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# The NEW ENGLAND JOURNAL of MEDICINE



# How to Use NEJM.org in Teaching and Learning

# Use NEJM.org to enhance skills, increase knowledge, and improve clinical care.

At the *New England Journal of Medicine*, our mission is to help physicians learn. For generations, NEJM has been a valuable teaching tool in training young physicians. You'll find a wide range of clinical content and multimedia, designed to serve and enhance your teaching and align with your educational mission.

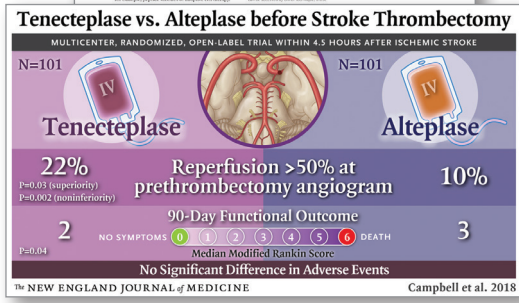
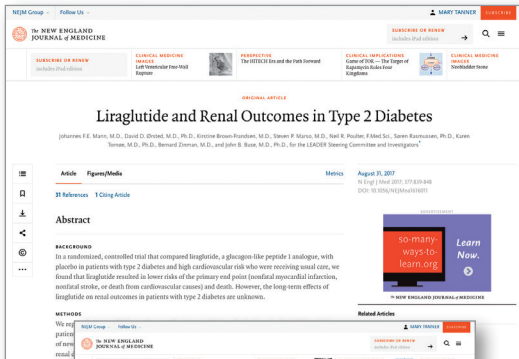
At NEJM.org, we continue to add interactive content and features that improve learning and meet the needs of today's physicians-in-training, wherever they are and on any device. Explore NEJM.org and discover educational features that help hone diagnostic skills in the Learning and Multimedia sections.



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# When you need to review the evidence:

- ORIGINAL ARTICLES
- VISUAL ABSTRACTS
- REVIEW ARTICLES
- NEJM ARCHIVE 1812–1989



**ORIGINAL ARTICLES** report scientific results of original clinical research that improves patient care and clinical practice, or offers new information about the biology of disease. Each submission is considered for originality, quality, strong results, and ethical values.

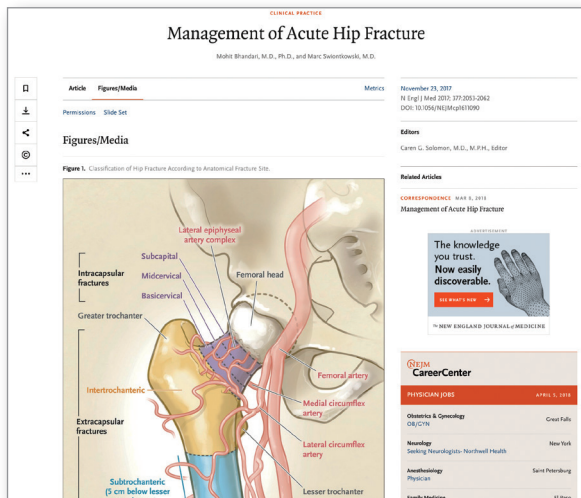
**VISUAL ABSTRACTS**, a new weekly NEJM.org feature, enables readers to evaluate in an instant if the outcomes of select research articles warrant a deeper review. Freely available for all to view, download, and share. Visit [www.nejm.org/multimedia/visual-abstracts](http://www.nejm.org/multimedia/visual-abstracts).

**REVIEW ARTICLES** provide a synthesis of recent research and new insights on key clinical concepts, putting current thinking into context. Specific clinical guidance is often included. New Review Articles are published nearly every week.

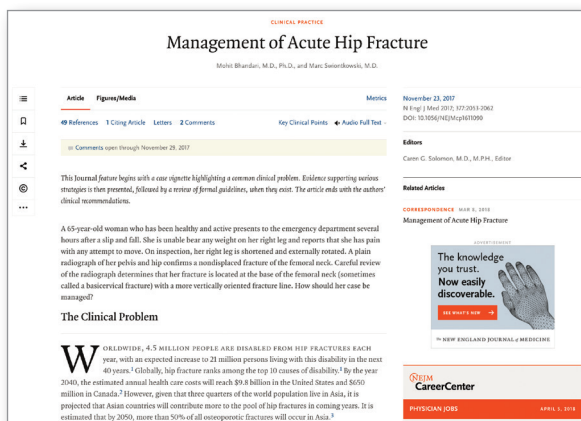
To find any article published earlier than 1990, search the **NEJM ARCHIVE**. The NEJM Archive covers nearly 200 years of medical history (1812–1989) and allows you to access every article NEJM has published, including some of the most noteworthy and influential research studies in modern medicine. Archive content is available to institutions with an NEJM Archive 1812–1989 purchase.

# When you need to review treatment options:

- **CLINICAL PRACTICE ARTICLES**



**CLINICAL PRACTICE** articles begin with the presentation of a single case, and then give you a complete description of diagnostic and treatment strategies, therapeutic options, areas of uncertainty, and treatment guidelines.



## RECENT TOPICS INCLUDE

- INITIAL TREATMENT OF HYPERTENSION
- ACUTE PYELONEPHRITIS IN ADULTS
- MANAGEMENT OF ACUTE HIP FRACTURE
- ROSACEA
- DELIRIUM IN HOSPITALIZED OLDER ADULTS
- FOOD ALLERGY
- MIGRAINE
- SUBARACHNOID HEMORRHAGE
- SUBCLINICAL HYPOTHYROIDISM
- SOCIAL ANXIETY DISORDER
- PHYSICAL ABUSE OF CHILDREN
- ACUTE LOWER GASTROINTESTINAL BLEEDING
- LONG-ACTING REVERSIBLE CONTRACEPTION



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# When you need to teach diagnostic skills:

- CASE CHALLENGE
- INTERACTIVE MEDICAL CASES
- CLINICAL PROBLEM-SOLVING
- CASE RECORDS OF THE MGH

The **CASE CHALLENGE** feature provides the case description from an upcoming Case Record of the MGH — but without the diagnosis. Users vote on the patient's diagnosis and choose which diagnostic test(s) to order. The correct diagnosis and a full description of the case are published soon after.

With **INTERACTIVE MEDICAL CASES**, users virtually manage an actual peer-reviewed case. View videos, lab results, and brief commentary that explain important concepts.

**CLINICAL PROBLEM-SOLVING** follows top clinicians as they are presented with data in stages to simulate a clinical setting. They make recommendations and decisions based on the information provided, and share their reasoning.

**CASE RECORDS OF THE MGH** describes the treatment of an actual case, offering insights into the expert physicians' medical decision-making, differential diagnosis, and progressive workup of symptoms and treatment options.

**An Unusual Cause of Leg Pain**

**PHYSICAL EXAMINATION**

**Vital Signs and General Appearance**

- Temperature, 37.0°C
- Pulse, 78 beats per minute and regular
- Blood pressure, right arm, 130/70 mm Hg, and left arm, 140/84 mm Hg
- Respiratory rate, 12 breaths per minute
- Oxygen saturation, 98% while breathing ambient air
- Patient is comfortable and in no distress

**Head, ears, eyes, nose, and throat:**

- Neck
- Chest and heart:
- Lungs
- Abdomen
- Legs

**Chest and heart:**

- Bruits in both subclavian arteries
- Heart rate, regular
- Heart of normal regular size and normal and palpable in cardiomegaly

**Legs:**

- Warm to touch
- No edema
- No rashes, no pain on elevation
- No rubes, tenderness, or bruits
- Bruits in right and left femoral arteries
- 2+ femoral pulses

**An Unusual Cause of Leg Pain**

**PERIPHERAL ARTERY DISEASE**

**Diagnosis**

1. Place a blood-pressure cuff around the arm. Using a continuous-wave Doppler machine, find the brachial artery.
2. Inflate the cuff to a pressure above which the Doppler signal disappears. Deflate the cuff until the Doppler signal returns. The pressure at which the Doppler signal returns is the systolic pressure in the brachial artery.
3. Repeat for the contralateral arm.
4. Place a blood-pressure cuff just above the ankle. Using a continuous-wave Doppler machine, find the dorsalis pedis or posterior tibial artery.
5. Inflate the cuff to a pressure above which the Doppler signal disappears. Deflate the cuff until the Doppler signal returns. The pressure at which the Doppler signal returns is the systolic pressure.
7. Calculate the ankle-brachial index by dividing the highest value for systolic pressure in the ankle (dorsalis pedis or posterior tibial) by the higher of the two values for systolic pressure in the brachial artery. (See annex 8, Ankle-Brachial Index, for definitions and interpretation of the ankle index.)

**An Unusual Cause of Leg Pain**

**Question 3**

The patient was taken to the cardiac catheterization laboratory for contrast angiography. Selected panels from her coronary angiograms are shown below. Which one of the following choices best describes these findings?

- Diffuse disease throughout the left anterior descending, left circumflex, and right coronary arteries
- Normal coronary arteries
- Severe stenosis in the middle of the left anterior descending artery only
- Severe stenosis in the middle of the right coronary artery
- Severe stenosis in the ostia of the left main and the right coronary arteries

**SUBMIT ANSWER**

Find these resources and others in the NEJM.org Learning section, which aggregates a wide range of clinical educational activities for teaching, continuous learning, and professional development.

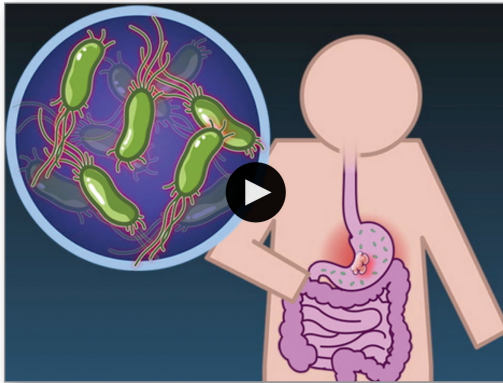


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# When you need to find teaching materials:

- QUICK TAKE
- CLINICAL AND RESIDENT BRIEFING



Weekly **QUICK TAKE** videos present highlights of important articles in an engaging, animated format. These brief videos offer a succinct, innovated way to understand important new research findings that have an impact on medical practice and patient care.



The **CLINICAL AND RESIDENT BRIEFING** is a weekly email with summaries of two current articles that are particularly valuable for teaching. Clinical Pearls and Morning Report Questions help teachers and residents focus on an article's topics. Links are provided to full-text, PDFs, PowerPoint Slides and Slide Sets, and videos. An archive of previous Resident e-Bulletin material is available on **NEJM RESIDENT 360**.

You'll also find brief stories that provide insight into the clinical significance of NEJM content and include questions to stimulate thinking and discussion.



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# When you need to demonstrate a procedure:

- **VIDEOS IN CLINICAL MEDICINE**

## **VIDEOS IN CLINICAL MEDICINE**

demonstrate common clinical procedures. Viewable at NEJM.org, these videos are peer-reviewed for accuracy and chaptered for easy reference. They provide a concise review of the procedure, including preparation, equipment, and more.

PDF summaries of the procedures are also available for download. Over 70 videos are available and new procedures are added when available. Each video serves as an excellent teaching tool and point of reference.



## **A PARTIAL LIST OF AVAILABLE VIDEOS**

- **PLACING A LUMBAR EPIDURAL CATHETER**
- **MONITORING NEUROMUSCULAR FUNCTION**
- **CAROTID SINUS MASSAGE**
- **USE OF PRESSURE TRANSDUCERS**
- **CLINICAL EXAMINATION OF THE SHOULDER**
- **MANAGING PROCEDURAL ANXIETY IN CHILDREN**
- **TRANSFUSION OF RED CELLS**
- **REMOVAL OF FOREIGN BODIES FROM THE EAR AND NOSE**
- **INSERTION OF AN INTRACRANIAL-PRESSURE MONITOR**
- **EXAMINATION OF THE RETINA**
- **NONINVASIVE POSITIVE-PRESSURE VENTILATION**
- **TREATMENT OF HEMATOMA OF THE NASAL SEPTUM**



# When you need to identify signs and conditions:

- IMAGES IN CLINICAL MEDICINE
- IMAGE CHALLENGE

**IMAGES IN CLINICAL MEDICINE**  
Hand, Foot, and Mouth Disease in an Adult  
Chikhi Morise, M.D., and Masashi Akiyama, M.D., Ph.D.  
April 5, 2018  
N Engl J Med 2018; 378:20  
DOI: 10.1056/NEJMc1715148  
Medicine

**A** **B**  
**C** **D**

A 36-year-old man presented to the dermatology clinic with a 5-day history of blisters on his palms (Panel A) and soles (Panel B) and ulcerations on his tongue (Panel C). He also reported fevers, malaise, and a sore throat. One week before his illness began, his 2- and 4-year-old children had had similar symptoms, and they received a diagnosis of hand, foot, and mouth disease. Fluid from a blister on the

SPECIALTIES TOPICS MULTIMEDIA CURRENT ISSUE LEARNING AUTHOR CENTER SEARCH Q

**Image Challenge**

April 05, 2018

Correct

The correct answer is **Chronic obstructive pulmonary disease**. This patient has a long history of smoking and chronic cough, and the chest radiograph shows hyperinflation, flattened diaphragms, and decreased vascular markings, consistent with chronic obstructive pulmonary disease.

Pulmonary embolism  
Pulmonary edema  
Esophageal perforation  
Chondroblastoma  
Military tuberculosis

**Image Challenge**

April 05, 2018

A 21-year-old woman presented to the emergency department with an 8-month

Visit the NEJM.org Multimedia pages to view additional interactive resources.

**IMAGES IN CLINICAL MEDICINE** is another effective visual aid for teaching. Twice each week, NEJM publishes images that are typically striking examples of a common clinical presentation along with accompanying text. Images in Clinical Medicine help physicians-in-training recognize common conditions and make more timely, accurate diagnoses.

One of the most important challenges for physicians-in-training is learning to identify clinical signs. Each **IMAGE CHALLENGE** presents an acclaimed NEJM medical image and asks the viewer to make a diagnosis or answer a question.

Answers can be submitted for immediate feedback, and each Image Challenge includes links to supporting articles. A gallery of hundreds of previous Image Challenge visuals is available on NEJM.org and available as an iPhone app.



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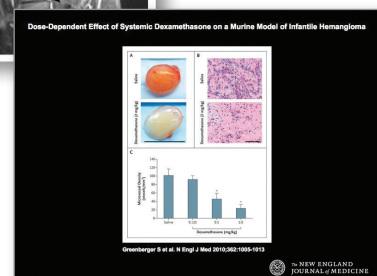
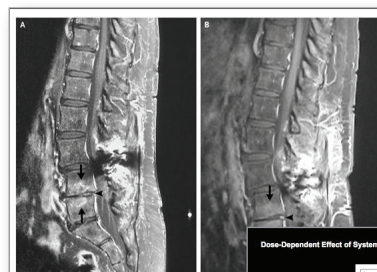
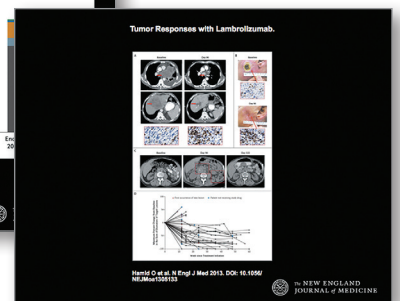
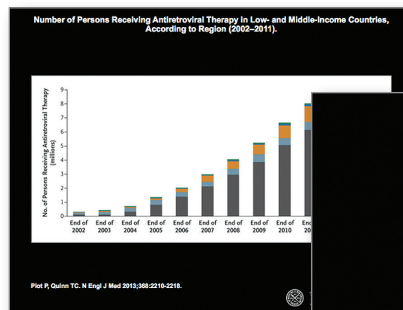
# When you need to create a presentation:

- POWERPOINT SLIDE SETS
- POWERPOINT IMAGE DOWNLOADS

**POWERPOINT SLIDE SETS** make it easy to present NEJM articles, figures, and tables. Slide Sets include a summary of key points, along with all visuals and citations. Slide Sets are available for Original and Review Articles, Case Records of the MGH, Clinical Problem-Solving, and Clinical Practice articles.

## POWERPOINT IMAGE DOWNLOADS

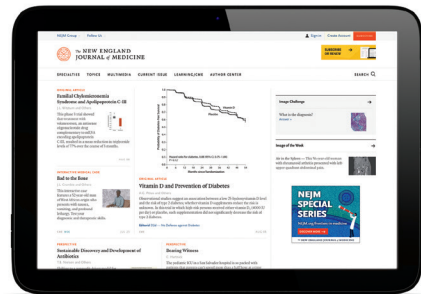
You can also download any image, illustration, or table from NEJM as a PowerPoint slide with a single click. Each slide includes the title and citation information, and the caption for the image is automatically added to the Notes section of your PowerPoint presentation.



# When you need to take NEJM with you:

- NEJM INSTITUTION REMOTE ACCESS
- GOOGLE SCHOLAR CASA

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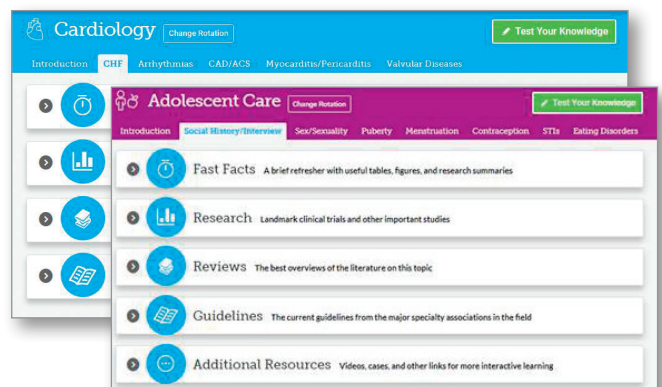


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# When you need academic and career resources for residents and students:

- NEJM RESIDENT 360
  - INTERNAL MEDICINE ROTATION
  - PEDIATRICS ROTATION

**NEJM RESIDENT 360** helps students and residents prepare for their clinical rotations and careers, all in a single location rich with articles, videos, podcasts, and an interactive forum. Guides in common rotations provide brief topic overviews and links to landmark trials, reviews, and guidelines. Expert-led discussions, blog posts, and podcasts provide resources to help navigate the training years with confidence. Once a user registers, full access is free and seamless through an institution's site license. [resident360.nejm.org](http://resident360.nejm.org)



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