Author Instructions

Case Submission

Cases must be submitted to ScholarOne at http://mc.manuscriptcentral.com/chks . The following is a link to instructions for creating an account and using the Author Center in ScholarOne http://mchelp.manuscriptcentral.com/gethelpnow/tutorials/author.pdf.

The following is required when submitting a case for publication in Case Reports:

1. **Case Study/Manuscript**: Please ensure that all of the required sections outlined below are included in the case.
2. **Copyright Assignment Form**: completed and signed by all authors. ASCP will copyright all materials (case and images) accepted for publication.
3. **CME Financial Disclosure Form**: completed and signed by each author. An individual form is required for each author.
4. **Educational Content Tagging Form**: Please review all the content areas listed and select any of the areas that are addressed within your exercise.
5. **Permission Form:** Whenever **any** material is used from another published source written permission from the copyright holder of that material must be obtained prior to submission. It is the author's responsibility to obtain written permission for all such materials (images, photographs of persons, etc.), unless the material is in the public domain. Please request a Permission Form from larry.lemon@ascp.org if applicable.

You may upload the copyright, CME Financial Disclosure, and Educational Content Tagging forms via ScholarOne using the appropriate file designation, or email them to larry.lemon@ascp.org with your completed Letter of Agreement.

Case Requirements

Document Format: Cases must be prepared in Microsoft Word, double spaced, and contain between 2500 to 3500 words, not including figures, tables, and references; do not use automatic numbering or bullets.

The following subsections should be included in order:

- **Title Page** (uploaded separately from case)**:** Include names of authors & institutions; the title; word count; keywords. *Select the "Title Page" designation when uploading via ScholarOne. This will ensure your case is double-blinded for peer review.*

- **Abstract:** Abstract should be 150 to 200 words. The abstract should provide an overview of the case and discussion points.

- **Learning Objectives:** Four to six (4-6) learning objectives are required for the case**.** The stem statement, "On completion of this exercise, the participant should be able to," precedes the LOs.
    1. Learning objectives should be stated in observable and measurable terms.
    2. Learning objectives should be written to address a variety of cognitive behavioral learning objectives particularly *application* of knowledge

3. Action verbs such as list, know, and understand or any verbs that convey only knowledge or recall are **unacceptable** for ASCP Case Reports.

4. See the "Learning Objectives Primer" in the Resource Documents for more information on developing learning objectives.

- **History:** Report of case(s) or problem, setting the stage for the discussion.

- **Discussion:** Any common misconceptions, false assumptions, or differential diagnostic problems should be addressed as well as recent developments. The authors must state the practice gap that exists and how their exercise fills this gap.

    1. See "Addressing Professional Practice Gaps" in Resource Documents for a definition and sample of a professional practice gap.

- **Image/Figure Key (if applicable):** Each image or figure should be described briefly, including the stain used and the original magnification.

- **References** (5 to 40): All references should be written according to AMA style guidelines. References must be cited in the text, in superscript format, and numbered in consecutive order.

- **CME Questions:** Eight (8) CME questions are highly recommended.

    1. Each question should be followed by four (4) answer options, only one (1) of which is correct.

    2. ***NEW:** Each question should have ONE feedback answer per question either explaining why the answer is the correct one or indicating where the answer is located within the manuscript. Only one feedback statement per question will be allowed and will display regardless of the answer chosen by the participant AFTER either the last attempt has been submitted or a passing score is acquired, whichever happens first.

    3. Questions should be a combination of clinical vignettes and scenarios that ask the learner to interpret data, solve a problem, or provide the next step in the process.

    4. All CME Questions must test the learning objectives.

    5. The correct answers must be identified within the discussion by marking "[CME, #X]". Multiple markings for a single question are acceptable.

    6. Unacceptable Questions:
        a. Multiple-answer distractors (e.g. *All of the above, A and B*)
        b. Questions with negative stems (e.g. *not, except, but, false*)

    7. See the "Best Practices for Writing CME Questions" and "Writing CME Questions…." article in the Resource Documents for more information on writing CME questions.

Supplementary Material

- **Images:** Digital images must be high resolution .jpegs and prepared according to the following specifications: 300-400 dpi. (Images submitted in PowerPoint or Word docs are **NOT** acceptable.) Images are limited to 12 per exercise. Where applicable, provide the original magnification (quantitative) and stain. All images must be cited in the text and numbered in order of appearance.

- **Virtual Slides:** Virtual slides are acceptable for Case Reports.

  - To upload slides: Go to https://ascpedia.ascp.org/contribute **OR** if already logged into ASCPedia: From the Dashboard in ASCPedia, select "Contribute" and "ASCP Asset" on the upper right hand corner of the page (see instructions)
  - To mail glass slides: Authors may mail in glass slides and ASCP will scan them and return the glass slides to the author within six weeks. Contact larry.lemon@ascp.org for instructions on mailing.

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- **Tables:** Use Microsoft Word. Avoid creating tables using spaces or tabs. Laboratory data should be displayed in conventional units with reference ranges. Conversion factors to SI should be presented in the legend (http://www.amamanualofstyle.com/page/si-conversion-calculator). The metric system is preferred for the expression of length, area, mass, and volume. Number each table consecutively (Table I, Table II). Expand all abbreviations in the legend. Each table must be submitted as a separate file.

- **Figures:** Number each consecutively (Figure 1, Figure 2). Expand all abbreviations in the caption. Each figure must be submitted as a separate file.

Plagiarism

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Resource Documents

1. **Behavioral Learning Objectives Primer**-this resource from University of Kansas Wichita School of Medicine outlines how to develop learning objectives that address various levels of learning.

2. **Addressing the Professional Practice Gap**: This document defines the professional practice gap so that authors know how to incorporate it in the case discussion.

3. **Best Practices for Writing CME Questions:** This quick reference sheet highlights the important Do's and Don'ts of crafting CME questions.

4. **ASCPedia Asset Contribution:** Instructions for submitting a virtual slide for the case study.

Behavioral Learning Objectives Primer

When developing a new educational activity such as a lecture, consider what cognitive level of learning you want your learners to attain - and what can reasonably be attained due to the limits (e.g. time) of the presentation. A lecture-based, short activity may only allow for attainment of a cognitive level of *Knowledge* or *Comprehension*. But adding some creativity may get you to higher levels of learning. For example, role play will allow learners to apply and practice what they've learned. Critiquing a video may allow learners to analyze, synthesis, and even evaluate.

After you have determined what level of learning your learners can reasonably attain, define the behavioral learning objective using one of the "action verbs" below. A behavioral learning objective describes what you want your audience to learn and how they will demonstrate what they have learned.

The behavioral learning objective should define the behavior you wish the participant to demonstrate at the conclusion of the teaching session.   For example, you can observe whether the participant can "explain" or "list" or "repeat" information. Words like "know" or "understand" cannot be tested . . . except through your observation of whether they can "explain" or "list" or "repeat" the information. So, words like "know" and "understand" are not appropriate action verbs to use in developing a behavioral learning objective.

The behavioral learning objective defines what the learner will be able to demonstrate at the conclusion of your teaching session. A behavioral learning objective is NOT a listing of what you – the teacher - will do or provide. The behavioral learning objective should be a response to the phrase: "at the conclusion of this teaching session, the participant will be able to . . . . "

For example:
   After reading this Behavioral Learning Objectives Primer, the reader will be able to:

- Define a behavioral learning objective
- Explain why the words "know" and "understand" are not appropriate action verbs for behavioral learning objectives.
- Discuss how different assessment strategies can be used to test the cognitive level of the learner.

BE CREATIVE! Your learners will appreciate it.

Use the table below to develop behavioral learning objectives based on your desired educational outcomes.

Cognitive Level	Action Verbs	Behavioral Learning Objective Example	Teaching Strategies Examples	Assessment Strategies
Knowledge *Learners will "know" something new*	Define Describe List Record Repeat	*Learners will be able to list the five risk factors of MI*	Lecture Video Audio	Written exams Oral exams Pre/Post
Comprehension *Learner will be able to "convey" their new knowledge.*	Discuss Explain Express Identify Recognize Restate Translate	*Learners will be able to explain the Krebs Cycle*	Question Discussion Learner presentations Writing	Written exams Oral exams Pre/Post Learner presentations Writing critique
Analysis *Learners will be able to "analyze and interpret" new information*	Analyze Calculate Compare Contrast Criticize Diagram Differentiate Distinguish Experiment Question	*Learners will be able to analyze a fishbone diagram for cause and effect of a problem*	Problems Exercises Case Studies Critical incident analysis Discussion	Assessment of: Problems Exercises Case Studies Critical incident analysis Root Cause Analysis
Evaluation *Learners will be able to "evaluate" situations or concepts based on what they've learned*	Appraise Assess Choose Estimate Evaluate Measure Revise Score Select Value	*Learners will be able to evaluate best treatment plan based on efficacy and cost*	Case Studies Projects Exercises Critiques Simulations Appraisals	Assessment of: Case Studies Projects Exercises Critiques Simulations Appraisals

Addressing Professional Practice Gaps

The Discussion section of the Case Reports exercise requires that authors address any common misconceptions, false assumptions, or differential diagnostic problems that should be addressed as well as recent developments. The authors must state the practice gap that exists and how their exercise fills this gap. What is meant by a professional practice gap?

Professional Practice Gap Definition

The Accreditation Council for Continuing Medical Education (ACCME) states: *"When there is a gap between what the professional is doing or accomplishing compared to what is 'achievable on the basis of current professional knowledge,' there is a professional practice gap.* "[1]

Professional Practice Gaps and Creating an Educational Case Study

When writing a case for ASCP Case Reports, the author(s) should address the practice gap by asking and attempting to answer the following questions and incorporate them as appropriate in the **Discussion** section:

Practice Gap
- Why is there a need for the educational intervention?
- And, how do we know that an intervention is needed?
- What needs to change or improve to close the gap?

Performance
- What are the desired results of this activity in terms of pathologist performance and competence?
- What will the pathologist be able to do as a result of the information in this case? What are the learning outcomes?

Sample Practice Gap Outline

Why should we develop an educational activity?	How do you know that? What evidence or data leads you to this conclusion?	What is the reason for the gap and,	What needs to change or improve, in ability or behavior, to close the gap(s)?	Learning outcome(s) or desired results, in terms of applying/utilizing knowledge (competence or performance)
Immunohistochemistry to evaluate for Lynch syndrome is not routinely performed in the forensic setting when a previously undiagnosed colon cancer is discovered at autopsy, but this is becoming the standard of care in the clinical setting.	CAP currently has guidelines for this topic available for public comment in an effort to publish practice guidelines, and clinical practice is already moving to performing these tests routinely.	As opposed to clinical practice, immunohistochemistry to evaluate for Lynch syndrome is not frequently utilized in forensic practice.	Forensic pathologists must consider focused immunohistochemistry tests when colon cancer is first encountered at autopsy.	Appropriate immunohistochemistry testing should be performed on newly diagnosed colon cancer in the forensic setting to provide surviving family members adequate information for their own health screening needs.

1. http://www.accme.org/ask-accme/criterion-2-what-meant-professional-practice-gap

Best Practices for Writing Effective CME Test Questions

Test Items

• Relate items to instructional objectives

• Test at the same level of learning as the objectives are designed to assess

• Write items to reflect different levels of learning-*see Learning Objectives Primer*

Stems (Questions)

• Provide a complete statement

• Include only relevant information

• Contain as much of the item as possible in the stem

• Keep stems as short as possible

• **Ask for the correct, not "wrong" answer-Avoid negative stems**

> **Negatively Worded Stem:**
>
> *Which of the following finding is NOT a characteristic CT appearance of small airway disease?*
>
> **VS**
>
> **Positively Worded Stem:**
>
> *Which of the following findings best allows small airway disease to be distinguished from intestinal lung disease on chest CT scans?*

• Avoid absolute terms such as "always," "never," "all," or "none"

• Avoid imprecise terms such as "seldom," "rarely," "occasionally," "sometimes," "few," or "many"

• Avoid cues such as "may," "could," or "can"

• Define eponyms, acronyms, or abbreviations when used

Options

• Keep options grammatically consistent with the stem

• Write incorrect options to be plausible but clearly incorrect

• Link options to each other (e.g., all diagnoses, tests, treatments)

• **Write distractors to be similar to the correct answer in terms of grammar, length, and complexity**

Item with response longer than the distractors:

An otherwise healthy 28 year-old woman presented with a 2-day history of cough, fever, shortness of breath, and the following chest radiograph. What is the most likely diagnosis?

   A. Tuberculosis
   B. Community-acquired streptococcal pneumonia
   C. Varicella pneumonia
   D. Blastyomycosis

Item with options similar in length:

An otherwise healthy 28 year-old woman presented with a 2-day history of cough, fever, shortness of breath, and the following chest radiograph. What is the most likely diagnosis?

   A. Tuberculosis
   B. Streptococcal pneumonia
   C. Varicella pneumonia
   D. Blastyomycosis

• Avoid "none of the above" or "all of the above"

• Place options in logical order (e.g., numerical, chronological)

• Write options to be independent and not overlapping

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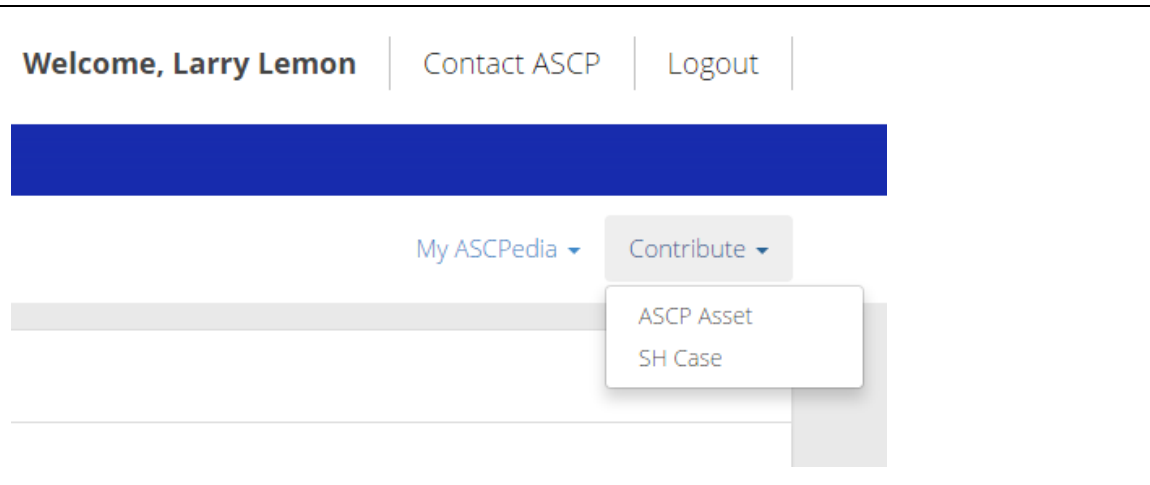
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