

## **Examples of Clinical Case Studies, Managerial Reports and Oral Presentations**

The following are the titles of the clinical case studies, managerial reports and oral presentations that have been submitted in the last few years. These will hopefully help you understand the type of thing that the examiners are looking for in your HSD portfolio submission.

### **Clinical Case Studies**

#### **Cellular Pathology**

- Differential diagnosis of bladder versus endometrial origin
- Gastrointestinal polyp
- Head and Neck case – Clear Cell Chondrosarcoma of the larynx
- HPV-Associated adenocarcinoma of the cervix
- Malignant peripheral nerve sheath tumour
- Mixed Adeno-Neuroendocrine carcinoma of the appendix
- Native renal biopsy with IgA nephropathy

#### **Clinical Chemistry**

- Abnormal liver results
- Acute kidney injury induced by carbon monoxide poisoning
- Carbamoyl/Phosphase Synthase 1 (CPS1) deficiency
- Diabetic Ketoacidosis
- Hyperosmolar Hyperglycaemic Syndrome Non-Ketotic (HHNS) in Type 1 Diabetes Mellitus (T1DM)
- Hyponatremia
- Multiple myeloma diagnosis
- Serum vs NIPT screening
- Tumour lysis syndrome
- Tyrosinaemia type I

#### **Haematology**

- Acquired Factor VIII Inhibitor
- Acquired Haemophilia A
- Incidental malaria finding
- Iron Deficiency Polycythaemia
- Multiple myeloma
- Patient presenting with Macrocytic Anaemia
- Primary myelofibrosis

#### **Immunology**

- MDAS antibody
- Falsely elevated glomerular basement membrane antibodies
- Light chain myeloma
- Patient with dual positive Anti-GBM and Anti-PLA2r antibodies

## Medical Microbiology

- Bacterial Brain Abscess
- *Capnocytophaga* – A Case of Sepsis?
- Carbapenem Resistant *Enterobacteriaceae*
- COVID-19 Pneumonitis with secondary bacterial infection
- Diagnosis of a Chronic Abscess: In a patient with a high-risk factor for TB and malignancy
- Isolation of  $\beta$ -haemolytic Group A Streptococcus (*Streptococcus pyogenes*) resulting in a clinical suspicion of Necrotising Fasciitis.
- Investigation of a patient with acute pneumonia with recent travel from Dubai
- Microbiological investigation of blood cultures contributing to a diagnosis of Endocarditis
- Mycobacterium Abscessus
- Necrotising Fasciitis
- Neonatal Meningitis
- Rat Bite Fever

## Transfusion Science

- Autoimmune Haemolytic Anaemia
- Anti-G Investigation
- Antibody identification in a hospital transfusion laboratory
- Blood provision for a pregnant female with anti-U to combat potential acute bleeding
- Delayed transfusion reaction in a Sickle Cell patient
- Haemolytic disease of the foetus and newborn
- Identification of multiple antibodies in an ante natal patient
- Investigating an acute transfusion reaction to fresh frozen plasma during orthotopic liver transplantation
- Issue of unsuitable units to a patient with antibodies
- Management over multiple pregnancies of a mother with anti-c antibodies
- Sickle Cell disease with multiple antibodies

## Virology

- Congenital CMV infection
- Incidental HIV finding following latent TB screening
- Primary cytomegalovirus in a pregnant patient

## Managerial Reports

- Assessing and reviewing measurement uncertainty for clinical chemistry assays
- Audit and remodelling of IHC working plan
- Case of the missing bone marrows
- Clinical validation trial and implementation study
- Development of a training program for newly employed, experienced Biomedical Scientists
- Examination audit of infectious mononucleosis screening
- Extension to Scope - Verification of a new assay: Lactic acid
- Implementation of amended clinical and laboratory policies to improve clinical outcomes for paediatric major haemorrhage during cardiac surgery
- Implementation of diagnostic digital direct immunofluorescence service
- Implementation of new instrument for Xanthochromia analysis

- Implementation of new supplier of PBS for use in NHSBT reagents
- Implementation of objective competency evidence
- Implementation of the iQ Sprint
- Installation of BloodTrack upgrade
- Is the use of digital morphology viable for the assessment of competency?
- Introduction of new haematology equipment
- Introduction of an electronic reagent inventory system
- Introduction of Sebia Capillarys 3 Tera HbA1c Analytical System: Change control process, validation and verification
- Investigation into false positive reactions
- Management of human albumin solution national shortage
- Managerial report into the increased use of Octaplex
- Provision of training for non-blood transfusion on-call staff
- Registered Biomedical Scientist biopsy transfer training
- Reorganisation of department rotas
- Storage temperature for in use co-amoxiclav
- The identification of malarial parasites for new staff in morphology
- Transition to paperless reporting
- UKAS extension to scope
- Validation of an automated ESR method
- Validation of Edoxaban assay on the ACL TOP 550

### Oral Presentation

The oral presentation that is submitted for the HSD **must not** be on the same clinical case study or managerial issue that is being included as part of the other portfolio requirements. The presentation does not need to cover M-level content but it must demonstrate how you have accurately and clearly communicated on your chosen topic to the attendees. It should be between thirty minutes and hour including time for some Q&A from attendees.

You **must** provide copies of the slides that you presented and the accompanying notes that you used to deliver the presentation. You must also include feedback from at least two senior colleagues one of who should ideally be your line manager or training officer as well as your own reflection on the success of the presentation. A pro-forma is available on the IBMS website for this.

The following are some examples of the titles of presentations that have been submitted by successful candidates in last few years:

- A Bloody Waste – What we can do to minimise blood product wastage and what were the challenges?
- Calprotectin – Why and when to test?
- Cardiac Disorders
- Changing Face of Pathology – What changes will be seen in haematology?
- Diagnosis of Bacterial Vaginosis – From Nugent's Criteria to Hay/Ison Criteria
- Enteric Pathogens
- Epstein-Barr virus
- Follow-up of D Negative antenatal patients with a positive antibody screen due to possible Prophylactic or Immune anti-D
- Giardia and Coeliac disease
- Haematological parasites

- Identifying erroneous results in biochemistry
- Insulin and C-Peptide testing
- Let's talk Trichophyton!!
- Mismatch Protein – Lynch Syndrome
- NHSBT – Reagent products
- Pitfalls of an opportunistic pathogen
- Recent advances in microbiology and their potential impact on patient care
- Renal Biopsy: From Patient to Pathologist
- Special Assay Overview – Ammonia and Methotrexate
- Syndrome of inappropriate anti-diuretic hormone secretion
- The Leap into Haemostasis and Thrombosis Reference Laboratory
- Trisomy Screening
- What's Wrong With U?
- X Hospital – MHRA Inspection 2022