

## A PEARL of wisdom about writing 'Pearls'

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or the past 11 years, I've had the opportunity to review "Pearls" articles submitted for publication in CURRENT PSYCHIATRY. In that time, I have read many worthwhile papers written by authors who may not be entirely clear about what constitutes a "Pearl." The mnemonic PEARL could help authors:

- decide if their article or idea is appropriate for "Pearls"
- construct the article to conform to the "Pearls" format.

Precise. A "Pearls" article should make an accurate and concise statement. It should not be an elaborate or generalized idea based on either limited or copious information.

**E** asy to remember. Lengthy, highly detailed articles may be helpful and informative but are not consistent with the purpose of "Pearls."

A lert. A "Pearl" should alert a physician to identify a problem, diagnosis, or adverse effect that he (she) might otherwise miss or take unnecessary time to identify. Classic examples are the "handshake diagnosis" of hyperthyroidism,1 or the "3 little words that can diagnose mild cognitive impairment."2

References. A professional article of any length should include references. References add immediate credibility to the information presented. For a "Pearl," even 1 reference is acceptable. A writer can easily search PubMed and the Internet to find references to confirm or support her (his) ideas.

**Less is more**. Architect Mies van der Rohe's minimalist concept applies to "Pearls." A "Pearl"—like its namesake—is small, polished, and valuable. Simplicity is its essence.

I hope this mnemonic is useful for clinicians interested in sharing their ideas or experiences to help others in the field. I look forward to reviewing many more "Pearls."

## References

- 1. Bedell SE, Graboys TB. Hand to hand. J Gen Intern Med. 2002;17(8):653-656.
- 2. Steenland NK, Auman CM, Patel PM, et al. Development of a rapid screening instrument for mild cognitive impairment and undiagnosed dementia. J Alzheimers Dis. 2008;15(3):419-427.



