Case Reports – New Guidance

The Faculty of Pain Medicine has now agreed and launched a new marking system for Case Reports (CRs). Although CRs have been part of the assessment process since the inception of the FPM marking has been essentially a local issue. The FPM is moving towards a more formal system and this is the first major change along that pathway.

For all trainees who began training after 1st February 2011, they are required to produce two CRs. These are the APTs who will be taking the forthcoming FFPMRCA examination, which is part of the requirement for FPM status (for FRCA holders), or as a standalone Diploma (for non-FRCA holders) in conjunction with Associate Fellowship.

It is a requirement that the CRs are sent to the FPM for cross-marking. However, there are a few aspects of this process that need emphasising:

- CRs are intended to be a formative experience (cf. Summative).
- It is intended that the CRs will be reviewed locally by LPMESs and RAs, so that they can be edited and amended on to produce a satisfactory report. It is not a purely solo exercise for the APT.
- As such, the FPM is looking for CRs that have already been reviewed, revised and polished.
- Feedback will be provided to the RAs on individual CRs, based around the attached marking scheme. At this time, the decision to pass/fail remains a local issue, and the FPM scores represent an ongoing evaluative process. However, it is intended that at some time the FPM scores will become the final arbiter – this will be announced in advance.
- The FPM will be using 'plagiarism software' as part of the process.
- CRs are intended to be of publishable quality though
  - This does not mean that they necessarily can, or will, be submitted to journals;
  - Most will probably be on topics too common to be of publishable interest.
- CRs should concentrate on the Pain Management aspects.

Submission of the Case Report

These should be sent by email to the FPM at: fpm@rcoa.ac.uk.

FPM assessment will be anonymous, but feedback will be directed back to the appropriate RA via the FPM administration. The local RA (and/or LPMES) should include their marking scheme. These will not be reviewed by individual markers before their assessment, but will be helpful in the ongoing evaluation of the marking scheme.

Local completion of both CRs is an essential part of completing APT. To allow suitable time for review, CRs should be produced by months 4 and 8 into an anticipated 12 month training scheme.

[2] Summative – essentially a test of learning. The APT is assessed at a task.
[3] APTs who began their training prior to this date had to produce 4 CRs. Entry to the FPM was by means of successful completion of training, with appropriate assessments, for FRCA holders. No special recognition was available to non FRCA holders.
Format of the Case Report

The word count for each case report should be between 2500 and 3000 words including the abstract with a minimum of 5 references and a maximum of 3 figures. The document’s line spacing should be double-spaced (to allow the LPMES room for comments) and in a clear font of adequate size. Headings should be clearly identified in bold and underlined. Common document formats should be used (e.g. doc, odt) The following suggests the basic outlay:

<table>
<thead>
<tr>
<th>Title</th>
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<td></td>
<td>Full name, institutional address and e-mail address of trainee</td>
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Abstract
This should be no more than 350 words. The abstract must emphasise the main learning points.

Case Presentation, Discussion and References and Conclusions

Case Presentation
The trainee should present all details concerning the case and emphasise the main areas of interest in the case. Trainees are advised that this may be broken into subsections with appropriate subheadings, e.g. Referral information, Questionnaire scores, Current Problems, Background History, Past Medical History, Drug History, Family History, Social History, Examination Findings, Diagnostic Formulation and Subsequent Management.

Discussion
The discussion should include the trainee’s views on how relevant evidence may affect management of the case presented as well as populations of patients with or at risk of similar type of pain.

Conclusions
This should state clearly the main conclusions of the Case Report and give a clear explanation of their importance and relevance.

References
References should not be included in the word count. All references must be numbered consecutively in the order in which they are cited in the text, followed by any in tables and legends. Reference citations should not appear in titles or headings. Each reference must have an individual reference number.

Feedback on all aspects of the changes is welcomed, to the above email address.