Clinical Vignettes Will Debut at the National Meeting

—Richard P. Lofgren

In the tradition of case-based learning, a new segment will be introduced during the 1997 National Meeting—the clinical vignette presentation. Our intent is to enhance the clinical program by creating a forum where members can present interesting and challenging cases that highlight important management and diagnostic points. It is expected that the vignettes will be generally informative, not showcasing rare or bizarre cases.

The goals of the clinical vignette presentations are to: 1) expand the clinical content of the national meeting and 2) further capture the interest of an important segment of the Society, the clinician-educator. Hopefully, the clinical vignettes will provide a greater opportunity for SGIM members to participate in the national meeting, by sharing their extensive knowledge of clinical medicine with their peers and colleagues. Such presentations will provide tangible evidence of their scholarly activity and serve as a catalyst for greater “networking” of persons with similar clinical interests. In the process, we hope new and less active members will become more involved with our meeting and Society.

A “call for clinical vignettes” was included with a recent mailing requesting abstract and workshop submissions. Any SGIM member or associate member is encouraged to submit a clinical vignette for review, using the standard submission form (available from the SGIM office). Authors are required to provide a brief summary of an illustrative case and clearly state the primary teaching point(s). They may include one or two brief sentences of discussion at the conclusion of the case presentation. The submissions will undergo peer review similar to the abstract selection process. The vignettes will be rated as to the clarity of the presentation, the importance of the teaching point and its application to clinical practice, and general interest of the subject matter.

A certain number of clinical vignettes will be selected for oral presentation at the national meeting. The number of presentations will depend upon interest, number of submissions, and available space. The presentation will follow the same general format used for abstract presentations. It is anticipated that the authors will spend about 5 minutes summarizing the case, followed by a 5-minute discussion highlighting the major teaching point and a review and synthesis of the pertinent literature, and finally, 5 minutes of questions and comment. Hence, during a 90 minute session, there will be six clinical vignette presentations, presumably covering a variety of topics.

Though cautiously optimistic about the debut of the clinical vignette, we are very excited about this new endeavor, hoping it will add to the vitality of the meeting and broaden the participation of our membership.
“The overwhelming majority of attendees felt that the clinical vignettes should be continued at future meetings.”

Indeed, the clinical vignette portion of the Annual Meeting took hold and took off in the coming years. In 1998, 40 oral clinical vignettes and 210 posters (includes clinical vignettes and scientific abstracts) were presented. After the 1998 Annual Meeting and in advance of the 1999 Annual Meeting, Dr. Eileen Reynolds reflected, “Feedback from last year’s meeting included, ‘Vignettes remained the highlight,’ and ‘Quality of presentation and range of subject matter were excellent.’”

By the time it came to announce calls for abstracts for the 2000 meeting, the number of “Submissions [had] more than doubled in number each year since their introduction.” The 2000 meeting also introduced the “unknown clinical vignette” session, during which three top-ranked vignettes, chosen for their “content and mystery” were delivered in an audience participation manner to delve into the differential diagnoses. More than 200 vignettes were submitted for the 2001 Annual Meeting, the fifth meeting to feature them.

The “cautiously optimistic” introducers of the clinical vignette portion of the Annual Meeting had every right to be “very excited” about its potential. More than twenty years later, this endeavor has continued to bring hundreds of engaged learners, especially trainees, to this forum for learning, scholarship, and discussion. Scientific abstracts and clinical vignette abstracts across dozens of subcategories continue to be accepted, with “Innovations in Clinical Practice” and “Innovations in Medical Education” other currently accepted categories of submissions. SGIM now receives approximately 700-800 clinical vignette submissions annually, with the number of vignettes now exceeding the number of scientific abstracts for the last three years in a row. While it is too late to submit for next month’s Annual Meeting, we hope that you will strongly consider submitting or encouraging your learners to submit to the 2019 Annual Meeting.

References