

## **Supplementary information:**

- A)** CCD rules of conduct
- B)** Criteria of a good case
- C)** List of cases by departments

### **A) CCD rules of conduct (adapted from Univ. Prof. Bernd Gänsbacher)**

→ *Small group teaching and learning from each other:*

- Give and take, no passive participation, no spoon-feeding
- The tutor is not supposed to give you all the answers, just guiding questions and hints
- Implementation of a pragmatic - reality based - decision making process
- Learn how to make safe decisions in a setting of limited time and incomplete databases
- During the discussion some questions will not be answered completely – independent study is necessary
- Learn to see the big picture without getting lost in details
- No discussion of unimportant theoretical details for hours
- Differentiate important issues from unimportant issues
- Resources for essential information, easy access (databases, books, internet)
- Use of only the most complete and “peer accepted” information databases (e.g. UpToDate)

→ *Remember:*

- The patient has a right for therapy of first choice (check current guidelines!)
- Know the screening tests for each disease
- In real life as a doctor you will be confronted much more often with rare symptoms of a frequent disease, than with frequent symptoms of a rare disease

→ *Summary:*

- Be active!

- Participate in the discussion!
- Do not be afraid! (we do not accept making fun of other course participants or unfair criticism)
- English language skills are not important – if you do not know the English word, say it in your mother tongue!

### **B) Criteria of a good case**

The following criteria have proven to make for lively and interesting discussions in the past (not all must apply):

- Final diagnosis has broad differential diagnoses (e.g. at least 3 DDx from 2 different organ systems)
- Rare presentation of common disease or common presentation of a rare disease
- Special patient group (e.g. patients with immunodeficiency, patients with h/o travel)
- Special geographical considerations (e.g. endemic diseases)
- Special periodic consideration (e.g. H1N1 outbreak)
- “Clinical pearl”: Case has an interesting aspect/approach that is not commonly known
- If a case is too challenging, students may become frustrated – if it is too easy, students may become bored
- Sufficient diagnostic testing was done (see broad DDx)
- Case is not too long (cases with HPI spanning >10/20yrs can be hard to solve within course time frame)

### **C) List of cases by departments**

Number of cases with the involved departments (according to the information given with each case report from the New England Journal of Medicine):

<b>Department Involved</b>	<b>Number of Cases</b>
Burn Unit	1
Cardiovascular Medicine	1
Dental Infection and Immunity	1
Emergency Medicine	1
Endocrinology	1
Gynecology	1
Health Care Policy	1
Medical Toxicology	1
Microbiology	1
Nutrition	1
Obstetrics	1
Oral Medicine	1
Pediatric Gastroenterology	1
Pediatric Surgery	1
Physical Medicine and Rehabilitation	1
Reproductive Biology	1
Hematology-Oncology	2
Nephrology	2
Psychiatry	2
Rheumatology, Allergy, Immunology	2
Surgery	3
Gastroenterology	4
Infectious Diseases	4
Cardiology	5
Internal Medicine	5

Pediatrics	5
Neurology	6
General Medicine	29
Radiology	29
Pathology	33