Lecture 14: Clinical Case Presentation

Course: Clinical Psychology
Module II: Clinical Writing Skills
Level: Third-Year Undergraduate (Clinical Psychology)
Duration: 90 Minutes

Learning Outcomes

By the end of this lecture, students will be able to:

- Define a clinical case presentation.
- Explain the objectives of presenting clinical cases.
- Organize a case presentation logically and professionally.
- Integrate assessment findings into a coherent case formulation.
- Present clinical cases using appropriate terminology and ethical standards.
- Participate effectively in case discussions.

Lecture Outline

1. Introduction
2. Definition of a Clinical Case Presentation
3. Objectives of Case Presentations
4. Components of a Clinical Case Presentation
5. Guidelines for Effective Presentations
6. Sample Case Presentation
7. Ethical Considerations
8. Common Presentation Errors
9. Classroom Activity
10. Summary

1. Introduction

Clinical case presentations are a fundamental component of professional training in psychology. They provide opportunities for students and clinicians to communicate clinical information, develop diagnostic reasoning, receive supervision, and improve treatment planning.

A well-prepared case presentation demonstrates not only knowledge of psychopathology but also critical thinking, clinical reasoning, and effective communication skills.

2. Definition

A clinical case presentation is a structured oral or written summary of a patient's history, assessment findings, diagnosis, formulation, treatment, and recommendations presented for educational, clinical, or supervisory purposes.

3. Objectives

Clinical case presentations aim to:

- Improve diagnostic reasoning.
- Facilitate multidisciplinary collaboration.
- Develop clinical decision-making.
- Enhance communication skills.
- Promote evidence-based treatment planning.
- Support professional supervision.
- Encourage critical reflection.

4. Components of a Clinical Case Presentation

A. Patient Identification

Present only relevant demographic information while protecting confidentiality.

Example:

"Mr. A is a 24-year-old unmarried university student."

B. Presenting Complaint

Describe the primary reason for consultation.

C. History of Present Illness

Explain:

- Symptom onset
- Duration
- Severity
- Precipitating factors
- Previous treatment

D. Relevant Background

Include:

- Developmental history
- Family history
- Medical history
- Educational history
- Social history

E. Mental Status Examination

Summarize key findings regarding appearance, mood, thought processes, cognition, insight, and judgment.

F. Assessment Findings

Present results from interviews, observations, and psychological tests.

G. Diagnosis

Provide the diagnosis using DSM-5-TR or ICD-11 when appropriate.

H. Clinical Formulation

Explain how biological, psychological, and social factors interact to produce and maintain the patient's difficulties.

I. Treatment Plan

Include:

- Therapy approach
- Medication (if applicable)
- Family involvement
- Follow-up plan

J. Prognosis

Discuss factors likely to influence recovery.

5. Guidelines for Effective Presentations

- Organize information logically.
- Be concise and focused.
- Use professional terminology.
- Maintain confidentiality by removing identifying details.
- Support conclusions with evidence.
- Distinguish facts from interpretations.
- Be prepared to answer questions.

6. Sample Clinical Case Presentation

Patient

Mr. A, a 22-year-old university student.

Presenting Complaint

Persistent anxiety and recurrent panic attacks.

History

Symptoms began eight months ago during examination periods. Anxiety progressively increased, leading to avoidance of classes and declining academic performance.

Mental Status Examination

Appropriately dressed, cooperative, anxious mood, congruent affect, coherent thought processes, no psychotic symptoms, intact cognition, good insight.

Assessment

Clinical interview, Mental Status Examination, Beck Anxiety Inventory.

Diagnosis

Generalized Anxiety Disorder.

Clinical Formulation

Academic stress, perfectionistic personality traits, and maladaptive coping strategies appear to contribute to symptom development and maintenance.

Treatment Plan

- Cognitive Behavioral Therapy
- Relaxation training
- Stress management
- Follow-up every two weeks

Prognosis

Good, given the patient's motivation, family support, and absence of severe comorbid conditions.

7. Ethical Considerations

When presenting clinical cases:

- Remove all identifying information.
- Obtain informed consent when required.
- Respect confidentiality.
- Present factual information only.
- Avoid discriminatory or stigmatizing language.

8. Common Errors

Avoid:

- Reading directly from notes.
- Presenting excessive irrelevant information.
- Omitting the clinical formulation.
- Confusing observations with interpretations.
- Making unsupported diagnoses.
- Violating patient confidentiality.

Activity

Students work in small groups. Each group receives a different case vignette and prepares a **10-minute clinical case presentation**. Classmates act as a multidisciplinary team and ask questions regarding diagnosis, formulation, treatment, and prognosis. Feedback focuses on organization, clarity, clinical reasoning, and professional communication.

Summary

Clinical case presentations are essential tools for communication, education, supervision, and collaborative care. Effective presentations integrate patient history, assessment findings, diagnosis, formulation, treatment planning, and prognosis into a coherent and evidence-based narrative while maintaining the highest ethical standards.

Key Terms

- Clinical Case Presentation
- Clinical Formulation
- Presenting Complaint
- Mental Status Examination
- Differential Diagnosis
- Treatment Plan
- Prognosis
- Evidence-Based Practice
- Confidentiality
- Clinical Reasoning

Discussion Questions

1. What are the main objectives of a clinical case presentation?
2. Why is the clinical formulation considered the core of a case presentation?
3. How can confidentiality be protected during case presentations?
4. What distinguishes a diagnosis from a case formulation?
5. Why is multidisciplinary discussion valuable in clinical practice?

Recommended Reading

- American Psychological Association. (2017). *Ethical Principles of Psychologists and Code of Conduct*. APA.
- Morrison, J. (2024). *The First Interview* (6th ed.). Guilford Press.
- Sperry, L., & Sperry, J. (2020). *Case Conceptualization: Mastering This Competency with Ease and Confidence* (3rd ed.). Routledge.
- American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., Text Revision). American Psychiatric Association Publishing.
- World Health Organization. (2022). *International Classification of Diseases (ICD-11): Clinical Descriptions and Diagnostic Requirements for Mental, Behavioural and Neurodevelopmental Disorders*.

Conclusion

Clinical case presentations represent the integration of assessment, diagnosis, formulation, and treatment planning into a coherent professional narrative. They are a cornerstone of clinical training and interdisciplinary collaboration, fostering critical thinking, evidence-based decision-making, and effective communication. By mastering this skill, future clinical psychologists will be better prepared to contribute confidently and ethically to patient care in a variety of clinical settings.