

Instructions for Authors

Diagnostic Dilemmas and Clinical Reasoning

Goal of this feature:

- 1) To present clinical cases that are diagnostic dilemmas and that involve the input of both generalists and subspecialists who comment as segments of the case are presented, similar to our Ethics Rounds feature articles. Each case presented will generate a dialogue about unusual or complicated disease processes and will stimulate discussion about clinical reasoning.

Article Structure

- 1) The structure will be interactive, with comments inserted by generalists and specialists asked to comment on the case, simulating what might occur in an oral case presentation.
- 2) The initial case description will include the chief complaint and enough information to generate an initial differential diagnosis.
- 3) The case presentation will then continue with input from at least one generalist and from at least one subspecialist. Ideally, the generalist will lead this discussion and will solicit input from multiple subspecialists in order to narrow the differential diagnosis and to facilitate a conversation about clinical decision making,
- 4) The next steps of the case will then be presented. Clinical details will alternate with input from generalists and from subspecialists as the case evolves and as the ultimate diagnosis is made.
- 5) We encourage the use of media, such as radiology studies, pathology specimens, or video clips as well as video clips to complement the discussion.
- 6) The case will culminate with a brief (750-1000) summary of the key points of the case and of the ultimate diagnosis.
- 7) The entire manuscript should be no more than 3500 words.
- 8) The manuscript should have an unstructured abstract of no more than 200 words. The abstract should not reveal the diagnosis.

Submission and Review Process:

- 1) Authors may come from any institution. The case may be one that was discussed in the hospital's teaching rounds (many hospitals have sessions entitled Case Conference, CPC, Professorial Rounds, or something similar).
- 2) The authors may choose to solicit experts on their own and/or to write the entire manuscript as a team. Authors may also choose to submit a case to our journal, and the editors will solicit experts to comment on the case.
- 3) Diagnostic Dilemmas and Clinical Reasoning will be submitted for peer review, with acceptance contingent on positive peer reviews and input from the editorial board.
- 4) All cases should be real cases. Consent from the family and from the providers who cared for the patient is required before a manuscript can be published. However, there may be extenuating circumstances in which family consent may be problematic. These cases will be handled on a case-by-case basis. If it is

decided that the case should be published without family consent, it is important to change enough elements of the case so that the patient and family are not recognizable. If the case is too unique to be disguised, then those who submit the case cannot be authors, and the published paper must have no link to the institution where the case took place.

- 5) The requirements of local institutional review boards should be followed.
- 6) Authorship: All authors must fulfill the ICJME criteria for authorship. There may not be more than 7 authors for each submission.

Questions can be addressed to Rachel Moon, M.D., section editor for Diagnostic Dilemmas and Clinical Reasoning, at rmoon@cnmc.org.