Case Writing Guidelines and Author Template

The Academy prides itself on providing readers with practical clinical advice on ophthalmic care that they can use immediately in their practices. As part of this effort, cases are presented on our website, which is used by more than 20,000 ophthalmologists.

Mission and Definition

All cases are doctor-written, drawn from clinical experience, and intended to intrigue and challenge our readers. Cases introduce the patient (using a fictitious name) and his or her personal story, relevant clinical and/or family history, and symptoms.

ACCME Accreditation Criteria

As a CME provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), all Academy CME activities must adhere to ACCME accreditation criterion 2: "The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners." To that end, we ask case authors to provide proof of the practice gap that their case addresses. For more information, see the case template that follows.

Submission Overview

There is no financial remuneration for published cases, but a case authored by a resident physician and published on the Academy website will satisfy the RRC requirements for resident scholarly activity. The resident is responsible for notifying his or her program director of article publication.

By submitting a manuscript for publication, you certify that it is your own original work. If media or figures have been published previously, please secure a release.

By submitting this manuscript and art, you agree to transfer all rights to the American Academy of Ophthalmology, meaning the Academy may publish the article in its various print and electronic publications, where it may remain archived indefinitely.

The Academy will return only original submissions to you for subsequent publication elsewhere, meaning we will not allow subsequent publication of our interactive presentation.

Academic institutions submitting cases may submit institutional logos for inclusion on the authors page.

How to Prepare Your Manuscript

# Coauthor

Medical students, residents, and fellows are advised to team with a senior faculty member to coauthor the manuscript.

# Tone

Use the active voice whenever possible. Be brief and clear. When appropriate, opt for a conversational style.

# Introduction

Using a fictitious patient name, this short section introduces the patient, circumstances, and symptoms.

# Body

Use subheadings to help readers quickly navigate, for example:

* Relevant Clinical History
* Family History
* Examination Results
* Early Misdiagnoses
* Differential Diagnosis
* Test Results
* Definitive Diagnosis
* About the Disease and Prognosis
* Treatment Options, Patient’s Progress

Tables and bulleted lists can also help summarize a point. Be sure to reference tables in the manuscript, and if possible, include them in the same file.

# References

The Academy prefers to limit the number of references to 5. Specific references within the body are not required; a general reference list following the body is quite acceptable, using the commonly accepted format present in peer-reviewed literature.

# Financial information

All submissions must be accompanied by a financial disclosure statement. If you have no relevant financial relationship, a statement to the effect of the following is needed:

Dr. Smith states that she has no financial interest, affiliation, or other relationship with the manufacture of any commercial project discussed or with the manufacture of any competing commercial project.

# Word count

About 1,250 words total, about 3–4 pages, double-spaced, 1‑inch margins, 12‑point Times New Roman.

# Art

You are strongly encouraged to include figures, photos, and video to help illustrate your point. Exterior photos of patients are particularly helpful for the examination portion. We accept images in JPG, TIF, and EPS formats for images. Video may be submitted in MOV, AVI, WMV, or AVI format and shipped on disc, sent via email, or posted through FTP. Reference each such element in the text of the Grand Rounds.

# Sources

For permissions and attribution purposes, any previously published table, figure, photo, or video must be accompanied by information concerning its origin. If such an element is original to you, please identify it as such.

# Biography

Each case will be accompanied by a short biography and photograph of each author. With your name, title, and medical institution, please provide one paragraph describing your clinical career: residency institution, fellowships, current affiliations, committee work, honors, and a recent photo as electronic file in JPG or TIF format.

Editorial Process and Timeline

The editor first sends a submitted manuscript to the Online Education Committee for review. This initial review is to ensure that the case would fill a professional practice gap as defined by the ACCME, that it would be a valuable learning resource for our members, and that the content is substantial enough to turn into an interactive case. You should expect notification of whether your manuscript is accepted within a month.

Once the committee accepts a manuscript, the editor either returns it to you for further work or enters it directly in the production queue. If a manuscript is returned for further work, we ask that you return a final manuscript within a month.

In production, the content is laid out and interactive elements produced. Depending on other work in the production queue, this can take up to 2 months.

When an interactive presentation is ready, you will be asked to review it on line and communicate any final corrections within a week.

After a case is published, it is promoted in Academy Express and on the ONE Network.

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AAO Interactive Case Template

Title

Make the title short but descriptive, e.g., [Girl with Bilateral Iris Defects and Nystagmus](http://www.aao.org/case/girl-with-bilateral-iris-defects-nystagmus)

Accreditation Council for Continuing Medical Education

The ACCME requires evidence of a knowledge or performance gap. For example, literature indicates that the disorder is easily misdiagnosed or mismanaged, or that there is new treatment available. In general, what evidence is there that this case would provide a valuable learning experience for members?

1. Lastname AB, Lastname CD. [Article title](http://www.ncbi.nlm.nih.gov/pubmed/18293804?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum). Journal Title. 2009;99(9):101‑102.
2. Lastname AB, Lastname CD. [Article title](http://www.ncbi.nlm.nih.gov/pubmed/18293804?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum). Journal Title. 2009;99(9):101‑102.

Author Photos and Biographies

[Photo]

First X. Last, MD

Dr. Last received her medical degree from \_\_\_, completed her internship at \_\_\_ and her residency in \_\_\_ at \_\_\_.

# Financial Disclosure

First X. Last, MD, states that she has no financial relationship with the manufacturer or provider of any product or service discussed in this article or with the manufacturer or provider of any competing product or service.

First X. Last, MD: (C) Company; (E) Company; (L) Company; (O) Company; (P) Company; (S) Company.

C = consultant fee, paid advisory boards, or fees for attending a meeting

E = employed by a commercial entity  
L = lecture fees (honoraria), travel fees, or reimbursements when speaking at the invitation of a commercial entity  
O = Other  
P = patents and/or royalties that might be viewed as creating a potential conflict of interest  
S = grant support

History

Briefly describe the relevant patient history, including history of present disorder, height and weight measurements, systems, past medical history, family medical history, medications, allergies, etc. See [Girl with Bilateral Iris Defects and Nystagmus](http://www.aao.org/case/girl-with-bilateral-iris-defects-nystagmus) for an example.

[Thumbnail]

Figure #. Caption text.

Examination

Briefly describe the relevant information gathered during patient examination, including measurements, vital signs, visual acuity, motility, pupils, visual fields, IOPs, fundus, etc.

[Thumbnail]

Figure #. Caption text.

Differential Diagnosis

Include 3 to 5 reasonable, potential diagnoses. Briefly describe the related symptoms, epidemiology, demographics, and presenting factors in each.

Potential Diagnosis 1:

[Thumbnail]

Figure #. Caption text.

Potential Diagnosis 2:

[Thumbnail]

Figure #. Caption text.

Diagnostic Evaluation

Include 3 to 5 reasonable, potential diagnostic tools: tests, procedures, scans, medical consultations, etc. For each tool, state whether it is recommended and why and describe the patient results even if only normal or negative.

Potential Diagnostic Tool 1:

Recommendation: Yes, this test is recommended because

Findings:

[Thumbnail]

Figure #. Caption text.

Potential Diagnostic Tool 2:

Recommendation: No, this test is not recommended because

Findings:

[Thumbnail]

Figure #. Caption text.

Select Diagnosis

For each potential diagnosis in the differential diagnosis, state which is correct and which are wrong, and describe how each conclusion was reached.

Correct Diagnosis:

Yes, this is the preferred diagnosis because

[Thumbnail]

Figure #. Caption text.

Incorrect Diagnosis 1:

No, this is not the preferred diagnosis because

[Thumbnail]

Figure #. Caption text.

Incorrect Diagnosis 2:

No, this is not the preferred diagnosis because

[Thumbnail]

Figure #. Caption text.

Select Treatment

Include 2 to 5 reasonable, potential treatment options. Explain each and discuss whether it is recommended.

Treatment 1:

Recommendation: Yes, this treatment is recommended because

[Thumbnail]

Figure #. Caption text.

Treatment 2:

Recommendation: No, this treatment is not recommended because

[Thumbnail]

Figure #. Caption text.

Outcome and Discussion

[Thumbnail]

Figure #. Caption text.

References

Include up to 5 applicable references.

1. Lastname AB, Lastname CD. [Article title](http://www.ncbi.nlm.nih.gov/pubmed/18293804?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum). Journal Title. 2009;99(9):101‑102.
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Pretest and Post-test

Please provide 10 multiple-choice questions:

* 1 question on each of the possible diagnoses in the differential diagnosis and 5 on the definitive diagnosis
* 1 right answer and 3 wrong, but plausible, answers for each question
* Answers must be included in the case text.
* Construct questions to end in a question mark, not a period or a colon.
* Phrase questions in the positive — no "which is not," "all except," etc.
* The reader must be able to answer a question with the choices hidden — no "which is true/false?" or "which of the following statements describes x?"
* Do not test rote memory — no "what percentage," "is it 0.5, 1, 1.5, or 2 diopters," etc.
* Use proper syntax, e.g., do not turn a statement into question at the end:  
  Wrong: An overdose of B12 is associated with what condition?  
  Right: What condition is associated with an overdose of B12?

1. ?

* Right
* W1
* W2
* W3

1. ?

* Right
* W1
* W2
* W3

1. ?

* Right
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