



Professional Practice

Writing a case report an introductory guide for practitioners of herbal medicine



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ABSTRACT

Case reports are well suited for capturing real life clinical events by herbal practitioners. There is an ancient tradition of producing such reports from Hippocrates (460B.C to 370B.C.) onward (Garrison, 1929) The process of writing one can benefit a practitioners understanding of a medical area and lead to improved patient care (Caban-Martinez and Beltran, 2012). It is particularly apt for those interested in developing their academic writing skills and research activity. Reports can generate hypotheses and support case based learning, influence a professional body's practice guidelines, and provide data on rare or adverse effects. They can promote trust and cooperation with fellow healthcare practitioners by clearly communicating what it is professionals using herbal medicine do. Furthermore, publishing is a way to share your clinical experience with your own community of practitioners and to contribute to the growing knowledge and literature on herbal medicine. This article develops for herbal practitioners previously published guidelines that aim to provide those with little or no research experience with a tool kit to enable them to write a case report fit for submission to a professional journal.

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1. What is a case report?

A case report describes and discusses a clinical event. The Encyclopedia and Dictionary of Medicine (2003) defines it as: "A formal summary of a unique patient and his or her illness, including the presenting signs and symptoms, diagnostic studies, treatment course, and outcome". Essentially it provides a description and analysis of the diagnosis and management of one or two patients. Unlike other research it is more anecdotal and not designed to prove causation or provide information for generalisation also it is shorter, often less than 2000 words, a limit many professional journals demand.

2. Who does them?

Reports are made by a variety of medical professionals. You will find general practitioners, nurses, dentists, osteopaths, acupuncturists, homeopaths and herbalists all produce case reports (Rison, 2011). There are some constraints to overcome like the: difficulty in finding the time, isolation from working alone, lack of research experience, insufficient confidence and lack of exposure to information that enables them to collect relevant data and write

well structured reports; the last of which this guide aims to address.

3. The benefits from engaging in the process

To gain from writing a project you need to invest into the process. You will need to find time for thinking and planning. From this preparation you can gain an understanding of what needs to be documented and clarify your reports aim. A willingness to critically review practice and a mindset that accepts medical expectations of reporting helps. The benefits from engaging in the process are many and varied. For those with little research activity it acts as a fine introduction to academic writing. For all it deepens your understanding of particular areas of medicine, which may enable you to engage more deeply and provide insights that improve your patients care.

It hones skills like performing a literature review, structuring a manuscript, and learning how to submit and revise your article for publication, all of value in your continuing professional development. It helps you to clearly communicate what you do in your therapeutic modality with other healthcare practitioners and prospective patients. Furthermore, it is a great way to share your clinical experience of a new condition or treatment with your community of practitioners. Educationally, for both medical student or practitioner, case reports are unsurpassed. After all

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your diagnosis rests on pattern recognition and we only recognise what we know. Reports work so well because they offer us what is 'new', 'unknown' or 'unrecognised'. They remain as necessary as ever even in an evidence based climate (Rison, 2013). In its own small way your case report adds to the growing knowledge and literature on herbal medicine.

4. What to do one on and when

Case reports can be done on anything linked to your clinical practice: an event, an observation, a course of treatment, use of a single herb or combination of herbs, a condition, or an unusual positive or negative patient response. They are particularly apt in specialist clinical areas like herbal medicine because they are good at throwing light on real life personal experiences of one practitioner. They may describe novel, exceptional or counter intuitive results or practices that may even suggest new hypotheses. They may be of value in reassessing the frequency of events previously reported but thought to be rare including adverse effects. A report can be done any time a patient's presentation grabs your attention or a clinical event surprises you. You will, however, want to gauge how unique your event is before writing it up. It may be useful to share the event with colleagues, read up on some hardcopy herbal medicine literature and do a short review of the medical literature online using databases such as Pub Med, Ovid, or Medline.

5. Data collection and outcome measures

You will already be recording relevant data in your patient's case notes including the course and outcome of your interventions, but to provide the information required for a case report you may need to do this more thoroughly and routinely. An outcome measure is a tool for measuring the result of something. Some tools are described as generic, like the EuroQol 5D (health related quality of life) measure, because they can be used with any population of patients, others are specific or condition based, like the Hamilton rating scale for depression. You can design your own measures but using validated easily administered tools will save you time and add rigour to your report. In addition, they are highly reproducible, so other fellow professionals can use them and comparisons be made and shared to improve the quality of practice. Some validated tools aid diagnosis, like the Reflux symptom index (RSI) for Gastroesophageal reflux disease; others are patient self completion questionnaires, like the Patient orientated eczema measure (POEM). There are a great variety of measures and many are available for free. Overall, consider the use of more numbers, categories, forms, illustrations and photographs than usual. This may mean gaining access via your patient to wider medical notes including results of tests and investigations, imaging, and other relevant reports. Remember to look for ways to support your diagnosis in addition to recording the progress of your treatment.

6. Ethical considerations

In using patient related information there are ethical considerations that must be attended to. Editorial Boards will want to avoid any breaching of medical confidentiality and will insist that the report is written in a way that avoids offending the sensibilities of a normal patient. You must gain patient consent from the outset and particular consent if you wish to include pictures or clinical details from which they may be identified. You have the option to anonymise patient details if you or the patient so wishes. During the consent process you are obliged to explain why you wish to share a patient's case with others, the risks and benefits of doing so, and you must answer any questions they may have. Medical

practices are now routinely asking patients to sign consent forms for use of their medical data in studies or other educational purposes when they register. You might like to do that as a matter of course in your Clinic. Before writing up the Report check prospective journals guidelines carefully; frequently consent forms are provided by journals.

7. Planning

You will need to plan your case report. The outline below is not intended as a rigid structure for every report, but can act as a model to help you plan and present your own report; it may also work as a check-list to ensure nothing essential is omitted:

- Title and author(s) addresses
- Abstract
- Introduction
- Case report
- Literature search
- Discussion
- Conclusion
- Acknowledgements
- References
- Tables/illustrations/photographs/figures

7.1. Title

The title should be brief and informative, like 'A successful treatment of hypertension with Western herbal medicine: a case report'. Putting 'case report' in the title aids electronic search retrieval. Under the title you should include the author(s) addresses and any affiliations they may have, that is, institutions or organisations under which the work was performed. Some publications like to have a list of keywords before the abstract to provide context for the article and to aid searchability.

7.2. Abstract

The abstract, aims to give a flavour of your report. It is read by people deciding whether to go on and read your report in its entirety. Give a concise description of your case, a summary of the previous literature, and highlight the learning points and what it adds to the knowledge of herbal medicine, in fewer than 150 words. Although abstracts appear at the beginning they are often the last part to be written.

7.3. Introduction

The introduction covers the purpose of the report and provides some context that can be developed in the discussion section. It might cover why you thought this case was worth writing up and why you thought it would be of interest. It could point to the presence or lack of any clear message(s) that you think have emerged.

7.4. Case report

Here you are telling your patient's story to the reader and letting the outcome speak for itself. It is best presented in chronological order and in enough detail for the reader to establish his or her own conclusions about the case's validity. It provides a description of the case covering:

- A description of the patient(s)
- The presentation and history of the presenting condition

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