

## EDITORIAL

### Telling our stories of practice through the genre of the case report

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Case reports are very well established in the literature. Despite the fact we live in an evidence-based age, in which the information that can be generated from a single case is positioned rather low on the hierarchy of evidence, case reports continue to be popular [1]. It is the humanity of the accounts and the fact they are centered on the therapeutic encounter between a real patient and a treating clinical team that makes them so engaging and absorbing and that brings events to life and makes case reports such a valuable educational resource.

There is quite a strong discourse in the literature around the genre of the case report and its value in capturing the uncertainty that can accompany the treatment of complex and unusual clinical problems, and the challenges that can arise for clinicians when anticipated outcomes do not occur. Case reports provide the means to record all manner of clinical events; including adverse events, rare and unusual clinical problems [2], and describe our roles and actions within them.

Case reports are the stories of our practice. The integration of the art and science of health care, which is so essential to effective practice, is able to be revealed through the genre of the case report. For, in reporting the case, we are telling the story of an episode of care that involves (at the very least) a patient and a healthcare provider. Consequently, case reports can provide a more holistic and person-centered account of an episode of illness or infirmity than is usually seen in the biomedical literature and includes the detail that is necessary for the reader to be able to more fully contextualize the account.

Thus, through the reporting of cases, as readers we are able to vicariously share in events as they unfold. Events are contextualized and brought to life in ways that allow us to have insights into some of the reflective and decision-making processes of the treating team. In this way, the case report genre resonates somewhat with the literature on storytelling.

Storytelling is an approach to qualitative research that is premised on the idea that there is value in seeking to understand and recognize human experience, and the

meanings people attribute to their experiences [3]. As human beings, we have a natural desire to share stories from our lives and our work. In sharing an experience, we are, in essence, telling a story. To do this effectively, and in ways that can help others to meaningfully engage with it, reflective processes are necessary. Through a process of reflection, we consider the events, and identify the significant elements, as well as the meaning and consequences of these significant elements in relation to the overall events. From there, we can construct a storied account that others can also engage with and draw meaning from.

In the healthcare arena, the stories we seek to share often involve accounts of human distress, sadness, trauma, and tragedy [3]. Thus, many issues arise, not only for patients but also for health professionals. However, issues around patient confidentiality mean there can be relatively few outlets in which health professionals can share their stories of practice with a wider audience of professional colleagues. The genre of the case report provides a legitimate and ethical avenue for professional sharing.

It is a pleasure to write this editorial for issue 2:3 of *Clinical Case Reports*. In the relatively short life of the journal, we have had well over 350 submissions from all over the world. The case reports we have received cover all manner of interesting clinical scenarios; each unique in its own way. The uniqueness of each case lies in the contextualized nature of the account. Each case is a story of practice – the story of a patient, and those who provide care and treatment.

## References

1. Cabán-Martínez, A. J., and W. F. Beltrán. 2012. Advancing medicine one research note at a time: the educational value in clinical case reports. *BMC Res. Notes* 5:293.
2. Jackson, D., J. Daly, and D. Saltman. 2014. Aggregating case reports: a way for the future of evidence-based health care? *Clin. Case Rep.* 2:23–24.
3. East, L., D. Jackson, L. O'Brien, and K. Peters. 2010. Storytelling: an approach that can help to develop resilience. *Nurse Res.* 17:17–25.