



EBM-CR

McMaster Evidence-Based Medicine Case Report Journal

REVIEWER GUIDELINES

Thank you for taking the time to review a submission for the McMaster EBM Case Report Journal!

Included in this guide is a rubric with relevant points to guide your review and make comments. We have also included a brief overview of the expected content/rationale and an overview of the scope and aims of the journal.

Please feel free to contact us with any questions at ebmcr@mcmaster.ca

| | |
|----------------------------------|--|
| Accept w/ no revisions | |
| Accept w/ minor revisions | |
| Accept w/ major revisions | |
| Reject | |

Overall Comments/Recommendations

Is the submission clear?

(Are the objectives clear? Does the submission flow well? Is the prose clear and ordered? Are there too many spelling and sentence errors?)

Major Compulsory Revisions

(the author must respond before a decision on publication can be reached)

Minor Essential Revisions

(such as missing labels, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions

(recommendations for improvement, but which the author can choose to ignore)

Additional comments:

Does the submission reflect the literature?

(Are the statements supported by literature? Do cited statements accurately reflect the literature? Is the literature misinterpreted? Did the author fail to cite enough of the relevant literature?)

Major Compulsory Revisions

(the author must respond before a decision on publication can be reached)

Minor Essential Revisions

(such as missing labels, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions

(recommendations for improvement, but which the author can choose to ignore)

Additional comments:

Are the clinical details of the case logically presented and complete?

(Is the case presented clearly? Are the relevant details included? Are there illogical elements in the case presentation?)

Major Compulsory Revisions

(the author must respond before a decision on publication can be reached)

Minor Essential Revisions

(such as missing labels, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions

(recommendations for improvement, but which the author can choose to ignore)

Additional comments:

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Aims & Scope

What is Evidence-Based Medicine and why is it important?

- Evidence-based medicine (EBM) is an approach to medical practice intended to optimize decision-making by emphasizing the use of evidence from well designed and conducted research.
- EBM entails the conscientious, explicit, and judicious, use of current best evidence in making decisions about the care of individual patients.
- EBM advocates that to the greatest extent possible, decisions should be based on evidence, not just the beliefs of practitioners, experts, or administrators.
- EBM tries to assure that a clinician's opinion, which may be limited by knowledge gaps or biases, is supplemented with all available knowledge from the scientific literature so that best practice can be determined and applied.

What are Case Reports?

- In medicine, a case report is a detailed account of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. This may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence.
- Case reports have little statistical validity due to their limited scope and sample size, but can explore individual cases in-depth, presenting interesting and valuable learning opportunities.

How does an EBM Case Report Journal fit into medical education?

- The McMaster EBM Case Report Journal is a project that brings together real case reports with a focus on how EBM and evidence-based practices are integrated into diagnoses, treatments, and other medical decisions.
- Through this project, McMaster learners will collect real-world cases they encounter during clerkship and present them in the context of EBM; how and why current best-evidence relates to each case.
- EBM is increasingly important in today's evolving and complex world of medical care, and tomorrow's professionals should possess an understanding of how to best apply these concepts to their own practice or patients.
- By participating in the EBM Case Report Journal program, we offer a chance to develop these skills and hone interpretations of evidence as it relates to your real-world experiences, as well as garner authorship credit for your chapter of the publication.
- AND it looks good for CaRMS!

How it works

- During pre-clerkship, we hold an information session to describe the EBM Case Report Journal and answer questions.
- Those that choose to participate will be supported throughout clerkship with workshops and check-ins from their research team while they find an interesting case.
- After going through a process of submission, peer-review, and editing, case reports are published in the McMaster Evidence-Based Medicine Case Report Journal!

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Author Guidelines: General Headings and Paper Structure

Introduction: Briefly summarize the background and context of this case report. Cite literature as needed. Why is the case important and why did you write it up? State the objectives of your case report.

Case Presentation: Describe the patient characteristics (such as the relevant demographics—age, gender, ethnicity, occupation) and their presenting concerns with relevant details of related past interventions.

Be sensitive to patient confidentiality:

- How did they present?
- What is the relevant history? Why is this relevant?
- Explain your findings and how they influenced your decisions

Do not use abbreviations for diseases or investigations.

If relevant, describe the:

- Medical, family, and psychosocial history
- Other pertinent co-morbidities and interventions (other therapies, including self-care)
- Physical examination (PE) focused on the important findings, including results from testing

Diagnostic Focus and Assessment (if relevant):

- Diagnostic methods (including lab testing, imaging results, questionnaires, referral diagnostic info)
- Diagnostic challenges (such as limited ability to complete an evaluation, patient availability, cultural)
- Diagnostic reasoning, including other diagnoses considered
- Prognostic characteristics (such as staging in oncology), where applicable

Therapeutic Focus and Assessment (if relevant):

- Types of interventions (such as pharmacologic, surgical, preventive, lifestyle, self-care)
- Administration and intensity of the intervention (including dosage, strength, duration, frequency)

Follow-up and Outcomes (if relevant):

Always include follow up data where you can; it gives readers a clear understanding of outcome. The follow-up period should be defined.

Please describe the clinical course of this case including all follow-up visits, as well as:

- Intervention modification, interruption, or discontinuation, and the reasons
- Adherence to the intervention and how this was assessed
- Adverse effects or unanticipated events
- Patient-reported outcomes
- Clinician assessed and reported outcomes
- Important positive and negative test results

The Evidence: Please describe the strengths and limitations of this case report, including case management, and the scientific and medical literature related to this case report. Discuss the rationale for your conclusions, such as potential causation and the ways this case might be generalized to a larger population. Finally, what are the main findings of this case report and what are the 'take-away' messages?

This is the opportunity to describe the evidence for or against what happened with the case, or how the evidence was used in the case. Describe any guidelines and their relevance, diagnostic pathways (use diagrams if you'd like) and other interesting points. Did you have to make an exception? Did you have to adapt the evidence?

Learning Points (3 to 5 bullet points): What should readers remember when seeing their own patients?