

European College of Veterinary Internal Medicine- Companion Animals



Guidelines for the preparation of five Case Summaries

Introduction

As part of the requirements to qualify to take the ECVIM-CA certifying examinations candidates are asked to prepare and submit 5 case summaries which demonstrate the candidates ability to handle and report on internal medicine cases at a specialist level using a problem oriented approach. For the cardiology subspeciality 3 cases have to be related to cardiology and 2 to internal medicine. If candidates do not satisfy the credentials committee with this submitted work they will not be permitted to take the certifying examination. Candidates are encouraged to consult their Adviser on the selection of case summaries. Reading examples of case summaries provided on the ECVIM-CA website is also beneficial. It is appropriate for an Advisor to comment on a separate 'practice' case report that is not submitted however candidates should not obtain any direct assistance or comments from anyone on the medical content of the text of the case summaries. Limited assistance with language is acceptable.

The objective of these case summaries is to demonstrate how a candidate thinks about a case (i.e. their 'method'). In contrast case summaries submitted for journals are primarily concerned with the information presented on the case (the 'results').

In order to reduce the possibility of postal loss, the application should be sent to the Administrative Assistant of the ECVIM-CA to arrive no later than 1 January by "recorded delivery" or similar "secure" courier; candidates are advised to retain a copy of the text and of the illustrative material if feasible. A covering letter listing the contents of the application should also be sent.

Please note that the college will not return applications. The college will retain one copy and the rest will be destroyed.

Presentation

Case summaries should be typewritten, double-spaced on A4 paper, and should be illustrated by diagrams, photographic prints, ultrasound scans and radiographs. They must be presented in English, reported in a structured way and of a standard format set out below. The summaries should be presented in a secure binding (e.g. ring binder or spirally bound). Loose sheets are not acceptable. Each case should be given a number. Each page, and all tables, figures, and photographs must be clearly numbered and included bound within the A4 format of the Case Book. Original radiographs must not be submitted.

While it is not intended that English language skills should provide an unfair advantage, successful candidates are likely to be sufficiently proficient in English to be able to write in that language. Software for checking spelling and grammar should be used to avoid frequent errors. The cases should be written in full prose, rather than a 'telegram' or a 'bullet point' style.

The cases should be anonymous. The names of clients, animals, colleagues and clinics should be removed from all written and photographic material.

Case selection

Cases should be selected to include as wide a variety of material as possible, with a view to providing the examiners with an impression of the experience of the candidate. Cases should not be the same cases as those used for the published / publishable case study requirements of the examination.

Cases do not have to be 'rare' – a common condition that demonstrates the candidates case management abilities is better than a case that is rare but requires little diagnostic or therapeutic work.

At least one out of five cases should relate to the cat if your main experience is with dogs, and vice versa.

When cases involve a group of animals these should be prepared as a single case report.

As far as possible the clinical work shall be the responsibility of the candidate, and where assistance has been given this should be noted in a statement made on a separate page at the end of the case.

The following cases usually represent poor case selections:-

- Cases whose diagnosis is substantially made by post-mortem examination.
- Cases that are euthanised following diagnosis with minimal medical therapy.
- Cases whose definitive treatment is surgical with limited medical involvement.
- Cases whose diagnosis is speculative, either because of financial or technical constraints
- Cases that are not followed up adequately, either because of financial or technical constraints
- Cases which are too easy (too little to assess or monitor) or too complex (remember the word count!)
- Cases where the candidate was not the primary clinician.

Format of Case Report

Cases should be set out under the following headings (where relevant):

- Word count.
- Title of case report
- Identification of patient/patients (age, sex, weight, breed)
- History
- Physical examination
- Problem list and differential diagnoses
- Investigation/diagnosis (exclusion / confirmation of differential diagnoses)
- Treatment
- Follow-up
- Discussion (this should be pertinent and relate to observations relevant to the case, rather than an extensive review of the literature)
- References
- Figures

A list of abbreviations used throughout the case summaries should be presented at the start of the case summaries.

Word count

All candidates are required to work within the word count. Each case report should be no greater than 1500 words (+/- 15%), excluding tables of results, figure legends and references, with the word count written on the front for each case. In total the five case summaries should not exceed 7500 words. If this is not complied with, candidates run the risk of [losing marks or](#) having their case summaries returned.

History

The presenting complaints and pertinent medical history of the animal including any relevant previous laboratory results are essential. What is considered to be pertinent will depend on the case material. For example if one of the differential diagnoses of the presenting problem might have a dietary cause then a detailed dietary history should be given, otherwise it should be brief. If certain information was not available to the candidate then this should be stated.

Physical examination

Ensure that the physical examination is complete in every sense, even if this is summarised and abbreviations used to reduce the number of words used. Even normal findings are important. The only exception to this is if a physical examination finding is normal and is not pertinent to any of the differentials. Examinations that are not routine e.g. full neurological examination can be included in this section or in the investigations section.

Problem list

The problem list must summarise all the clinical abnormalities identified from the history and physical examination. Further problems can be added or removed during the investigation. Problems that the candidate considers to be insignificant should be clearly identified as such. Problem lists may be updated when it is relevant to do so.

Differential diagnoses

Pertinent differentials should be given for each problem identified. Localised problems e.g. purulent nasal discharge should have specific differentials. It is acceptable to state that vague problems (like anorexia and lethargy) were related to more specific problems (e.g. haemorrhagic diarrhoea, dehydration) if they are present. If specific problems are not present then differentials for vague problems should be supplied in broad categories (e.g. 'metabolic').

It is acceptable to write a table or list of differential diagnoses but these lists should not be copied from textbooks without relating to the case in question. Differential diagnoses should be mentioned in order of likelihood and some attempt should be made at the end of the lists to combine and summarise them so that the examiners have a clear understanding of what the candidate was thinking. Longer lists are not always better lists.

Investigation

The candidate should relate the investigations to the list of differential diagnoses. The candidate would be expected to fully justify undertaking any test that does not help to reduce this list. In no case should potentially important differentials be ignored in the report. Equally, excessive testing for unlikely differentials is taken as evidence of poor judgement. It is acceptable in certain cases to make diagnoses by exclusion providing it is clear that this process has been used and an explanation provided as to why. The results of all diagnostic tests should be provided. Even when the results of diagnostic tests are within the normal range, actual values should be provided, rather than simply stating the "values were normal". Units should be clearly stated. Metric units must be used and SI units are preferred.

Response to appropriate therapy is also an acceptable process in certain cases but again it must be clear that this process has been used and an explanation provided as to why. Candidates should try to avoid repeated use of 'ruled out' when describing the exclusion of a differential diagnosis.

All laboratory abnormalities should be assessed. Pertinent differential diagnoses for laboratory abnormalities should be identified. A radiographic report and photograph of the relevant radiograph should be provided for all diagnostically significant radiographs unless they are normal.

Any non-standard or unvalidated tests should be fully justified and backed up with references where appropriate. If results are delayed or not available at the time of starting therapy (e.g. Coombs test) then this should be clearly stated by the candidate.

If a test was omitted due to financial or logistical constraints then this must be stated. However if important tests are omitted such that the candidate's ability to work up the case has been seriously limited then this does not represent good case selection.

Management and treatment

All doses and treatments given must be provided. This includes any fluid therapy given. Any non-standard treatments should be fully justified (and backed up with references where appropriate). Where there is a serious risk of potential toxic effects then these should be discussed. Any appropriate monitoring (e.g. for myelosuppression associated with some cytotoxic agents) should be mentioned.

Follow up

There is value in reporting the long term follow-up of cases, including any post-mortem results, where appropriate. In particular it helps the examiner to assess the quality of the monitoring and the veracity of the diagnosis. Where cases are lost to follow up this must be stated. However if a case is not followed up such that it limits the candidate's ability to fully confirm the diagnosis or monitor the treatment then such a case represents a poor selection.

Discussion

A brief summary of the pathophysiology of the diagnosed condition should be given. Any specific features of the case that are of particular note should be discussed with reference to current literature. Do not provide a literature review – but rather comment if this case differs from those reported elsewhere. If the case does not differ from those reported elsewhere then it is sufficient to discuss the pathophysiology alone.

References

High quality references from peer reviewed journals should be cited in the text and at the end when these have been used in the management of the case. The style of the Journal of Veterinary Internal Medicine should be used. It is rarely necessary to reference standard textbooks. A maximum of 10 references is suggested.

Figures

Ensure that your Casebook is self-contained and that all figures, tables, photographs, and photographs of radiographs are included and bound within the A4 format. Normal images should not, as a rule, be included except where the fact that they are normal is unusual or crucial to the eventual diagnosis or management.

Ensure that all tables and figures are correctly labelled and appropriate legends included

Where the results of diagnostic tests are included in the case summaries, ensure that reference ranges for each parameter are also included.

Radiographs and other pictures (e.g. cytology) should be reproduced in a fashion that clearly illustrates the relevant findings; digitised images are frequently of inadequate quality when printed on an ordinary laser printer. Photographic prints are usually of better quality.

Further information

Marking of case books

Three reviewers independently assess all cases. Cases will not be reviewed by a reviewer from the candidate's own institution. Two out of the three reviewers must give a pass mark for it to be accepted. Four out of the five case summaries must be accepted for the candidate's application to sit the certifying examination to be approved.

Case summaries that are rejected can be resubmitted the following year in an amended format or replaced with new cases.

Examples of case summaries

Examples of case summaries are provided on the ECVIM-CA website (www.ecvim-ca.org). They are not perfect – indeed it is doubtful that the perfect case report exists but they are considered good examples.