

NEW PERSPECTIVES

Case Reports: A “How To” Guide for Attendings

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In “Case Reports: Good Evidence, Good for Teaching,” Clifford Packer, MD, provides a strong argument for case reports: They make meaningful contributions to the medical literature, help trainees develop cognitive skills, and provide opportunities for mentorship.¹ In addition, writing a case report can help junior attendings demonstrate scholarly activity and offer opportunities for collaboration with other specialties. However, without some guidance, it can be challenging to transform an interesting clinical case into a conference abstract or a publication. As a follow up to Dr. Packer’s “why,” here we offer a brief and practical guide on the “how” of preparing a case report, with an emphasis on mentoring trainees.

Step 1: Decide whether your case is “good enough.”

Case reports have only one requirement: There must be a diagnosis. Although the diagnosis doesn’t need to be certain, it should meet accepted diagnostic criteria and be plausible within the clinical context. As you consider these questions, keep the anticipated target audience in mind. For example, does the case highlight an important physical examination finding? Does it center on a specific diagnostic assay or illustrate a cost-effective or high-value approach to management? While some journals require that case reports serve as the “first report” of a particular syndrome, it is not necessary to meet that criterion to submit a conference abstract. Useful questions to gauge the suitability of a case to be reported include:

1. Is there a diagnosis?
2. Is the topic of the report strange or rare?

Dear Trainee X,

This note is to follow up on the patient we discussed writing up while we were on service together. Remember the patient with ____? Are you still interested in submitting this as a clinical vignette abstract to SGIM / ACP / SHM (and hopefully submit a case report for publication)?

If you are interested, I would be happy to be your mentor for this submission. I propose that you would be the first author—you would perform a literature review, write the first draft, and make and present the poster (if accepted).

I would be the senior (last) author. I will confirm the completeness of your literature review, edit and help finalize the abstract, help keep you on track with deadlines, and help you make your poster and practice your presentation.

We could consider inviting a middle author who could help with the literature review, obtain images, and edit the abstract. This person should be able to commit to a fast turnaround.

Please let me know what you think. We’re both busy, so please respond within a week.

Best wishes,

Attending Physician, MD

Figure 1. Example of E-mail to Move a Case Report Forward

3. If it isn’t strange or rare, is it an uncommon presentation of a common condition?
4. If it isn’t strange or an uncommon presentation, is there an important clinical issue or educational opportunity?
5. Is there a diagnostic, therapeutic, or management dilemma?

Step 2: Complete early tasks that will help you later.

Obtaining informed consent from your patient is critical. Although conference abstract submissions often do not require patient consent, most journals mandate that patients give written consent for publication. Because obtaining consent can be challenging after a patient leaves the hospital, it is exceedingly helpful to request permission before discharge, even if the decision to write a case report is not finalized. In this

situation, have the patient sign a generic consent, and ask if you can contact them later to complete a more specific form. Make sure the patient understands that the goal of this work is education and has no bearing on his/her clinical care. Other early tasks include considering details that might best illustrate the case and gathering relevant data before discharge. Think visually. Are there intra-operative images that would be helpful? Are there paper records that will be hard to access after discharge? Create a file for interesting telemetry strips, pictures, pathology, and microscopy so that this content is readily available when you write the case.

Step 3: Get the ball rolling.

Case reports can get stuck at the “we should write this up” stage,

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even if consent is obtained and the data gathered. Figure 1 illustrates a strategy to help the attending physician move the project forward without taking on excessive responsibility. Explicitly delineating responsibilities is key: State exactly what you expect of each author, and set deadlines up front. If early deadlines are missed, it is unlikely that future deadlines will be met, resulting in a greater burden on the attending physician to complete the project.

Step 4: Be a great mentor.

We encourage trainees to first submit case reports as conference abstracts. This approach requires less effort than writing a manuscript, almost always results in a tangible product, and sets the stage for creation of a manuscript with only moderate added effort. The attending (typically the senior author) has specific mentorship responsibilities in this process. While the first author should conduct a comprehensive literature review, the attending is responsible for verifying its completeness. Furthermore, the attending will often need to encourage the trainee to write a draft of the abstract. Our mantra here is “just write something down.” The attending should then edit the abstract to highlight the key aspects of a patient’s story. Remember, an abstract is not meant to replicate a full history and physical nor serve as a lengthy morning report-style case presentation. The authors have latitude to structure the case in a way that underscores the teaching points while omitting distracting information.² Once the abstract is accepted, the attending should edit the poster to ensure that the clinical narrative flows well and is not simply a cut-

and-paste version of the abstract. Finally, attend the conference, and ask your colleagues to visit the poster to provide feedback.

Step 5: Take the abstract to publication.

Once a case has been presented at a conference, only a few more steps are required to submit it as a manuscript. The attending physician can facilitate this process by first discussing what type of publication is most suitable with the other authors. Table 1 lists the three main categories of case reports as well as the pros and cons of each approach.

Next, review author instructions for your target journals; in particular, pay attention to the number of authors allowed, criteria for publication, length, and format, all of which vary depending on the journal. While pub-

lishing a case report in a high-impact journal can be challenging, focusing on regional and subspecialty journals offers additional avenues for scholarship. Reviewing conference and journal guidelines, as well as recent submissions, will increase the likelihood of a successful publication. We also recommend Professor Pierson’s 2004 article “Case Reports in Respiratory Care,” which reviews how to avoid common pitfalls in preparing case reports.³

There has been a recent proliferation of online only, non-PubMed listed case report journals that charge large fees to publish case reports. With few exceptions (e.g. *BMJ Case Reports*), we advise against submitting to these journals, even if they advertise themselves as “peer reviewed.”

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Table 1. Types of Case Report Publications

	“Images in Medicine”	“Case Report”	“Clinical Problem-solving (CPS) Case”
Description	<ul style="list-style-type: none"> EKG, radiographic image, physical examination finding 	<ul style="list-style-type: none"> Review of past cases Discussion of why the case or vignette is unique Implications for clinical practice, teaching, or research 	<ul style="list-style-type: none"> Diagnostic approach to sequentially presented information Clinical reasoning is integrated throughout
Pros	<ul style="list-style-type: none"> Shorter Less work 	<ul style="list-style-type: none"> Not much extra work 	<ul style="list-style-type: none"> More fun Opportunity for collaboration Bigger audience Journal often has higher impact factor
Cons	<ul style="list-style-type: none"> Fewer authors Short discussion 	<ul style="list-style-type: none"> But it is extra work May not get published 	<ul style="list-style-type: none"> Lots more work Usually requires finding an “expert” clinical problem-solver and an author who has previously prepared a CPS case

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Conclusion

We have provided a concise five-step process to help attending physicians coach trainees to publish case reports. Encourage your trainee to thank your patient for his/her contribution to the field of medicine; it is through case reports that physicians often discover novel mechanisms of disease and unusual medication side effects. Also, make sure to congratulate your trainee(s); presenting at a conference or publishing a case re-

port is an accomplishment that deserves recognition.

Writing a case report is an achievable goal for many clinicians; this experience can help advance junior careers and form the basis for future avenues of inquiry.⁴ We hope this guide inspires early career clinicians to view case reports as meaningful opportunities for collaboration, scholarship, and mentorship.

References

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