



## Introduction

Case study presentations allow clinicians to share interesting and unique patient care experiences for the purpose of education. In particular, they provide insight into the presentation, management and lessons learnt for clinical presentations and/or settings that are not experienced in every day practice or well described by the literature.

## Case study submission guidelines

Case study submissions should include the following elements:

### Title

TIP: Use the main title followed by '– a case study'. Do not use cryptic or humorous titles. Keep the title succinct, clinical and straightforward.

### Introduction

TIP: Provide a brief summary of what you were dispatched to, the case, including clinical or scene findings.

### Management and Outcomes

TIP: Use bullet points to outline the out-of-hospital interventions, hospital interventions (if relevant), scene management considerations and patient/case outcomes on arrival at the emergency department.\*

### Lessons learnt

TIP: Outline the lessons learnt from the case and describe how the case contributes to the education of paramedics.

### Patient consent

Patient privacy and confidentiality are of utmost importance. All conference case study presentations will be required to be accompanied by a patient consent form. To be published in the Australasian Journal of Paramedicine (the AJP), a specific patient consent form is also required (please visit <https://ajp.paramedics.org/index.php/ajp/about/submissions#authorGuidelines>). If your case study is accepted for presentation we will request this additional form. Therefore we suggest that you gain both consents from the patient at the same time. Unless written consent has been obtained from the patient to display identifiable images or identifiable patient information, all case study presentations will require presented information to contain no identifying patient or potentially case-identifying information. If you are unsure, please contact our Scientific Committee Chair for advice – [jamie.rhodes@paramedics.org](mailto:jamie.rhodes@paramedics.org)

\*Some states require ethics approval for the access to and publication of hospital-based information. Please check with your local state or territory legislation to ensure you comply with local requirements. If you are required to get ethics approval, please submit this approval.

If your case study does not refer to a specific patient (e.g. operational response to mass casualty incident, operational response to major event), please complete the consent form and gain consent from an organisational representative with appropriate delegation.

As case reports are a single retrospective review of a case, some ethics committees do not consider them to be research, therefore case reports in some jurisdictions do not require ethics committee approval. Please check with your local human research ethics committee as to local/organisational requirements.

Where patient consent is unable to be obtained, current state and commonwealth legislation prevents the sharing of patient information. **Submissions without a completed patient consent form will not be reviewed.**

### **Case study presentation guidelines**

Presentations should aim to fill a 15-minute time allocation. Each presentation will be followed by 3 to 5 minutes of question time from the audience.

#### **Title**

TIP: Use the main title followed by ‘– a case study’. Do not use cryptic or humorous titles. Keep the title succinct, clinical and straightforward.

#### **Background**

TIP: What is already known about the topic/case, why is this case important? What is the prevalence of this health issue?

#### **Case presentation**

TIP: Give a comprehensive account of the presenting features, including medical/social/family history.

#### **Investigations**

TIP: Include any relevant investigation findings (e.g. ECG, vital signs).

#### **Differential diagnosis (if relevant)**

TIP: Although you can include a list of differentials, please explain how you came to exclude them, or included them, as part of your working diagnosis.

#### **Treatment**

TIP: Include all treatment the patient received, i.e. summarise drug dosages (e.g. a total of 15 mg morphine, with 5 mg increments given at 5-minute intervals).

#### **Emergency department and hospital investigation and interventions\***

TIP: Outline any known ED or hospital interventions (e.g. PPCI, surgeries, thoracotomy).

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### **Outcome and follow up**

TIP: Where possible, include both out-of-hospital, emergency department and in-hospital outcomes and any further follow up you have completed with the patient.\*

### **Discussion**

TIP: This is your opportunity to describe the pathology/injury, use of clinical guidelines and their relevance to the case, the diagnostic pathways and any other interesting aspects of the case.

### **Learning points**

TIP: This is the most important part of a case study presentation. Outline what learnings you took away from the case that are relevant to the audience.

### **Patient perspective**

TIP: This section provides the patient (and/or their family) the opportunity to comment on their experience (if they would like to). This enhances the case study presentation as it allows us to see not only the interesting clinical aspects, but also how to deliver better patient-centred care.

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