**SGD MAKE-UP WRITTEN CASE REPORT ACTIVITY AND ASSIGNMENT GUIDE**

**OS 216: Human Disease and Treatment - Hematopoiesis and the Immune Response**

**Hematology Module**

**Description of Activity:**

This activity is asynchronous and is based on a paper case.

**Learning Objectives:**

At the end of the case discussion, the students should be able to:

* Formulate a correct diagnosis and differential diagnosis of benign and/or malignant hematologic disorder
* Correlate epidemiologic and pathophysiologic data to clinical manifestations of a patient
* Interpret and correlate laboratory findings to clinical manifestations of a patient
* Formulate appropriate diagnostic and therapeutic plans
* Present and discuss cases in a logical and concise manner

**Activity Resource Material**

1. Paper Case
2. Reference Materials for the module (as stated in Course Guide)
3. Module Lectures

**Tasks and Processes:**

Note that this activity is intended for remote learning and is asynchronous.

Use the following guide questions in making your written report:

1. What would be your Primary Working Impression and differential diagnoses based on the history and PE? Why?
2. How do you interpret the laboratory tests? Which differentials are ruled in and ruled out based on your lab tests?
3. What is your Final Working Impression?
4. How does your current impression explain your patient’s signs and symptoms?
5. How will you manage this case in terms of the following?
   1. Acute care
   2. Disease-specific care
   3. Supportive, non-pharmacologic care

Report should be a maximum of **10 PAGES.** Students should make sure that the paper is concise but the faculty would still be able to follow the logic/reasoning on how a student arrived at the primary impression and the management steps. The following formatting rules should be observed:

* 1. Calibri font size 12 or its equivalent
  2. normal margins
  3. single space
  4. Letter paper size
  5. Single column only

Suggested Format:

Primary Working Impression (Ensure that it is a Full Impression. This may include more than 1 problem/issue but make sure that they are listed in terms of priority – from most emergent/life threatening to least emergent/life threatening.)

|  |  |
| --- | --- |
| Basis from History | Basis from PE |
|  |  |

Differential Diagnosis: (In order of priority)

|  |  |  |
| --- | --- | --- |
| Differential Diagnosis | Basis from History and PE | Reasons for Ruling out or why it is less likely than your PWI |
|  |  |  |

Laboratory Tests Interpretation

|  |  |
| --- | --- |
| Laboratory Test | Interpretation (Include which differentials these rule in or rule out) |
|  |  |

Revised Working Impression: (Ensure that it is a Full Impression. This may include more than 1 problem/issue but make sure that they are listed in terms of priority – from most emergent/life threatening to least emergent/life threatening.)

Pathophysiologic Correlation: (In a paragraph or two explain how your current impression can explain your patient’s signs and symptoms.)

Treatment Plans: (In order of priority)

* 1. Acute care
  2. Disease-specific care
  3. Supportive, non-pharmacologic care (include referrals if needed)

**Evaluation**

|  |  |
| --- | --- |
| Diagnosis and List of Differentials | 25 |
| Sufficiency of Basis for Diagnosis and Differentials | 20 |
| Pathophysiologic Correlation | 20 |
| Diagnostic Plan | 15 |
| Therapeutic Plan | 15 |
| Adherence to format and submission schedules | 5 |
| Total | 100 |