The submission of case write-ups and their assessment is a test of a candidate’s ability to understand psychiatric principles, his ability to formulate each case in a meaningful manner and to discuss the issues involved in the diagnosis and management of common psychiatric problems.

1. The candidate is required to submit five case write-ups (2 copies each) personally managed by the candidate in his approved appointment. Each case must be discussed in detail and wherever applicable with appropriate references appended. The cases reported shall comprise any five of the following:
   
i. Acute Psychiatric Disorder
ii. Chronic Psychiatric Disorder
iii. Child/Adolescent Psychiatric Disorder OR Consultation Liaison case
iv. Organic Brain Syndrome
v. Psychiatric Medico-Legal problem OR Psychotherapy case
vi. Free choice topic

2. The case write-ups must be submitted by the stipulated deadline (Friday, 1 April 2016 for the June 2016 exam). Cases chosen should be varied, reflecting the range of psychiatric disorders. Each case record is to be between 5000 and 5500 words. Each record shall describe the illness, diagnosis, investigation and management of a patient who has been in candidate’s personal care.

3. Only candidates who present case write-ups which are considered to be satisfactory will be permitted to attempt the examination. In the event that a case write-up is not satisfactory, the candidate will have to rewrite it.

4. If the case write-ups are considered satisfactory, but the candidate subsequently fails in any part of the examination, he will not be required to present these case write-ups for any future examination.

5. Anonymity of the candidate. Numbers or letters should be substituted for names when the cases are assessed thereby preserving the anonymity of the candidate. To facilitate this, candidates should submit cases in the following way:
   
   (a) The FRONT (first sheet) of each case (which will be removed prior to marking) should contain the following:
   
   - Name of candidate, mailing address and contact number
   - Type of case, e.g. “Organic Brain Syndrome” or as specified in paragraph 1.

   (b) The SECOND sheet should contain a certificate as follows - signed by the candidate:
   
   - “I hereby certify
     
   (1) that this case write-up is my work and based on a patient directly under my care;
   
   (2) that I have taken all necessary steps to preserve the anonymity of the patient by using false names and initials and disguising other information that may lead to the identification of the patient.”

   - A certificate as follows signed by a supervisor or the appropriate consultant:
   
   “I certify that the patient identified as ____________________________ in this case history was under the direct care of Dr. _____________________________ at (name of hospital) and that to the best of my knowledge and belief this write-up is an original work.”

   Signed _____________________________

   Name, qualifications, address

   (c) The THIRD sheet which will become the front sheet when it is sent to the assessors must also contain information describing the type of case, but the candidate’s name should not appear here or in any other page of the write-up.

6. Case write-up should be typewritten, on A4 papers and with 3 cm margins. The page of each write-up must be numbered. Assessment is facilitated by the provision of an index at the beginning, showing the location of the major division of the write-up. Two (2) copies of each write-up should be submitted, candidates should also retain a copy for future references. Candidates are strongly advised to proof-read their scripts to minimize typing errors.
It is expected that some of the specified case write-ups, for example, that of 'Organic Brain Syndrome', may well be treated in an acceptable manner in little more than the prescribed minimum of 5000 words. Other write-ups, particularly those on whom Psychotherapy has been undertaken, may need to be close to the prescribed maximum of 5000 words.

Candidates are strongly advised to avoid 'padding' their write-ups in order to achieve the minimum or reasonable lengths. The following are common examples:
- lengthy theoretical commentary on issues not relevant to the case write-up
- repetitive, rambling and diffuse presentation
- undue verbosity
- wholesale unedited, disorganized copying of reports given by social workers, occupational therapists, psychologists or nurses.

Opinions need to be expressed clearly in easily understandable English.

Meaningless abbreviations like "TTH", "CTH", "LTH", "CPZ", etc must be avoided.

Generic names for drugs should be used in place of Trade names. Dosages, frequency and routes of administration must be clearly stated. Reasons for choice of drugs should be specified.

Psychometric evaluation

There is a wide variation in the reported use of the clinical psychologist and psychometric evaluation. In some instances, no reference at all has been made to psychological appraisal in cases where it might clearly have been helpful. A much more serious excessive reliance has been placed on the psychological report in formulating the patient, and particularly the dynamic problems. Sometimes this report has been quoted verbatim, running to three or four pages of the case write-up, and seems clearly to have been used as a substitute for the candidate's own clinical appraisal of the patient.

There is no suggestion that psychometric evaluation is required in every patient prepared for presentation. Some candidates fail to make use of their skills to obtain a primary diagnosis. Use of a psychologist, a physician, or some other colleague to exclude, for instance, organicity is an inappropriate use of psychiatric skills. Candidates will have in mind tentative hypotheses when they employ another colleague and will use their findings to test a psychiatric diagnosis, but not to make one.

References quoted in the discussion should appear in the Reference List.

Involvement of Candidate and Patient. It is recognised that in some instances there are some difficulties in satisfying the requirement that the patient described must be one "who has been in the candidate's personal care." This applies particularly to 'chronic psychiatric disorder' and 'psychiatric medico-legal problem.' It should nevertheless be appreciated that the specification of the type of patient to be reported was done with a deliberate and obvious intent, namely, to ensure that each candidate did in fact have some personal familiarity with the practice of psychiatry in a variety of settings. In a long stay ward, for instance, a candidate should make regular contact over a significant period of times with a long-stay patient, and thus derive the clinical observations which can form the basis of the history. Assessors have commented that the candidate has not provided convincing evidence that the case report stems primarily from his own observations. In the most extreme form, case histories have consisted to a large extent on the reports of other psychiatrists, extracted from the hospital case notes. The candidate has been, at best, a passive observer of the patient and the setting in which he is being treated.

More generally examiners have commented that some candidates seem to show little or no evidence of any significant involvement with their patients, while others show little or no empathy at all.

Formulation. This is a crucial aspect of the case write-up. Candidates have been known to make ostentatious use of psychoanalytic or psychodynamic terminology which nevertheless fails to convey any impression that the candidate really understands the patient as a person. Dynamic does not imply a discussion of deep and complex psychopathology, nor is it inferred that the patient's problems must be formulated in the particular language of the Freudian, or of any other, 'school'. Most patients, however, do require some formulation of present and past dynamic problems, and interactions. Sometimes, the candidate presents an excellent and appropriately detailed account of the patient's personal and developmental history, yet totally fails to relate any aspect of these sequences to the illness under discussion.

The diagnosis attached to a patient needs to be justified and if necessary defended, although this justification and defense need be of only minimal length in many cases. If the candidate suggests that the patient was suffering from some relatively uncommon disorder, it is essential that this proposition be supported by reasonable evidence. Some reasonable differential diagnosis needs to be provided in those cases where it is
relevant. However clinical judgment is required if the candidate is to avoid an elaborate two or three page differential diagnosis argued point by point, when all the available evidence suggests that only one syndrome could reasonably be considered.

Any truly adequate formulation contains at least some reference to prognosis, both short-term and long-term, and some write-ups have been substantially deficient in this regard.

15. Management: In discussing management, it is helpful and advisable to state some of the principles which have guided the candidate in this area; this can often be more helpful and much more convincing than very lengthy and detailed discussion of a wide range of physical and psychological treatment techniques employed, where the management appears, on the evidence submitted, to have limped along from day to day, without any clearly stated purposes or goals.

16. The Psychotherapy case. In submitting a Psychotherapy case, the following points should be noted:
   a. Psychotherapy refers to the treatment of a patient by primarily psychological processes, in the setting of a patient-therapist relationship, in which the involvement of the therapist is a clearly recognized factor. No specific theoretical orientation is implied. Behaviour therapy, as this term is usually understood, would not, however, come within this broad definition (though patient treated by behaviour therapy could certainly provide the subject matter for one or more of the other case write-ups).
   b. In general it is anticipated that the case history will involve a patient treated for at least thirty (30) sessions. It is not intended that the candidate should provide a summarized report of each session.
   c. The presentation should begin with an outline of the clinical features of the patient’s illness in sufficient detail to enable the examiner to judge whether indeed psychotherapy seemed an appropriate form of treatment for this particular problem.
   d. Some statement should be made concerning the decision to employ psychotherapy in this particular patient and why psychotherapy was selected instead of other forms of treatment.
   e. Before describing the progress of Psychotherapy, it would be advantageous to make some general comments about the method of psychotherapy employed and the goals that it was hoped to achieve.
   f. The progress of Psychotherapy should then be described; candidates should note that it is not necessary for a summary of each session to be provided.
   g. Following the description of the sessions themselves, it is suggested that the candidate should summarise what was achieved, attempting to explain the changes which have or have not occurred within the framework of some generally accepted theory.
   h. It is good practice to make specific reference to the doctor-patient relationship and its vicissitudes during the course of treatment, with some particular comment on transference situations and the candidate’s own countertransference responses. It may also seem appropriate to include relationship with the supervisor, where such existed, and to comment on the specific helpfulness of supervision where this seems appropriate.
   i. It is usually advisable to conclude the write-up, which is commonly of greater than average length, by a succinct summary of what has been reported in the main body of the narrative.