In putting together your case to present, consider: What are your learning objectives? What are the important takeaways for your audience. What details are important to share? What details can you leave out?

A diagnostic case presentation focuses on the details of an individual’s diagnosis in the following themes:

* Challenging diagnosis
  + Child is challenging to assess
* Misdiagnosis leads to accurate diagnosis
* Delayed diagnosis
  + Family timeline
  + Middle ear issues impact SNHL dx
  + Medically complex child
* Unique characteristics of audiological findings
* Unique etiology
* Changing hearing over time
* Family perspective on dx

A diagnostic case can either be presented as a summary of the final diagnosis or can be presented in chronological order if there is reason to “tell the story” of the steps to eventual diagnosis.

**Diagnostic Case: Outline**

1. Overview of Case
2. History: Medical and Familial
   * Perinatal history
   * Family history of childhood hearing loss
   * Middle ear history
   * Medical history since neonatal discharge
3. Hearing History
   * Summary
   * Audiological Detail
   * Chronological evaluations
   * Final diagnosis
4. Etiology of Hearing Loss
5. Diagnostic issues/challenges
   * accuracy/completeness
   * timeliness
   * family issues
6. Summary and unique features of case
7. Relevant research
8. Comments/discussion

**Diagnostic Case: details and examples**

1. Overview of Case

The overview of the case should give the audience a head's up of the type of case. For privacy, use only the child's initial of first name or use a made-up name when you present.

1. History: Medical and Familial
   * Perinatal history

Perinatal history should summarize the gestation and any neonatal risk factors for hearing loss.

* + Family history of childhood hearing loss

Negative: no family history

If there is a positive family history of childhood hearing loss, list the members of the family relative to the child: "paternal uncle, paternal grandmother, maternal cousin..."

* + Middle ear history

Summarize the child's ME history in terms of frequency of ME issues across age. Negative=no history of middle ear involvement.

* + Medical history since neonatal discharge

If there are any significant medical issues, indicate the age of the child and the medical issue. Negative: no significant medical issues

1. Hearing History: Summary
   * The purpose of the summary slide is to give the audience an overview of the audiological findings across the age of the child in the format: Age: location: results

Use a general description of the location and note the specific clinic if the child was evaluated at multiple sites; if the child was assessed at only 1 site, leave out this detail.

"3 weeks: hospital newborn nursery: did not pass NHS"

"6 months: pediatric audiology clinic 1: mild SNHL AU"

1. Hearing History: Audiological Detail

In the audiological detail section, show detail of audiological testing for test sessions that are pertinent to the diagnosis. Show at least one audiogram and scans of any other audiological data such as tympanograms, OAEs, BAER. The purpose of looking at test results is to see how the "pieces of the puzzle" fit together to form a complete diagnostic picture. Alternately, in some pediatric cases, the data is incomplete at a particular visit, but the audiologist is able to recommend follow-up testing. Lastly, there may be cases where test results have poor reliability and are interpreted as such or are incorrectly interpreted.

1. Etiology of Hearing Loss

For many patients, the etiology of the hearing loss is unknown. For others, there are risk factors that are likely causes of the HL. For some patients, genetic testing or testing for congenital infections have determined the etiology.

1. Diagnostic issues/challenges
   * accuracy and completeness of diagnosis

Were there issues in obtaining a complete and accurate diagnosis due to either audiologist implementation and interpretation or due to child issues such as developmental delays or not completing the testing, refusing earphone testing, etc.?

* + timeliness

Were there issues that delayed the diagnosis after the child had been identified as being at risk for hearing loss? A child can be identified as being at risk for a number of reasons: not passing a hearing screening, concerns about speech and language development from primary care physician, parents or others.

* + family issues

Did the family have resistance to acknowledging and addressing the hearing loss impacted the timeline of follow-up? Are there general family stressors or limited resources that have impacted the timeline?

1. Summary and unique features of case

Summarize the degree/type/configuration/laterality and the stability/progression/improvement of the hearing loss as well as the etiology. Highlight the unique features of this case.

1. Relevant

Highlight relevant research that pertains to the etiology of type of HL.

1. Comments/discussion

**Case Presentation Guidelines: Management Case**

Management cases are presentations of the unique aspects of issues that impacted the clinical decisions and/or family decisions regarding the following:

* + hearing technology
  + medical/surgical management
  + communication approach
  + educational options/choices
  + family issues/choices

1. Overview of case
2. Diagnosis
   * Hearing Loss type, degree, configuration, laterality
   * age of onset of HL
   * age of diagnosis of HL
   * stability of HL
   * etiology of HL
3. Treatment: amplification (acoustic or electrical stimulation)
   * Initial amplification
     + Age of initial fitting
     + consistency of use
     + benefit from amplification
   * Change in amplification
     + Age of change in fitting
     + consistency of use
     + benefit from amplification
   * Use of remote mic/FM-DM and HAT
4. Treatment: medical management
5. Treatment: early intervention and education
6. Developmental progress
7. Family perspective
8. Summary of case
   * Summary of management challenge(s)
   * Possible management solutions
   * Management solutions chosen
9. Relevant research
10. Discussion/comments