

# How to write a case study for *HIV Nursing*

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Case studies are a lived experience and something that can be used for reflection and learning for other nurses. We all have funny/scary anecdotes, interesting scenarios, and those clients and situations that would be good to share as learning exercises. We discuss cases constantly in ward rounds, clinical supervision, multidisciplinary team meetings and casually with colleagues. Writing a case study isn't difficult but it can take time to pull together the pertinent information that you want to discuss and, when you have lived that situation, keeping it to a strict word count can be tricky.

## Here is a guide to help

A case study can often be written in a more relaxed style than a normal scientific/academic report, making it an easier read. You want the reader to identify with some of the issues you experienced in this particular case. Think about the message that you want to convey in the case study: this may be an unusual event, a unique case, an event that you feel shows best practice, or a clinical incident that shows learning.

Identify the episode of patient care that is to be written up. It's not a life story, so the audience will need context; and then break the case down into episodes you want to highlight. Case studies should start by setting the scene with a clear opening, backed up with statistics, guidelines and research. The sequencing of information is important and should follow the natural history of the patient and be revealed in an order that approximates usual clinical practice. The list below, adapted from Aitken and Marshall (2007), is a guide to what you should consider when writing your case study:

- Ensure the case is factual, concise and logically presented.
- Describe a real person who required significant and challenging care. Identify a case that is significantly complex to raise interesting issues but not so rare that readers will not be able to identify with it. You may, however, have a unique case that is of interest and should be shared, but this should not make the patient recognisable.
- Ensure you maintain privacy and confidentiality. If possible, gain consent prior to submission, or if this is not possible then make the case as 'unrecognisable' as possible (age and other characteristics can be changed).

- Some case studies use names such as Patient H, Mr H, initials or a (fake) name (Harry or Harry H). A surname is not required. Use what you feel reads well; it can be easily changed in the edit.
- The reader may well be aware of where you work or the geographical area; so do not name or identify specific wards, clinics, consultants etc.
- There is no need to date the case, unless it is an issue such as a public event or holiday with vital relevance.
- Observations will often convey more meaningful information to the reader, but ensure that the data presented are specific to the case being discussed. Don't go off on a tangent or feel you need to tell the reader about every appointment, phone call, blood test result etc.
- Use tables if presenting information across a series of time periods.
- All aspects of background that impact on the case should be described.
- All patient outcomes should be included (good and bad).
- Critically appraise care.
- Incorporate relevant research/literature.

Structuring the article may be daunting and you could use the following headings:

*Title:* Be provocative, be inviting, be humorous (if appropriate) in a title that will encourage the reader to continue.

*Background:* Set the scene; this is where you can explain the background to your case, add statistics, current evidence, etc. and introduce the reasoning behind presenting this case, its challenging nature, complexity or uniqueness... or all of the above. This should only be around two or three paragraphs long.

*The case:* Be anonymous; re-read the case over; does it make sense to you, is the order of events correct, have you accidentally identified the real person halfway through (this is so easy to do)? This is the meat of your study.

*Learning/discussion points:* Critically appraise the case. What was good, bad or a learning opportunity? What would/will you do differently? Has your service/care changed from this experience?

*Conclusion:* What do you want the reader to take away from your case presentation? This should be a paragraph. You could add takeaway points for the reader, or pose a question allowing the reader to reflect upon their own situation.

## In conclusion

Writing a case study is a great learning experience and can also be used as evidence for your NMC revalidation, as well as being a great platform to be published in a journal. We are always looking for case studies, and even though it may not fit with the theme of the issue we can usually make it work!

## References and further reading

Aitken LM, Marshall AP. Writing a case study: ensuring a meaningful contribution to the literature. *Aust Crit Care*, 2007, **20**(4), 132-136.

Houghton C, Murphy K, Shaw D, Casey D. Qualitative case study data analysis: an example from practice. *Nurse Res*, 2015, **22**(5), 8-12.

Price R. Writing a journal article: guidance for novice authors. *Nursing Standard*, 2014, **28**(35), 40-47.

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