

## Academy Grand Rounds Writing Guidelines

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, Academy Grand Rounds are presented on our website, which is used by more than 20,000 ophthalmologists.

### Mission and Definition

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

### Submission Overview

There is no financial remuneration for published Grand Rounds, but a Grand Rounds 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 Grand Rounds 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.** Approximately 1,250 words total – about 3-4 pages, double-spaced, 1” 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 Grand Rounds 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**

All manuscripts submitted are first reviewed by the executive editors, Elizabeth F. Baze, MD, and Sonal S. Tuli, MD. This initial review is to ensure that the case would be a valuable learning resource for our members, and that the content is substantial and interesting enough to turn into an interactive case. This is not a detailed review. You should expect notification of whether your manuscript is accepted within 2 weeks.

Once a manuscript is accepted, it is handed off to the editor, Laura Ryan, for initial editing according to our interactive model and assessment of where and how it may be augmented. Depending on the editorial queue, this should be completed within 30 days.

At this point, either the manuscript is returned to you to provide any needed content or Drs. Baze and Tuli will ask a member or expert specialist to do so. The editor, the originating author, and any other member/specialist work together to complete development.

The manuscript is then copyedited to address any mechanical errors or finer structural nuances. Depending on the copyeditor's queue, most manuscripts will be ready for your review within 2 weeks.

Once back from review, the copyeditor cleans up the files and transmits them to production, where it is laid out and interactive elements are produced, which takes up to 2 months. You are given the opportunity to review the interactive online presentation, and any final corrections are usually requested within a week to ensure timely publication.

## **Academy Contact**

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