



FACULTY OF HEALTH SCIENCES

DEPARTMENT OF EMERGENCY MEDICAL CARE AND RESCUE

**STANDARDS AND GUIDELINES
FOR THE WRITING
OF
CASE STUDIES**

2018

1. INTRODUCTION

The Department of Emergency Medical Care and Rescue is providing you as the student with these guidelines for the following main reasons:

- To provide a standardised “template” for the format of all case studies completed for Emergency Medical Care. In other words, each student’s case study will be set out the same way, only the content will differ.
- To provide information on what will and will not be considered adequate, permissible or required regarding the content of your case studies.
- To provide information concerning what is expected of you in completing a case study.

2. ASSIGNMENT STRUCTURE AND PRESENTATION

2.1 Text

- Please note that handwritten assignments will not be accepted.
- All assignments should be typed on A4 size white paper in black ink only. No colour is to be used for text in any part of the assignment.
- The length of this assignment should be 3000 to 3500 words (a 10% deviation will be allowed).
- The only acceptable font to be used is Arial size 12.
- Upper case may only be used for headings on the title page and structure headings.
- Bold text may only be used for section headings and subheadings and for emphasizing specific words or sentences.
- *Italics* may be used for non-English words.
- Text must be fully justified, not aligned to left.
- Text must be spaced at one-and-a-half line spacing.
- Avoid using any other formatting such as underlining, borders and shading.

2.2 Paragraphs

- Text must be presented in the form of paragraphs.
- Each paragraph should only contain one idea or principle for discussion.
- Generally paragraphs should generally not be shorter than 4-5 typed lines or longer than 25-30 typed lines.
- Paragraphs should be separated by one line only (except close to the bottom of a page), with NO first line indent.
- Always begin a new paragraph that is close to the bottom of a page at the top of the next page. This will avoid having only one line of a paragraph on a page (either top or bottom).
- Where lists of items or sentences are made, it is permissible to use bulleted lists. Clear, simple shapes should be used for bullets; avoid picture-style bullets. The bullets in this document are a good example of appropriate bullet use.
- Section headings and subheadings are an essential part of the body of the assignment. Such headings should be clearly indicated through use of numbering and bold text.
- Generally, section headings should contain more than one paragraph.
- It is not appropriate to use multiple sub-headings each only relating to one paragraph; rather group multiple paragraphs under a single heading.
- Heading and subheading starting pages must be indicated in the table of contents.

2.3 Spelling and Grammar

- These two entities **ARE** important. There is no excuse for any glaringly obvious spelling or grammar error in an assignment.
- Spelling and grammar, including medical terms, must follow the UK or SA English and **not** US English.
- Commonly used word processing software packages have a spell checking facility as well as a grammar checking facility – use this function.
- For medical terms, consult a medical dictionary as it is important to use the correct medical terminology as opposed to lay terms.

- Have someone proof read your assignment; this person needs no medical knowledge but rather a good command of English. This can eliminate most grammatical errors.

2.4 Page Numbering

- Pages MUST be numbered in the following way:
 - Consecutively, NOT including the title page or table of contents
 - Using standard numerals 1,2,3 etc (no Roman numerals)
 - Page numbers must be displayed at the bottom right hand side of the page

2.5 General

- No borders, watermarks or unessential pictures should be used.
- The assignment should not be bound or punched and placed in a fancy cover. A staple should be placed in the top left corner and, if desired, the assignment can be placed in an envelope or clear plastic sleeve.
- The page setup should be A4, portrait orientation, with 2.5cm borders.
- The assignment length, excluding reference list, should not deviate more than $\pm 10\%$ of the assigned word count.

3. CASE STUDY CONTENT

The case study should contain the following parts/headings as absolute requirements. Work that does not conform to this format will NOT be considered for marking.

3.1 Title Page

This should contain the title "CASE STUDY <<Case Study Number>>", the module name, the lecturer's name, the date for marking and the student's name and student number.

3.2 Table of Contents

This should contain the different sections of the case study listed in a column on the left side of the page with corresponding page numbers listed in a column on the right side of the page.

3.3 Text

The following parts of your work are required to be set out in chronological order:

3.3.1 Introduction

This is a brief overview of the type of disorder or injury that your case study deals with. You could include information describing the prevalence or distribution of a disease nationally or globally and/or the different types or categories of an injury that you will be describing in the body of your case study. The introduction should be short and should serve to lead the reader into the actual description and discussion of your particular case.

3.3.2 Case Number

The *Case Number* is the number of your case study – i.e. “One” or “Two” or “Three”. This should contain the heading “*Case Number*”. In this section you will describe, as accurately and in sufficient detail the medical facts and circumstances of your case.

3.3.3 Discussion

In this section you will discuss the details of your case within the context of relevant articles from the medical literature which deal with similar cases, circumstances, outcomes or treatment modalities. The last paragraph of the section should be in the form of a conclusion which briefly summarises your discussion and ends off the case study.

3.3.4 Acknowledgements

Names of persons or organisations that have contributed to the content of your case study or provided some other kind of assistance. This section may be omitted if not applicable.

3.3.5 References

- Acknowledgment of another's work
- The Harvard method must be followed exactly, as detailed in the booklet available at the institutional library.
- All statements, quotes, diagrams, etc must be referenced to indicate source both to acknowledge and prove validity of argument.
- There is no generic appropriate number of references. The volume of references depends on the topic and the quality determines appropriateness.
- The search strategy will determine quality of references found: textbooks and journal articles are usually of better quality than websites and personal communications.
- A bibliography (sources not directly used but contributing to a background understanding of the topic) is **not required**

4. GENERAL CONSIDERATIONS

4.1 Choice of Case

Please take note of a few important points about your choice of a case to report:

- The case must have been a real one, and you must have been one of the EMS personnel who was directly, medically involved with the patient.
- The case report **MUST** be supported by a print out of the patient's record from Fisdap®.
- The case report must deal with one patient only. Do not use multiple casualty incidents as case reports, unless you are focusing on reporting the case of one patient in that incident.
- The case must be worthy of reporting. Do not choose any case that you have been involved with at random. You will be required to motivate why the case you have chosen is particularly interesting or unusual. You may lose marks for reporting a routine or unremarkable case.
- The case report must describe an event which occurred in the current year of study.

4.2 Detailed Reporting

In the first section of your case study you will be expected to provide a sufficient degree of detail in your description of the events and circumstances of the case. This includes the date and time of the case and the gender, race and age, or approximate age, of your patient. **Do not include any details which could positively identify the patient, such as name or address.** To place the case geographically you are only required to state the city and suburb name where the events took place.

Your medical description of the facts should also be in sufficient detail. This should be structured in a format similar to that used to document a medical history (chief complaint, history of the chief complaint etc.). All relevant and significant clinical features should be described accurately and in detail. You will also be required to follow the patient's progress in hospital and determine the final outcome of the case. You will be expected to list and, where necessary, explain the results of all relevant diagnostic tests carried out in hospital.

Marks will be assigned for accuracy, relevance and degree of detail of your description of the case. If you provide only inaccurate, superficial or irrelevant information about the case you will lose marks.

4.3 Discussion of the Case

In your discussion of the case you will be required to:

- Motivate why you chose to report the case that you did;
- Describe the results of a limited literature review that you have undertaken for the purpose of the case study;
- Use the results of the literature review, seen in the context of your case, to come to some logical conclusion about the disorder, injury or treatment modality that your case focuses on.

Please note that you **MUST** carry out a review of medical literature relevant to aspects of your chosen case.

Based on the results of this literature review, you could discuss the similarities or differences of your case with other reported cases.

For the purposes of a case study a review of only abstracts is permissible. You should, however, always try to obtain the full text of any published article that you refer to or use in your writing.

4.4 Plagiarism

Defined as: "Taking and using another person's ideas, writings or inventions as one's own". All assignment content is to be the original creation of the student. You must, obviously, use referenced sources for information but the writing on the page **MUST BE YOURS, NOT SOMEONE ELSE'S**. Completing an assignment is intended to develop your skills in critical and analytical reading, thinking and writing, not to see how much information you can **COPY** and **PASTE** from journals, text books or the internet.

Please complete and attach the signed plagiarism declaration (**Annexure 1**) to each assignment that you submit for marking. If this declaration is not attached, or not completed in full, your assignment will not be marked.

You also need to consult the Academic Writing Centre at the library for any case study. The Academic Writing Centre will provide proof of consultation which will form part of your case study submission.

All case studies must also be submitted through Turnitin and the Turnitin report must be included as part of your submission. Please note that the maximum allowed percentage for the similarity index is 20%.

Please ensure that you are familiar with the Institutional Plagiarism Policy.

4.5 Marking of Case Studies

You will be given a deadline on which date you will be required to hand in the completed case study for marking. If the case study is handed in late, 10% of the total mark will be deducted for each full day that has lapsed between the

marking date and the date that the assignment is finally handed in. Assignments handed in five days or more after the deadline will not be considered for marking.

4.6 Rejection of Case Studies

Case studies may be rejected after the marking date for the following reasons:

- Evidence of lack of authenticity of the case or the student's personal involvement with the case;
- Lack of a patient record printout from Fisdap® to support the case study;
- Plagiarism;
- Absence of references and/or citations;
- Copyright infringements;
- Failure to submit through Turnitin;
- Late submission.

Rejected case studies will not be marked.

4.7 Mark Allocation

Marks will be allocated for both format and content but the content will be weighted more heavily. **Annexure 2** will be used for assignment format mark allocation.

This document was compiled with thanks to the following sources:

- University of Johannesburg, Programme of Emergency Medical Care Assignment guidelines and standards, 2010.
- University of Brighton, Graduate Programme in Health and Social Sciences, Evidence based practice: Module handbook, 2005.

ANNEXURE 1



ASSIGNMENT/CASE STUDY/PROPOSAL COVER PAGE: ANTI-PLAGIARISM DECLARATION

Department			
Title			
Full Name		Student Number	
Course		Lecturer	
Due Date			

1. Plagiarism is to present someone else's ideas as my own.
2. Where material written by other people has been used (either from a printed source or from the internet), this has been carefully acknowledged and referenced. I have used the required Departmental standard for citation and referencing. Every contribution to and quotation from the work of other people in this essay has been acknowledged through citation and reference.
3. I know that plagiarism is wrong.
 - 3.1. I understand what plagiarism is and am aware of the University's policy in this regard.

- 3.2. I know that I would plagiarise if I do not give credit to my sources, or if I copy sentences or paragraphs from a book, article or Internet source without proper citation.
- 3.3. I know that even if I only change the wording slightly, I still plagiarise when using someone else's words without proper citation.
- 3.4. I declare that I have written my own sentences and paragraphs throughout my assignment/case study/proposal and I have credited all ideas I have gained from other people's work.
- 4. I declare that this assignment/case study/proposal is my own original work.
- 5. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE..... DATE.....

ANNEXURE 2



CASE STUDY MARK SHEET

Student name: _____

Student number: _____

Module: _____

ASSIGNMENT STRUCTURE		TOTAL MARKS	MARK ACHIEVED
General neatness / presentation		1	
Page numbering		1	
Title page		1	
Table of contents		1	
Length		1	
Headings for body		1	
Line spacing		1	
Font size		1	
Font style		1	
Full justification		1	
TOTAL		10	A =
ASSIGNMENT PRESENTATION		TOTAL MARKS	MARK ACHIEVED
Spelling		2	
Appropriate terminology relevant to module		2	
Grammar		2	
Paragraph structure		2	
Clear and logical flow		2	
TOTAL		10	B =
ASSIGNMENT CONTENT		TOTAL MARKS	MARK ACHIEVED
Satisfactory introduction	Introduces topic	4	
	Presents aims	4	
	Appropriate choice of case	4	

Discussion	Depth of discussion	8	
	Accurate description of case: pre-hospital, in-hospital & outcome	8	
	Adequate review of relevant literature	8	
	Logical and meaningful integration of literature review and actual case	8	
	Demonstrates understanding of content	8	
Appropriate use of formal and scientific writing styles		6	
Conclusion	Summarizes main points	6	
References	Content is supported by references	4	
	References are appropriate	4	
	Correct method	4	
	Search strategy	4	
TOTAL		80	C =

A + B + C =	%
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Plagiarism of published work – automatic failure	
Plagiarism of another student’s work – automatic failure	
Late submission (-10% per day to max of 5 days (-50%), then 0%)	

GENERAL COMMENTS:

Lecturer's Name: _____

Lecturer's Signature: _____

Date: _____