

BEST PRACTICES

Adding to the Medical Education Literature: A Book Review of *Writing Case Reports: A Practical Guide from Conception through Publication*¹

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"Always note and record the unusual...publish it...place it on permanent record as a short, concise note...such communications are always of value."

—Sir William Osler²

"Pick up a pen, start writing, I wanna talk about what I have learned, the hard-won wisdom I have earned"

—George Washington in *Hamilton: An American Musical*³

Writing *Case Reports: A Practical Guide from Conception through Publication* is a spectacular and delightfully educational new book recently published through Springer, Amazon, and other venues in paperback and as an e-book. The authors, Drs. Clifford Packer, Gabrielle Berger, and Somnath Mookherjee, are all SGIM members who composed recent SGIM Forum articles on case writing.^{4,5,6} The book takes the reader through the nuances and fulfilling process of writing a case report, from start to finish, from "that initial *frisson* of excitement" (p. 3) and "we ought to write this up" (p. vii) to publication.

The book abounds with technical details and practical advice, clearly organized by type of submission (traditional, clinical problem solving, clinical image, clinical quiz) and steps to publication (selecting journal, outlining a case, and building a strong hypothesis-driven argument, determining authorship order, and to responding to reviewers).

Several aspects of the book were important to me. First, the emphasis on the crucial role of adverse drug reaction case reports in contributing to post-marketing surveillance of new therapeutic agents (chapter 8). Second, the new theme of reporting

medical errors—"mistakes"—a la the *JAMA Internal Medicine* series, "Less is More," created in 2010 to provide an outlet for authors to share outcomes of unnecessary care through case reports.⁶ Third, as a faculty member at a residency program that heavily promotes resident involvement in posters presentations, specifically Oregon ACP and Northwest SGIM, I greatly appreciated the chapter with condensed, bullet-pointed tips to writing a stellar clinical vignette abstract. I commend the authors for the book's emphasis on obtaining patient consent, a frequent source of confusion (chapter 6).

As a history of medicine buff myself, I loved the chapter on the history of the case report, from Hippocrates, through the Scientific Revolution, Osler, and the turn of the 20th century. The authors clearly state throughout the book that "the major goal of any case report is to put the case in context" (p. viii). They successfully place the case report in context for the reader as well by examining its cultural, historical, scientific, social, and educational aspects.

Case reports have been on the frontlines of medicine for millennium, undergoing a series of evolutions and maturations. Understanding the historical context is crucial, and I espe-

cially found enlightening the descriptions of why case reports fell out of favor precipitously in the 1980s concurrent with the emergence of evidence-based medicine and the rise to prominence of RCTs. As a result, case reports became marginalized,⁸ and the growing emphasis on a journal's impact factor compounded. A resurgence in case reports began in the late 1990s and continued into the new millennium, concurrent with the explosion of electronic case report journals. The authors indicate that this is more than a reflection of expanding technology. Rather, case reports continued to bring a "real-world authenticity" to the practice of medicine: "randomized trials deal with populations of patients, under carefully controlled conditions; case reports deal with individual patients in the randomness of everyday life" (p. 4). It is often the humble case report and its articulate hypotheses that spur major developments within the practice of medicine. For example, the authors wonderfully reflect on historically significant case reports, such as the sentinel 1981 case series of *Pneumocystis* pneumonia and Kaposi's sarcoma clustered in patients engaged in MSM.^{9,10} These were some of the first case reports

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of a patient with AIDS— at a time when the magnitude of the syndrome we now know well as HIV/AIDS was unforeseeable, a group of authors chose to observe, analyze, and report.

The authors outline multiple reasons for writing case reports. “Developing a hypothesis is unquestionably the most difficult part of writing a case report” (p. 85), requiring deep knowledge of relevant clinical information, ability to perform a detailed literature review, analytical skills, insight, and creativity—through these steps, the task of writing a case report becomes a very potent educational tool for trainees and mentors. The writing partnership is also a potent tool to foster mentorship relationships “...the learning is bidirectional, the mentoring is deeply appreciated, and the door is left open for new collaborations after the case report is published” (p. 29).

Two sections were unexpected but pleasant surprises. In chapter 7, Dr. Packer argues against catchy titles for case reports. I have been a fan of catchy titles, quoting Shakespeare in one of my own.^{7,11} Dr. Packer’s argument for a crisp, concise title encapsulating the primary teaching point is well received, and will likely change my future strategies.

Chapter 13 is devoted to social media. Case reports are cited far less often than research publications, in large part because they address the rare or unusual. When they are cited, this occurs later after publication and

grows more steadily. Dr. Packer analyzes his own body of publication, finding 70-80% of citations occurred more than two years after publication (p. 180). This section analyzes how citations are an imperfect marker of scientific impact, measuring attention over quality, and not necessarily guaranteeing a full read, a statistic supported by others.¹² Online services such as Altmetric, which track attention through social media platforms such as Facebook or Twitter are discussed.

I strongly recommend this book to my colleagues in academic internal medicine. Be you seasoned mentors shepherding mentees through the writing process or junior faculty seeking to build your academic portfolio and initiate mentoring relationships of your own, the case report can inspire you to stay curious and excited through your clinical work.

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