

Announcing a New RESPIRATORY CARE Section: Teaching Case of the Month

It is with great pleasure and anticipation that in this issue of RESPIRATORY CARE we publish the first article in a new section of the Journal: Teaching Case of the Month.¹ This new feature will present instructive and exceptionally well-documented cases of conditions pertinent to the goals and readership of the Journal, along with concise reviews of the important features of each reported condition. The section's purpose is educational, and each installment will have a standardized format, as described below. Although each teaching case will be based on an individual case, the purposes of and requirements for these articles differ from those of a traditional case report. A traditional case report documents something new in the literature—a condition, manifestation, complication, or outcome that has not previously been published, at least for this Journal's readership. The description of and requirements for^{2,3} a case report remain the same.

The characteristics of an appropriate case for the Teaching Case of the Month section include: (1) a disease, situation, complication, course, or outcome pertinent to the Journal's readership, (2) a case with features typical of the entity being reported, (3) an exceptional, unequivocal documentation, including images and other documentation as appropriate, and (4) not previously covered in the series. The characteristics of an inappropriate case for the section are: (1) a "reportable case" in the usual sense (previously undocumented disease complication, course, or treatment), (2) an incompletely documented case, and (3) a case documenting inappropriate care or therapies that would be considered dangerous or ill-advised.

We invite interested readers to consider contributing to the Teaching Case of the Month section. Manuscripts should be prepared as described below:

- Title: accurately indicates the entity being described
- Introduction: 1 or 2 paragraphs; defines the entity and briefly explains why it is pertinent to the readership
- Case report: Usually 1–2 double-spaced pages; focuses on the message; contains everything needed to com-

pletely document the condition being reported

- Figures: Images (radiographs, tomograms, etc) that illustrate the condition and/or clarify the diagnosis; images must be characteristic rather than atypical or unusual manifestations; glossy photographs of excellent technical quality, appropriately cropped; usually 1 or 2 in number; a graph of manifestations over time may be appropriate in some cases
- Tables: A table of data may be appropriate in some cases, to document the case and illustrate its features; a table of main features or teaching points may be appropriate in the discussion
- Discussion: Usually 2–3 double-spaced pages; includes main teaching lesson of case and differential diagnosis or therapeutic options if appropriate
- References: 12 or less; purposes are to document and teach; should include chapters or reviews to direct reader to more comprehensive information; may include first reports or original studies where appropriate; must be accessible to reader and not in obscure publications

Prior to writing up a teaching case for submission, please contact me to make sure that a similar case has not been previously published (or is about to be published) in the Teaching Case of the Month series. We hope all RESPIRATORY CARE readers will consider themselves potential authors for this new educational forum.

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REFERENCES

1. Lunenfeld E, Kane GC. Methemoglobinemia: sudden dyspnea and oxyhemoglobin desaturation after esophagoduodenoscopy. *Respir Care* 2004;49(8):940–942.
2. Pierson DJ. How to write a case report (editorial). *Respir Care* 1980; 25(9):925–927.
3. Pierson DJ. How to write a better case report (editorial). *Respir Care* 1982;27(1):29–32.

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