

Amendments to the Case Book Guidelines - MD (Medicine)

These amendments be effective for the trainees who commenced the Pre MD training from 01.01.2017 onwards

CASEBOOK FOR MD (MEDICINE)

Objectives in Maintenance of a Case Book

The overall objective of introducing the requirement for a casebook is for the trainees to develop the skill of documenting a case history and to discuss critically the diagnosis and management of a patient the trainees have seen and managed during their training period in Medicine.

The casebook would demonstrate the following abilities in the trainee.

1. Ability to write up a case record
2. Ability to read the literature on the topic
3. Ability to use knowledge gained from the literature to discuss problem areas, eg.,
 - a. values of various investigations
 - b. diagnosis and differential diagnosis
 - c. points of interest in initial management
 - d. particular form of therapy carried out with reasons
 - e. alternate forms of therapy available and arguments for or against the use of such treatment
 - f.. points needing particular emphasis in other forms of therapy used in patient management.
4. That one has managed patients continuously with adequate skill from admission to discharge and rehabilitation.

The trainee, therefore, should select a variety of clinical problems preferably with possible different methods of management in each case, which would enable adequate discussion. Five selected cases in Medicine should be presented as critical commentaries and not simply as a summary of the particular case. Short commentaries should analyze the clinical presentation and diagnosis and be critical of the management based on the specific problems in the case and should include a relevant literature survey.

Guidance on Preparation of the Casebook

1. Candidates entering the MD (Medicine) stage II from 2001 onwards must submit a casebook consisting of 5 case records. 3 – 4 cases will be from cases seen and managed during the general medicine appointments & 1-2 from cases seen and managed during specialty rotations.
2. The case records should be prepared in accordance with CARE guidelines, used internationally for publishing case reports. The trainees are reminded to use the most recent version of this guideline. (available at: <http://www.care-statement.org/care-checklist.html>) A list of references must be included under the Bibliography, using the Vancouver style.
3. The cases submitted in the casebook should be from institutions recognized by the Board of Study in Medicine to which the candidate is attached for training.

Guidance on submission of the casebook

1. The casebook should be submitted to the PGIM at the end of two years of Pre MD training.
2. It is mandatory for the PGIM trainees to have their case records corrected and certified by their supervising consultants before submission.
3. The candidate should retain a copy of the casebook submitted.
4. The casebook should either be handed over personally, or sent under registered cover to the Senior Assistant Registrar/ Examinations, on or before the stipulated date together with a payment of Rs.2000/= being the assessment fee.
5. Candidates should also submit a soft copy of the casebook, in the manner outlined below.
 - I. Create a **single file** (Microsoft Word or PDF format) containing all the cases and bibliography lists. Name the file as “*cases with bibliography lists*”
 - II. Make a second copy of the file created in step 1 **after removing** the bibliography lists. Name the file as “*cases without bibliography lists*”. You should now have **two files**, one with the bibliographies and another without the bibliographies.
 - III. Copy both files into a **single CD**
 - IV. Submit the CD to the examination department along with the hard copies of the casebook.
6. In the event casebook is returned to the trainee for revisions/corrections, the corrected casebook should be resubmitted at least three months before the scheduled MD examination.

Exemption from submitting a casebook

1. Candidates who sat for the MD (Medicine) part II examination, when mandatory submission of a casebook was not a requirement.
2. Candidates who were unsuccessful at the MD (Medicine) part II examination whose casebooks have already been accepted at a previous examination.
3. Publications made in a recognized peer reviewed medical journal including online medical journals. Exemptions will be made in the following manner:
 - I. Up to one (1) casebook record in lieu of a published case report.
 - II. Exemption **will not be** granted for research papers.
 - III. Case reports published, as ‘research letters’ will be accepted as outlined in I above.
 - IV. ‘Letters to the Editor’ which are published as correspondence **will not be** accepted.
 - V. Abstracts **will not be** accepted in lieu of casebook records
 - VI. In instances where published case reports are submitted in lieu of case book records, the trainee must make a written request for exemption from the Board of Study in Medicine, well in advance of the deadline for the submission of the case book.
- VII. All requests for casebook exemptions should be forwarded through the senior/supervising author of the manuscript, certifying the contribution of the trainee.

- VIII. In case of case reports with multiple authorship the first (principal) author will receive credit for the paper. If the candidate is not the principal author he/she should submit a letter from the chief investigator regarding his/her contribution to the paper before he/she can be given 'credit' for the paper by the evaluators.
- IX. Candidates, who submit case reports, must submit the reprints of articles in a bound form by the time they are to submit the case book (end of two years of training). No exemptions can be allowed after this period has lapsed.
- X. All 5 casebook records may be exempted by submission of 5 published case reports.
- XI. The cases published should have been from the work done during the Registrar-training period.

Assessment:

The Board of Study in Medicine will nominate board of assessors.

If the assessors find that the case record book is not satisfactory and requires further modification, it will be sent back to the candidate for re- correction / modification. The revised casebook must be submitted at least three months prior to the MD part II examination. Resubmitted case books will be assessed by all the assessors and a final decision taken. Their decision will be final, and the candidate will not be allowed to sit for the MD part II examination if it is rejected again.

Evaluation

The candidate should obtain a 60% total for the casebook with not less than 50% for any single case. Those obtaining less than 60% will be asked to resubmit the casebook with the modifications required. If the total mark obtained is less than 50% after resubmission, that candidate will be not allowed to sit the MD par II examination. Candidates scoring between 50 and 60% on resubmitting the books will be considered by the Board of Study in consultation with their supervisors as to the candidates eligibility to sit the exam.

Published case reports or papers that are submitted in lieu of case records as described earlier will not be evaluated under this scheme, as they would already have been peer reviewed.

The method of assessment will be as follows; History (Patient information) and Examination: 15 marks, diagnostic assessment: 15 marks, management/interventions: 15 marks, Discussion: 25 marks, Presentation, style of writing and originality: 20 marks, Bibliography: 10 marks)

Presentation and Format:

Use size A4 paper (both sides). Typewritten 1.5 spaced with 1 ½ margins on either side. Use either times roman or arial font.

The manuscript should be line and page numbered sequentially.

Illustrations (Photographs) are encouraged.

The casebooks should preferably be bound.

Should have a title page, table of contents at the beginning.

In the case of the candidate submitting published work, reprints should be submitted for evaluation in a bound form.

BOM Approved – 04.03.2017

Senate Approved – 29.03.2017