

Instructions for Authors of Residents' Clinic Manuscripts

Please read the following instructions for preparing Residents' Clinic manuscripts. Residents' Clinic submissions are limited to Mayo Clinic Internal Medicine Residents.

Manuscripts must be pre-approved prior to online submission by Dr. Thomas Beckman. Your manuscript will not be considered for peer review until it has been properly formatted as outlined below and pre-approved for formal submission.

Before you Begin

1. We expect that residents check with their colleagues – including consulting services and other places where the patient may have received care such as the ICU or Emergency Department – to ensure that nobody else is writing up the same case. If you identify that another physician/team is writing up the case, then you will need to resolve the issue.
2. Involve your faculty co-author before you begin writing. Faculty co-authors should edit your manuscript for accuracy before you submit it to *Mayo Clinic Proceedings (MCP)*. However, you are responsible for proper formatting; if the manuscript is not written exactly as described below then it will not be sent for peer review and will be returned to you for correction.
3. Each manuscript may have no more than 2 resident physicians, only 1 faculty co-author, and all authors must qualify for authorship (see [authorship section](#)).
4. Each resident may be *first author* on only 1 Residents' Clinic article during residency training. However, in special instances, residents may co-author a second Residents' Clinic article with advance approval from Dr. Thomas Beckman.
5. Note that the intent of the Residents' Clinic articles is for readers to think through a case. The important aspect of Residents' Clinic articles is the thought process, not describing rare cases. Therefore, rare diagnoses should be submitted as Case Reports, not Residents' Clinic.
6. Go to the [journal website](#) and read previous Residents' Clinic articles to get a sense for how they should be written.

Manuscript Preparation

1. Limit text to $\leq 3,000$ words, including references.
2. Provide a Title page (see attached template).
3. Title: The title must include the patient's age and gender, followed by one or more of his or her presenting symptoms (example: "58-Year-Old Woman With Fever and Right Eye Pain")
4. The initial paragraphs should briefly introduce the patient's presenting complaints and history (list both past medical history and medications on presentation).
5. Include all elements of a basic ME examination, just as you would present on the inpatient medicine service. Also include all vital signs.
6. List Mayo references ranges parenthetically after each lab value.
7. Multiple Choice Questions (MCQs):
 - MCQs are the backbone of Residents' Clinic articles and should be created before you begin writing the article.
 - MCQs should pertain to specific aspects of the medical evaluation and emphasize basic issues that would be useful to generalists. Avoid questions that concentrate on esoteric principles, such as cellular physiology.
 - Avoid factoid questions. A factoid question is one that can be answered without knowing the case or previous evaluation, and that could be answered simply based on whether the reader happens to have certain medical knowledge (i.e., What is the most appropriate treatment for strep pharyngitis?). A better way to ask the question would be: "What is the most appropriate treatment for this patient's condition?"
 - Select 5 questions, each followed by 5 possible responses.
 - MCQs are presented in a logical order, usually in the following sequence: initial differential diagnosis, testing and laboratory studies, final diagnosis, treatment, natural history, prognosis.
 - MCQs should solicit a *single best answer*. Avoid negative questions such as "all of the following except."
 - Vary which option is correct, so that most answers don't correspond to the same letter ("a," "b," "c," "d," or "e").
 - Following each question, explain each answer in the *exact order* as it was listed in the question, regardless of which question is correct (e.g., first discuss "a," then "b," then "c," then "d," and finally discuss "e"). The explanations should briefly clarify, in a sentence or two, why each answer is correct or incorrect. Avoid long discussion here, save for Discussion section.
 - At the end of the text *following each question*, you must return to facts related to the current patient, before proceeding to the next question.
8. The Discussion section should briefly summarize key points of the medical diagnosis or provide a learning point related to the case.
9. Cite no more than 12 references.
10. If essential to the case, you may include an image. Inclusion of an image will decrease the word count to approximately 2500 words. Provide a brief figure legend at the end of the manuscript.

TITLE

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Name, MI, Last Name, Degree

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See end of article for correct answers to questions.

Potential Competing Interests: The authors report no competing interests.

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