

**RCEMLearning Clinical Case Template**

Thanks for your interest in submitting a Clinical Case. We’ve tried to make the template as intuitive as possible; however, if you still have questions, please don’t hesitate to contact us on [rcemlearning@ac.uk](mailto:rcemlearning@ac.uk)

**Author guidance:**

* Editor[s] will be assigned on submission from RCEMLearning’s Editorial Executive.
* The case will be returned to you to preview ahead of publication usually within 1-2 weeks of submission. Sometimes, it will take longer depending on the volume of content in build on submission, but we’ll get it back to you ASAP.
* Please source images from sites registered under a [Creative Commons license](https://en.wikipedia.org/wiki/Creative_Commons_license) or other open access arrangements. All images should be anonymised. If you need an image but are struggling to find one, please let us know.
* Please ensure images are not smaller than 400px width; ideally 800px is good. For any scans or X-rays, they need to be the largest image you can get hold of, so 2-3000px width should be normal.
* The following criteria are **mandatory** and must be fulfilled in order to be eligible for publication:

1. Your submission must be mapped against relevant competences from the RCEM current curriculum and new syllabus codes.
2. Your submission must be evidence-based, and references must be made to relevant literature and/or guidelines.
3. References must be provided in [Vancouver style](https://www.scribbr.co.uk/referencing/vancouver-style/).

**Guidance from the Section Editors:**

Have an aim for the learning outcomes. Write them first and let them guide you to make relevant questions and allow you to impart the teaching easily. These are short snappy simple cases. You can always take an interesting case you’ve seen, split it into a few written cases changing the scenarios and altering the focus of each case, rather than overloading one case.

*Case title*

Is it ‘snappy and engaging’? This is what draws people into the site from social media. Also, is it relevant to the case?

*Curriculum Competency Code[s]*

The key thing here is they must be **relevant;** around 3 or 4 is a good number. Remember some competencies are on the Core and Higher Curriculum so can be linked twice. Check these at the start, then again at the end to check they are covered.

*Images*

Are they relevant, do they add to the case, can we use them from a licensing perspective?

*Key Words*

As with curriculum codes, are they relevant? Check them to start with and again at the end.

*Short Case Summary*

Make sure the answer isn’t given, this needs to act as a teaser to draw the user in. This is typically checked at the start and end.

*Case Scenario*

This isn’t a case report for the EMJ; that level of detail isn’t required. Is the information given enough to answer the questions? is it anonymous? Could a user read this and conjure up an image of this patient in their department? A distractor or two is good but be wary of having too many and creating too much text. Aim to have one or two points to the case, you can always leave out other learning points and build them into another case!

Aim for a couple of paragraphs and a set of observations and try to stick with History / Past History / Examination / Investigations (as relevant) to maintain a structure. Where possible use the **present tense**, so that the reader can imagine the case unfolding in front of them.

*Questions*

You can ask up to 3 questions in total. The chosen topic[s] must be in the current RCEM curriculum.

Can this question be answered based on the information given? Does it fall into any of the ‘traps’ for an MCQ:

* Answers with ‘always’ and ‘never’ are generally wrong
* The longest answer is usually the correct one
* The correct answer is typically in the middle
* Some answers are ridiculous and clearly wrong / included for padding

Additionally, it should be a test of knowledge/recall/application of knowledge. Not a test of how well the user understands English grammar. Avoid double negatives.

*Answers*

Is the answer based on UK practice or practice within the author’s hospital? The answer needs to be UK based so don’t rely on local guidelines. Ideally there should be a brief explanation of why the answer is correct, and why others are incorrect. If it’s a single best answer (where you are selecting the ‘most correct’ answer out of possible five correct answers) the answer needs to be robustly backed by evidence not opinion. Additionally, don’t include ‘ask a senior’ as an answer, it may be a Consultant who is completing the case.

*Key Learning Points*

Are these covered in the session? Where possible do they follow Bloom’s taxonomy. These are the few things you want the learner to remember, no new ideas should come into this!

*References & Links*

Do the URLs work? Are they relevant? After about 5, editors start to wonder if there are too many references. If so, pick out the most relevant / most recent. Aim to use open access stuff if possible. If it’s closed access, is there a good review out there of it?

|  |  |
| --- | --- |
| **Case Title**  Please try to make it snappy and engaging |  |
| **Author[s]**  Name, Grade, Institution, Twitter handle\*  \*Including this means you’re granting your permission for your profile to be shared via social media when the session is published |  |
| **RCEMLearning Editorial Executive reviewer** |  |
| **2015 Curriculum Competency Code[s]**  \*Mandatory | Please select relevant competences (max of 3) from this [curriculum map](https://www.rcemlearning.co.uk/curriculum/) |
| **New Curriculum Mapping**  \*Mandatory | Please select what [SLO/s from the new curriculum](https://rcemcurriculum.co.uk/) the content relates to |
| Please also map codes from [the Syllabus](https://rcemcurriculum.co.uk/the-syllabus-v2-1-20190327/) |
| **Images** | *If an image is used, please load and send separately, and ensure it is clearly labelled and linked to this document, i.e. author & title. Standard guidance for image capture applies. All images MUST be anonymised or if clinical image, evidence of patient consent must be kept by you and available for review. A citation/reference must be provided for the image in order to the session to be published.* |
| **Key words** to enable users to search for the session |  |
| **Short Case Summary**  This is a very short case summary that will be fitted into the ‘front end’ to attract the learner into the case (less than 30 words) |  |
| **Case Scenario**  A summary on how the patient presented in the ED and any relevant history and background info etc.  (250 words max) |  |
| **Questions**  All questions are either single best answers OR MCQs; each will be revealed only after the previous question has been answered.  Please underline the correct option for each question.  **Case question 1** |  |
| **Answer for case question 1**  (1 paragraph max) |  |
| **Case question 2** |  |
| **Answer for case question 2**  (1 paragraph max) |  |
| **Case question 3** |  |
| **Answer for case question 3**  (1 paragraph max) |  |
| **Key Learning Points**  Please include 3-4 KLPs in bullet points |  |
| **References and links** | References to relevant literature and guidelines must be provided in [**Vancouver** **style**](https://www.scribbr.co.uk/referencing/vancouver-style/) to be eligible for publication.  E.g.1. Cadogan D. [Atrioventricular Nodal Reentrant Tachycardia (AVNRT) Life in the Fast Lane](https://lifeinthefastlane.com/avnrt-ecg/). 2019 [cited 5 March 2019].  *Please make sure all references and guidelines are open access where possible and include URLs.* |