psychological Methods Case

Assuming that you take the one patient in psychodynamically based therapy option for the Psychological Methods Case chances are you won't have much choice about which case you'll choose. Unless you're training in a specialist psychotherapy centre like Westmead, you'll probably only have one case that you'll see for over 40 hours, and even at Westmead most registrars will only have had one such patient by the end of year of two.

This, by the way, means that you'll need to take great care about which patient you take on in psychotherapy. Selection of a psychotherapy patient is a book in itself, so unfortunately a detailed discussion of selection for psychotherapy is beyond my scope here.

You'll notice, by the way, that most of what I say on the Psychological Methods Case will assume that you *have* chosen the one patient option. The reason for this is simple. I have never read a case by anyone who has taken the two patients having "time limited psychotherapy" option. In fact very few people take the multiple case approach and anecdotally they appear to be more likely to fail.

## Pity the poor examiner

Whenever you do any sort of assessment task, you must try as much as possible to empathise with your examiner.

In this case your examiner will be a consultant psychiatrist, usually with considerable experience, who has volunteered to be an examiner and has been assigned to mark some cases. She (we'll assume she's a woman for ease of grammar), will not receive any payment for this, and will certainly not have any time set aside specially for it. It will simply need to be shoved somewhere into her busy schedule. She won't just be reading your case, she'll be reading plenty, and though she'll be given a reasonable amount of time to get through all the cases she is given, she is human and will not actually start to read the cases, until 11.00 pm on the night before she must send them all back.

This picture, which is unlikely to be completely fanciful, has a number of important consequences for you.

## Keep it short

Actually this is quite hard to do, but definitely don't go over the 10 000 words and if (especially in the First Presentation Case) you can go closer to 8000, do.

You must include a disc that they will use to check the word count, and the word count includes *all* words. So don't think you'll get away with going over in appendices or footnotes or references.

## Keep it interesting

We'll talk about this more as we go through, but try to keep the case interesting and entertaining. Not by inventing stuff ... *It was then that Mr X was abducted from the ward by green bug-eyed aliens* ... but by discovering and exploring what is interesting in the patient, and adopting the tone of one enthusiastic for the task.

## Use lots of subheadings

Sadly even if you have the word-smithery of Dostoevsky it is very unlikely that every word of your little essay will be actually read. Your examiner has a lot of cases to read, only an obsessional cripple would read every word of all of each of them.

Actually many of the people that volunteer to be examiners are seriously obsessional, so don't bank on them just skimming it, but the point here is that you want to make it possible for them to skim it if they want to.

The frequent subheadings should match the examiner's expectations of what should be in the case and should occur in the expected order. We'll focus on numerous subheadings below, but guessing what the examiners expectations will be is not difficult. Many expectations (such as "a section on 'behaviour' will follow a section on 'appearance'") are

common to all psychiatrists. Higher level expectations, those demanded by examiners, are published by the College and are easily viewed on the web.

For example under the section on Assessment in your case the examiner is instructed to ensure that, among other things:

4. *A relevant personal developmental history should be included.*
5. *A mental state examination is expected to be of a high standard with emphasis as appropriate to the person.*
6. *The potential risk to self and others should always be considered.*

You would not be too clever if, in the Assessment section of your case, you didn't have subheadings for personal developmental history, mental state examination and potential risk of harm to self or others.

### **Use nice formatting**

Page after page of courier new, broken only headings that are simply underlined is not exactly appealing to the eye. If you've never explored the variety of presentation options that modern word processing packages have to offer, now is the time.

**Don't get too carried AWAY though.**

### **Do good spelling and grammar**

Poor spelling and grammar really pisses some people off. Your examiner might be one such person (remember what I said about their obsessionality) and you do not want to get on the wrong side of your examiner.

The college makes clear that:

*In terms of the use of written English the expected standard will be that of a formal report. ... Particular attention should be given to the spelling, grammar, editing and use of the English language.*

Again, modern word processors tell you when your spelling and grammar go astray. Do not ignore those squiggly red lines underneath your typing. If English is not your first language or even if it is, but these things have never been your strong suit, get some competent English writer to proof read your work.

Even if you're an English whizz a good proof reader is usually a sound idea, but for such people it is an option, not a necessity.

## **Administrative matters**

## Forms and dates

The College, or at least the administrative staff who work for the College and who wield considerable power, demand a number of administrative matters be addressed and they spell these out chapter and verse.

*Applicants wishing to submit case histories are to complete the **Case History Declaration Form** and forward it and the case histories to the College Secretariat by the **Closing Date**, together with a copy of current medical registration and the **prescribed fee**.*

*Case histories must be bound securely. Stapling the document is insufficient. Bulldog clips and paper clips are unacceptable.*

*It is your responsibility to declare the number of words at the beginning of each case history. Cases must be accompanied by a soft copy version, either compact or floppy disk. **They are NOT to be saved as a PDF document file type.** They are to be labeled with the candidate's name, type of case, pseudonym and date of submission. Case Histories will not be processed without the soft copy, payment and signature of the supervisor on the declaration form.*

*Each case history must be accompanied by a declaration stating that all data identifying the patient has been removed.*

*Case histories received at the College Secretariat, Melbourne Office, after 5.00pm (AEST/AEDT) on the submission date, will not be accepted for marking and will be held over until the next submission date.*

*Case Histories may be submitted four times per year and submission dates can be found on the Examination Timetable on the website.*

*Case histories .. not meeting these administrative criteria .. will be returned by the Secretariat unmarked.*

This last sentence is not an idle threat. The Secretariat can and do do just that. You may be right in thinking that it would be unfair to send back your case simply because you forgot to put your date of submission on the front of the case, but frankly no one is going to care, so ... read all the criteria carefully (check on the website to make sure you've got the latest version) and then match every single one.

## Deidentification and Confidentiality

*You must ensure that all data which could potentially identify the patient is removed from the case history including appendices and acknowledgments. It is not sufficient to simply use a pseudonym. Location, names of hospitals, hospital units, supervisors and dates of admission must also be modified. Your name must not appear on, or in the text of, the case history, nor should the name of any College Fellow or other staff involved in any aspect of the case.*

*Case histories that include data which, in the opinion of the examiner might identify the patient, will not be accepted and will be returned to the candidate.*

*Data which has been deidentified must be indicated by an asterisk the first time it appears in the text. Where individually relevant, the country of origin and occupation of the patient*

*must also be modified, that is, where circumstances are so unique or unusual as to allow easy identification. You are strongly advised to avoid high profile cases.*

Some examiners are almost psychotic in the extent to which they adhere to these directives. I have seen a case sent back apparently for the want of an asterisk after a family member's pseudonym!

## The structure of the case

### Same but different

The structure of your case is essentially the same, but not exactly the same, as a case you write up in progress notes. It is the same in that it will be largely chronological, but different in that while the notes are by definition restricted to the order in which things happened, the case is able to move things around a little in order to make the telling clearer. This is a report on the patient, not on how you got the information about the patient.

This structure is, by the way, the same structure that you use to present a patient to Grand Rounds. You should take every opportunity to present at Grand Rounds to improve your skills at creating this structure. (Presenting at Grand Rounds will also help with the viva examination too of course).

The sections below are set out headings