


**European Journal
of Case Reports in
Internal Medicine**

www.ejcrim.com



Started in 2015
Free access
Online-only
Official Journal of EFIM and affiliated societies
Published by SMC media, Italy

Editor-in-Chief John Kellett
Associate Editors: E. Bartoli, E. Boutati, D. Justo, A. Marra, C. Pimentel, R. Pujol, S. Rigby

SCOPE: to promote the education and the good practice of internal medicine in Europe through the description and discussion of clinical cases that provide real life examples of diagnostic and clinical skills in the current practice

Fast processing • accurate publishing

After almost 3 years of publication
7 issues/year • each issue containing 7 articles on average

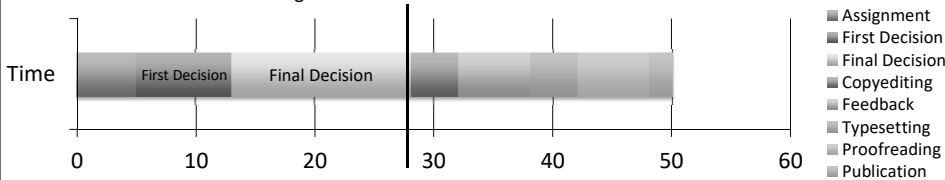
2016 increase in submissions = +46%
Rejection rate = 50%

2017 increase issues to 10/year
Submission increase: + 10% (as at 20 August)

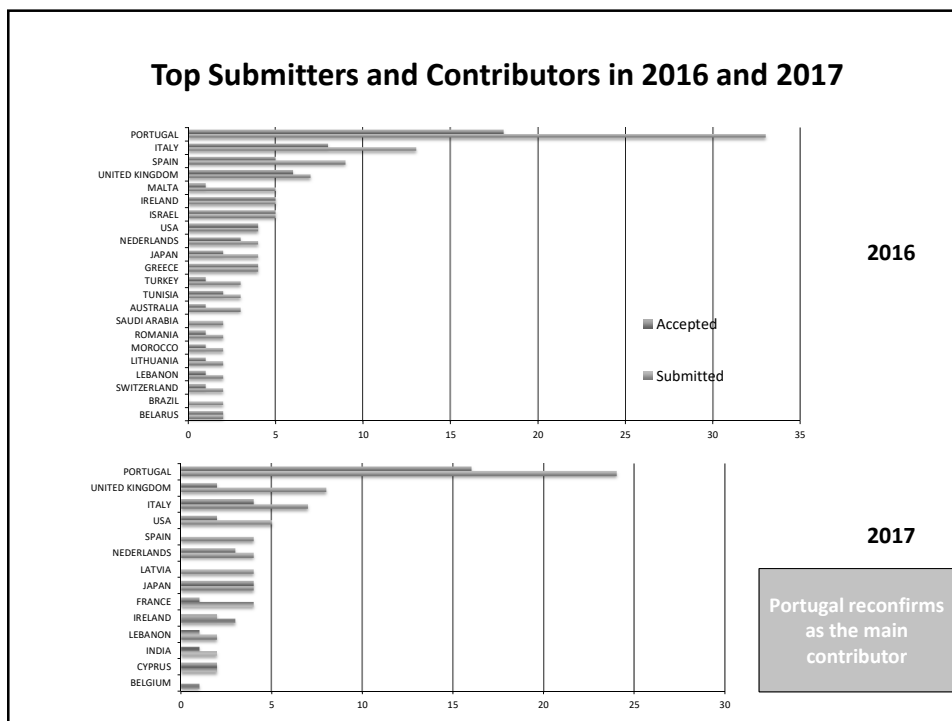
- Time to first decision 10 days on average
- Time to publication after acceptance: 10-20 days

Articles are **copyedited** by native English editors before typesetting and publication.
All articles can be cited using the **DOI number** and are now on **DOAJ**.

Price per published article
€ 150 Euros (+ tax)
the less expensive in the market



Stage	Start (Day)	End (Day)
Assignment	0	0
First Decision	0	10
Final Decision	10	20
Copyediting	20	25
Feedback	25	30
Typesetting	30	35
Proofreading	35	45
Publication	45	50



Citations and indexing

Although **EJCRIM** does not aim at Impact Factor, EJCRIM's case reports have been cited 20 times, 5 times in 2017.

The main point of interest seems to be drug reactions, with 3 out of 5 citations from "Reactions Weekly".

EJCRIM is currently indexed in Google Scholar, Solar CNR and DOAJ.

In 2017, EJCRIM will apply for inclusion in PubMedCentral.

In the meantime, authors may upload their articles in Pubmedcentral if their research is supported by the affiliated public institutes (e.g. NIH, Wellcome Trust, etc.)



"Long-Term Therapy with Lenalidomide in a Patient with POEMS Syndrome" (2014) is indexed in PMC thanks to HHS Public Access program.

Visibility and “social indexing”

Because the journal is **free access** and allows images, videos and interactivity, authors can easily share with colleagues and link articles to their own CVs.



In 2017 the Journal has been made available also in **Kudos**, a platform that allows authors to promote and explain their articles across all research and social platforms, increasing article visibility by over 20%.



Facebook interactions = 2400 likes and 488 median reach for each post

Newsletters and Alerts = sent monthly to 10k contacts; 20% open rate

New look: website layout and peer-review system upgrade is under way

The screenshot shows the journal's website layout. On the left, under 'CURRENT ISSUE', there are several article teasers with titles and author names. On the right, under 'LATEST ONLINE', there is a featured article titled 'Interrupted Aortic Arch in an Adult' with a corresponding anatomical image. To the right of the website preview is a sidebar with a 'SUBSCRIBE NOW!' button, a section titled 'IMPROVE YOUR CHANCES FOR PUBLICATION' with a brief description, and a 'USER' section with a login field and a 'Log Out' button. Below that is an 'INFORMATION' section with links for readers, authors, and librarians, and a 'JOURNAL CONTENT' section with a search bar.

Most viewed articles in 2017 and traffic overview

VIEWS	Author	Title	Pub date
1566	Spinelli	Ehlers–Danlos Syndrome in an Adult Woman: A Hidden Syndrome	2014
892	Linthorst	Transient Blue Skin: PseudoChromhidrosis	2014
314	von Wovern	Idarucizumab in 3 Patients Needing Urgent Surgical Intervention and One Case of Intravenous Thrombolysis in Ischaemic Stroke	2017
301	Faria	Purpura is Not Always Caused by the Anticoagulant	2017
226	Louro	Pulmonary Sarcoidosis in Behcet’s Disease Treated with Adalimumab	2017
222	Ioannou	Complicated Lemierre Syndrome Caused by <i>Streptococcus gordonii</i> and Possible Rickettsial Co-infection in a Patient with Thrombophilia Predisposition	2017

Total sessions in 2016: 21,279
 Total sessions in 2017 until 20 August: 20,327 **+ 32% sessions**

Total new users in 2016: 14,588
 Total new users in 2017 until 20 August: 14,764 **+ 36% users**

Traffic to the site is mainly drawn by search engines, Portuguese society website, EFIM website and Facebook.

Best Clinical Case Awards and Partnerships

EJCRIM is media partner of National and International Conferences for **Clinical Case competitions, awards and/or supplements**

- ECIM Moscow 2015, Amsterdam 2016, Milano 2017
- SIMI Rome 2015-2016, SIMI Lazio-Molise 2016-2017
- EFIM Winter and Summer Schools 2015-2016-2017

Awardees are granted free publication in EJCRIM after peer-review

Link exchange on EJCRIM newsletters to almost 10.000 users of:

- PEDIM Prague (2016)
- IMSANZ (2016)
- IAS St. Petersburg (2016)
- Internal Medicine Central Greece, Larissa (2016 and 2017)
- 123° Kongress der Deutschen Gesellschaft für Innere Medizin, Mannheim (2017)
- 7° Congrès de la SNFMI, Brest (2017)
- 34° WCIM, Cape Town (2018)

Permanent web links with:

Russian Society, Spanish Society, Portuguese Society, Society of Acute Medicine, French Society, Italian Society, Paraguayan Society.

Not any case report

Which cases provide an educational added value for the internist?

- A rare case is interesting but may not be a sufficient value: a doctor may not see such a case for his entire life;
- Common cases with an unusual or masqued manifestation;
- Usual cases in complex situations;
- Cases that highlight improved diagnostic or clinical skills;
- Technological applications that help such skills;
- Cases challenging a wise decision (choosing wisely);
- Errors in the decision process may teach what everyone should be alert for; what went wrong and why?

Whichever the case: the value of a case report is all in its learning points

A **Case Report Flowchart** has been worked upon to help authors clarify their goals and organize their learning points in a most effective way.

What's IMPORTANT about your case?

THE CASE ITSELF

THE PROCESS THAT LED TO DIAGNOSIS AND TREATMENT

why?

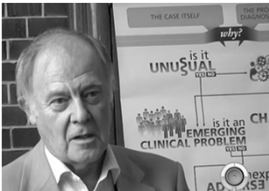
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graph TD
    Q1[is it UNUSUAL?] -- YES --> Q2[is it an EMERGING CLINICAL PROBLEM?]
    Q1 -- NO --> Q3[is it COMPLEX?]
    Q2 -- YES --> Q4[NOVEL DIAGNOSTICS]
    Q2 -- NO --> Q5[CHANCE or ERROR?]
    Q3 -- YES --> Q5
    Q3 -- NO --> Q6[ADVERSE EVENTS]
    Q4 -- YES --> Q7[NOVEL USE of Old DIAGNOSTICS]
    Q4 -- NO --> Q8[SUBMIT A CASE REPORT]
    Q5 -- YES --> Q7
    Q5 -- NO --> Q6
    Q6 -- YES --> Q7
    Q6 -- NO --> Q8
    Q7 -- YES --> Q8
    Q7 -- NO --> Q9[TRY WITH A CLINICAL SKILL CASE]
    
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The Case Report Model and Flowchart provides guidance for authors to answer the question “What’s important about this Case Report?”

Flyer: How to write a case report

Video tutorial: John Kellett explains in a video how to write a case report.



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www.ejcrim.com