

## **Clinical Vignette Resources**

The following is a summary of options for clinical case publication. Excerpts are quoted directly from journal websites and weblinks are provided for complete information. There are 3 sections: I. Peer-Reviewed options, II. Non-Peer-Reviewed options, and III. Consent & Patient Confidentiality.

### **I. Peer-Reviewed (e.g., indexed in Medline/PubMed)**

#### *Journal of General Internal Medicine (JGIM)*

Website: [www.jgim.org](http://www.jgim.org)

Author Instructions: <http://www.jgimed.org/authors/JGIM%20Instructions%20for%20Authors.pdf>

#### Clinical Vignettes

Clinical vignettes are reports of clinical cases that provide insight into clinical practice and generate hypotheses for innovations in clinical practice, education, and research. They should have an unstructured abstract of 200 words or less and text of up to 2,000 words. The manuscript should include a review of past published relevant cases, a detailed description of the case or vignette, a discussion of why the case or vignette is unique and how it adds to past published literature, and implications for subsequent developments in clinical practice, teaching, or research. Please either mask the subject's identity or gain their permission prior to submission; such permission should be confirmed by completion of the JGIM Statement of Patient Consent. *The first or senior author of the clinical vignette must be a current SGIM member at the time of submission.*

#### Clinical Images

Clinical images report on visual findings in clinical medicine that have educational value. They can include radiology results, high quality clinical images, or electrocardiograms. Images should have a text description that does not exceed 200 words. No more than three authors may be listed. In the initial submission (for clinical images ONLY), each image should be sent as a separate file with the submitted text. Images should either have individually identifying information removed or masked at submission, or specific written consent to include identifying information. Please either mask the subject's identity or gain their permission prior to submission; such permission should be confirmed by completion of the JGIM Statement of Patient Consent. *The first or senior author of the clinical image must be a current SGIM member at the time of submission.*

### Exercises in Clinical Reasoning

In this series, a clinician discusses the diagnostic approach to sequentially presented clinical information. Commentary on the diagnostic reasoning process is integrated throughout the case presentation. The relevant images and laboratory studies should accompany the case. The Exercise concludes with a brief “Discussion” section highlighting the key clinical reasoning points (3-5 paragraphs) and a “Clinical Teaching Points” section (3-5 bullet clinical points). Submissions should not exceed 3,000 words and have a maximum of 15 references.

### *New England Journal of Medicine (NEJM)*

Website: [www.nejm.org](http://www.nejm.org)

Author Instructions: <http://www.nejm.org/page/author-center/article-types>

### Images in Clinical Medicine

Images in Clinical Medicine are classic images of common medical conditions. Images are an important part of much of what we do and learn in medicine. This feature is intended to capture the sense of visual discovery and variety that physicians experience. Images in Clinical Medicine are not intended as a vehicle for case reports. Original, high-quality images are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. To submit an image for publication in the Journal, please follow the submission instructions below. At the discretion of the Editor, images may appear in the print version of the Journal, the electronic version, or both. The legend should contain no more than 150 words.

### Clinical Problem-Solving

Clinical Problem-Solving manuscripts consider the step-by-step process of clinical decision making. Information about a patient is presented to an expert clinician or clinicians in stages (indicated by boldface type in the manuscript) to simulate the way such information emerges in clinical practice. The clinician responds (in regular type) as new information is presented, sharing his or her reasoning with the reader. The text should not exceed 2500 words, and there should be no more than 15 references. Please send us a Pre-submission Inquiry before writing a Clinical Problem-Solving article for the Journal.

### *JAMA Internal Medicine*

Website: <http://archinte.jamanetwork.com/journal.aspx>

Author Instructions: <http://archinte.jamanetwork.com/public/instructionsForAuthors.aspx>

## Teachable Moments

The Teachable Moments series is designed to encourage trainees at all levels to submit articles that bring attention to the harms that can result from medical overuse and from underuse of needed medical interventions. Our long-term aim is to promote appropriate medical care. Each Teachable Moments manuscript should include a clinical vignette headed “Story From the Front Lines” (an engaging story with enough clinical information for JAMA Internal Medicine readers to understand the clinical issues) and a summary of the clinical issues headed “Teachable Moment” (a succinct summary of the clinical issues, stating the evidence for over-testing or under-testing or treatment and suggesting an alternative approach). The manuscript should be given a title that reflects the specific focus. *The first author must be a trainee (professional student, intern, resident, fellow, masters or doctoral student, or postdoctoral student)*. Articles should not exceed 800 words and 5 references, and should have a maximum of 3 authors. A signed Patient Permission form must be included at the time of initial submission. A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, video, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs, video, or pedigrees and should be submitted with the manuscript and indicated in the Acknowledgment section.

## Challenges in Clinical Electrocardiography

These peer-reviewed articles demonstrate challenges and pitfalls in electrocardiography (ECG) interpretation for practitioners in the office, hospital, and prehospital setting. Examples include misinterpreted ECG findings, artifacts, limitations of computer interpretations, and controversies. The goal is educational, and the focus is on presentations and findings that represent a risk of potential misdiagnosis or treatment. Each submission should include a brief text introduction, 1 ECG image, 1 or 2 pertinent questions, and an anonymized case discussion and patient course, if applicable. Maximum specifications: 1000 words, consisting of no more than 200 words for the case presentation and no more than 800 words for the case discussion and patient course, if applicable; 5 bulleted summary points; no more than 10 references; no more than 3 authors. Images: Minimum 5 inches wide and 350 dpi. Labels should be added to electronic images only on a separate layer or by importing into applications such as Word, PowerPoint, or Illustrator; however, original image files must also be submitted. (For additional information, see Technical Requirements for Figures.)

## *American Journal of Medicine (AJM)*

Website: <http://www.amjmed.com/>

Author Instructions: <http://www.amjmed.com/content/authorinfo>

## Clinical communications to the Editor

Word limit 650 words including text, references, and acknowledgements but not the title page. Further editing may be required to make sure the final article does not exceed one typeset page. Confirm that

the manuscript is original research that has not been published and is not under consideration elsewhere. Confirm that all of the authors participated in the preparation of the manuscript. Confirm that you have permission to reprint any figures or tables that were initially printed elsewhere. Clinical Communications to the Editor (CCE) are case reports, often involving only one patient. CCE submissions have no set format beyond the basic building blocks of a regular article (i.e., title, manuscript text, subheads as needed, references, and author information.)

#### Images in Dermatology, Diagnostic Dilemma, ECG Image of the Month, and Images in Radiology

Confirm that the manuscript is original research that has not been published and is not under consideration elsewhere. Confirm that all of the authors participated in the preparation of the manuscript. Confirm that you have permission to reprint any figures or tables that were initially printed elsewhere. These discussion sections generally focus on the experience of one patient who had an unusual or interesting diagnosis. Photographic images are a key element. Organize the text using the following structure: presentation (why did the patient seek treatment?); assessment (description of diagnostic test and findings); diagnosis (include the diagnostic decision and what was ruled out); and management.

#### *Journal of Hospital Medicine (JHM)*

Website: [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1553-5606](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1553-5606)

Author Instructions: [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1553-5606/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1553-5606/homepage/ForAuthors.html)

Note: JHM does not accept case reports or case series.

#### Clinical Care Conundrums

The Clinical Care Conundrums (CCC) series (2,750 words not including abstract or references, structured abstract, no more than 4 tables or figures, no more than 20 references) are narrative, clinical problem-solving exercises that are developed in a collaborative fashion between the submitting author and JHM Editors and/or National Correspondents.

CCCs include a challenging diagnostic or therapeutic dilemma synthesized by an expert clinician who is not otherwise familiar with the case. Appropriate CCCs are enigmatic in their presentation, provide multiple opportunities for clinical education, and have a diagnosis relevant to the Journal's readership.

Submissions to this section require pre-approval by the editorial staff. Authors interested in submitting a CCC should review the previously published JHM CCC, "The third time's the charm," and consider whether their case can meet this required format. Prior to preparing a manuscript, prospective authors must read the attached letter and email a prospectus to the managing editor for pre-submission review. If the prospectus is of interest to JHM, the author will then be invited to submit a draft CCC for formal

review and further development by Editors or JHM National Correspondents. Initiation of this collaborative review and revision process does not guarantee acceptance.

### *Canadian Medical Association Journal (CMAJ)*

Website: <http://www.cmaj.ca/>

Author Instructions: <http://www.cmaj.ca/site/authors/>

#### Cases

These are brief case reports that convey clear, practical lessons relevant to a general audience. Preference is given to common presentations of important rare conditions and important unusual presentations of common problems.

- 1,500-word limit; up to two authors; up to 10 references, formatted in the Vancouver style.
- Real case presentation ( $\leq 500$  words).
- Discussion of underlying condition ( $\leq 1,000$  words) with an emphasis on practical information and new or changing practice.
- Visual elements (e.g., boxes with the differential diagnosis, clinical features or diagnostic approach, videos or images) are encouraged.
- Include up to four key points – each in a short sentence – highlighting the article's main message.

#### What is your call?

These articles emphasize an area of controversy or difficulty in diagnosis, investigation or treatment of a condition and involve clinical reasoning.

- 1,500-word limit (including questions, answers and discussion); up to 10 references formatted in the Vancouver style.
- Real case presentation, clinical details with images.
- Subheads are questions, each followed by multiple-choice questions and the answers; of particular interest are questions involving steps in clinical reasoning.
- Brief discussion section concludes the article.
- Writing should be evidence-based and authors should comment on the referenced articles (e.g., "A well-designed randomized controlled trial found that...", "Most of the evidence that supports this intervention comes from small observational studies...").
- Visual elements encouraged (e.g., high-resolution images with captions, box of patient/physician resources, differential diagnosis, videos).

#### Decisions

Focus is on a practical, evidence-based approach to a common presentation in primary care (clinic or emergency department). Include information that would usually be covered in a typical primary care appointment.

- 650-word limit and up to 1 box or figure; up to seven references formatted in the Vancouver style.
- Title should be short (up to 50 characters) and compelling.
- Structured into three main sections:
  1. Brief (75 words or less) description of the clinical situation (fictional or real).
  2. Three to four clinical questions addressing key decisions the clinician must make during the appointment (e.g., examination, investigation, treatment, harm reduction, follow-up, referrals); the questions should directly relate to the patient described in the case.
  3. "Case revisited" section that provides a summary of the decisions/actions the clinician makes at the end of the patient visit (e.g., testing, follow-up appointment, referrals).

#### Five things to know about...

Articles present five key statements on topics of interest to physicians. The focus is on the most important, most missed, most controversial or newest information on the topic. The articles are not meant to be comprehensive. Areas covered may include diagnosis, prevalence, red flags, differential diagnoses, treatment, prognosis or recent advances, and will vary depending on the topic. The information should be relevant to a general medical audience.

- 300-word limit; up to two authors; up to five references formatted in the Vancouver style.
- Each key sentence should be clear, short and specific, supported by one or two explanatory sentences and a reference.
- You may include one box, figure or image in the article.

#### Clinical images

Images are chosen because they are particularly intriguing, classic or dramatic. Preference is given to common presentations of important rare conditions and important unusual presentations of common problems.

- 300 word limit; up to two authors; up to three references formatted in the Vancouver style.
- Figure and case pertaining to a real patient; clear, appropriately labelled, high-resolution images must be accompanied by a figure caption.
- A brief case description is followed by a concise explanation of the educational significance of the images that typically includes epidemiology, differential diagnosis, investigations, management and prognosis.

*British Medical Journal (BMJ)*

Website: [www.bmj.com](http://www.bmj.com)

Author Instructions: <http://www.bmj.com/about-bmj/resources-authors>

### Case Reports

The BMJ does not publish standard case reports. We do, however, publish articles about real cases as long as they are suitable for presentation in specifically educational formats. These include Endgames case reviews and picture quizzes, and very brief reports accompanying Minerva pictures. For each of these you will need to provide a signed consent form from the patient.

If you would like to submit a more straightforward case report, or if your submission to The BMJ in one of the above categories does not succeed, you might like to try submitting to our sister journal *BMJ Case Reports*.

### *BMJ Case Reports*

Website: <http://casereports.bmj.com/>

Author Instructions: <http://casereports.bmj.com/site/about/guidelines.xhtml>

Note: Publication requires a “membership” which costs \$328/year.

To ensure that the cases are published in an easy to find, easy to read format we require all authors to submit using our Word templates. There are three available templates: one for full clinical cases, one for Images in ... (very brief articles comprising 1 or 2 striking and/or clinically important images with a brief description of the educational message), and one for global health articles. There is no official word count for full cases and global health articles but for clinical case reports we recommend a limit of 2000 words and 4000 words for Global Health case reports (excluding abstract and references). Images in ... articles should be no more than 500 words.

### The Lancet

Website: [www.thelancet.com](http://www.thelancet.com)

Author Instructions: <http://download.thelancet.com/pb/assets/raw/Lancet/authors/lancet-information-for-authors.pdf>

### Clinical Pictures

The ideal Clinical Picture provides visual information that will be useful to other clinicians. Clinical Pictures should be interesting, educational, and respectful of the patient. The Lancet is less interested in pictures that simply illustrate an extreme example of a medical condition. Authors must obtain signed informed consent for publication (see Patient and other consents). Do not use “blackout” bars or similar devices to anonymise patients: if you have taken consent appropriately, masking is not necessary. Use no more than 450 words, with no references. The text should include a brief patient history and must put the image in context, explaining what the image shows and why it is of interest to the general reader. Currently, clinical pictures will be accepted as exclusive online only material, and subsequently indexed as e-pages. A random selection will go into the print journal as fillers when required.

### Case Reports

The ideal Lancet Case Report is of general, not specialist interest. It tells a clinical story of a difficult differential diagnosis in an engaging and concise manner, while respecting the dignity of the patient. Novelty is not essential, but at least one broadly useful learning point is. The authors should have been involved in care of the patient. Present a diagnostic conundrum, and explain how you solved it. Tell us about the presentation, history, examination, investigations, management, and outcome. In your discussion, educate the reader. We do not usually publish reports purporting to show the effectiveness of medical interventions in single cases. Use no more than 1000 words and 5 references. Explanatory and graphic pictures (up to a maximum of two) can be helpful. Consent for publication in print and electronically must be obtained from the patient or, if this is not possible, the next of kin before submission.

### *Journal of Internal Medicine*

Website: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-2796](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2796)

Author Information: [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-2796/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2796/homepage/ForAuthors.html)

### Case Report

Case Reports of unique clinical observations may also be considered in exceptional circumstances. Case Reports should be a maximum length of 1500 words, and do not require an abstract.

### Additional Peer-Reviewed Options:

State Medical Journals – options vary by particular state

Subspecialty Journals: Emergency medicine, Internal Medicine subspecialties

## II. Non-Peer-Reviewed (e.g., *not* indexed in Medline/PubMed)

### *ACP Hospitalist*

Website: <https://www.acphospitalist.org/>

Author Instructions: <https://www.acphospitalist.org/write/brief-case-submission-guidelines.htm>

#### “The Brief Case” Clinical Vignettes

- Clinical vignettes on any topic applicable to the practicing hospitalist/inpatient internist are desired. “Zebra” diagnoses are not our aim. While rare diagnoses will certainly be considered, we prefer nuances or management issues as they pertain to more commonly encountered diagnoses. We do not publish case reports. Even if rare, the cases we desire discuss established diagnoses, complications, or associations. Specific formatting requests are available in author instructions. Each vignette should be approximately 500 words in length, though there are no strict criteria and ultimately length is determined through editing process.
- Options include “Institutional” submissions in which providers from a single group submit a batch of 4-5 cases, and “Individual” submissions of a single case. The Brief Case appears in 6 issues per year, with 1 institutional and 1 individual case per installment. Following institutional/individual submission, editors will evaluate for our publication and authors will be informed of this decision. For submissions found desirable, cases will be returned to authors with edits, suggestions for re-writes, and questions. The extent of such edits may alter the intended publication date of the case/installment.
- Case authors transfer copyright to ACP, but they may present their work elsewhere or create derivative works without requesting permission as long as the original source is credited. To republish a Brief Case section or an individual case exactly as it appeared in ACP Hospitalist, permission must be requested from ACP.

### *SGIM Forum*

Website: <http://www.sgim.org/publications/sgim-forum>

Author Instructions/Submission email: [editor.sgimforum@gmail.com](mailto:editor.sgimforum@gmail.com)

#### “Morning Report” Clinical Vignettes

- Choose a case that will engage the audience (either because it is common, scary, or interesting).
- Feel free to use poetic license in recreating the case, in order to make the details of the case more or less cumbersome for your audience. Given our limited amount of space, it is best to

emphasize a particular part of the patient encounter – either the history-taking, physical exam, work-up, or treatment.

- Early on, try to have the discussant create a prioritized differential. We are trying to emphasize the differential, and after all possibilities are on the board, talking about what people think is most likely and what can't be missed in the immediate future.
- Didactic Portion- Focus on some aspect of the case (can be the presenting signs/symptoms, physical exam, differential, work-up, or treatment). Don't try to present the whole topic...just one area in better detail.
- End with Summary with 2-3 teaching points.
- We use a presenter and discussant format with discussant typically in italic.
- We aim for up 750-1000 words with less than 6 references.