

# CASE REPORT PLANNING AND WRITING GUIDANCE

## AAO Glaucoma Section Diplomate Program/Clinical Track Case Reports

*Pertinent factors to consider when planning and writing case reports*

***Primary Objective: Case reports are intended to provide an opportunity for the candidate to convey a contemporary understanding and a practical expertise with the relevant and foundational topics in clinical glaucoma.***

1. Case selection
  - a. General principles for appropriate case selection
    - i. Use foresight with regard to case complexity:
      1. Minimally complex reports may not offer enough opportunities to explore foundational topics in clinical glaucoma
      2. Overly complex reports are generally much more difficult to describe and defend
      3. Overly complex patients may lead to very long reports that are forced to cover a lot of ground and may lead to loss of focus on the important foundational principles
    - ii. Time course: each report will need to cover a long-enough follow-up period to address the specific foundational components that are relevant for that particular report
    - iii. Reports should focus on the purpose of proving knowledge/competence with relation to the important/foundational topics in glaucoma care
  - b. Core topics: six total required
    - i. Core 1: Glaucoma suspect with or without ocular hypertension
    - ii. Core 2: Mild or Moderate Primary Open-Angle Glaucoma
    - iii. Core 3: Advanced glaucoma (severe glaucomatous optic neuropathy and/or severe visual field loss on standard automated perimetry)
    - iv. Core 4: Primary angle-closure glaucoma
    - v. Core 5: Pseudoexfoliation syndrome/glaucoma OR pigment dispersion syndrome/pigmentary glaucoma
    - vi. Core 6: Critical review of a published glaucoma scientific research paper
  - c. Non-core case report (Non-core 1): one required and can be any of the following:
    - i. Pseudoexfoliation or pigmentary glaucoma if not completed in CORE
    - ii. Inflammatory/uveitic glaucoma
    - iii. Various forms of trauma-related glaucoma
    - iv. Steroid-induced glaucoma
    - v. Developmental/congenital glaucoma
    - vi. Glaucoma related to increased episcleral venous pressure
    - vii. Plateau iris syndrome/glaucoma

- viii. Neovascular glaucoma
  - ix. Glaucoma related to ICE syndrome
  - x. Glaucoma related to crystalline lens pathology
  - xi. Glaucoma related to intraocular tumor
  - xii. Malignant glaucoma
  - xiii. Suprachoroidal hemorrhage and glaucoma
  - xiv. Secondary angle closure glaucoma
2. Foundational topics require focused/detailed exploration of the published evidence
- a. These descriptions should be distributed across the case reports
  - b. Check-off sheets can be found at the end of this document and must be submitted with all case reports so that candidates, mentors, and reviewers can keep track of the foundational topics that are successfully covered with each report and to guide which topics should be covered in subsequent reports.
3. Submission mechanics: Please have your mentor review and comment on your report prior to submission. When ready to submit, the candidate should submit the case and supporting documents directly to the Diplomate Chair, Dr. Sullivan-Mee using the following email: **Michael.Sullivan-Mee@comcast.net**

**FINAL NOTE:** ALL topics on the **INVENTORY AND ROADMAP checksheet** should be addressed in some detail within one of the program's case reports.

- 1. Each foundational topic and the associated critical points should be supported by substantial literature review with detailed referencing (this will generally result in a bibliography that has at least **50** entries).
- 2. Literature review should be comprehensive and statements made in case reports should rely on more than one high-quality source reference. Using just one reference to support statements, particularly when the published evidence is contradictory, defeats the purpose of candidate investigation into the depth/breadth of evidence that underlies standard aspects of clinical practice. In many situations, the candidate will find that the evidence supporting a well-accepted clinical dictum is weak. Finding this information would then be expected to result in an enhanced and more sophisticated approach to clinical management of patients with glaucoma.