If ABVP Is For Me, Where Do I Start?
VIN Rounds presentation: October 7, 2012

Libby Ramirez, DVM, DABVP; Tim Kraabel, DVM, DABVP; Julie Rowley, DVM, DABVP

In this rounds...

- Veterinarians from many practice types can achieve certification. Start early and plan ahead!
- Clinical cases should be done early and worked up to the highest standard of care. Writing up the reports is incredibly time-consuming but an excellent learning process.
- Carve time out of your schedule for regular study focusing on your weakest areas. Study groups are invaluable.
- Certification may not increase your financial standing, but it brings an immense amount of personal satisfaction and increases your veterinary skill.

Moderator: Tonight we have a panel of speakers here to share their experiences in pursuing ABVP certification. They are Libby Ramirez, DVM, DABVP, Tim Kraabel, DVM, DABVP, and Julie Rowley, DVM, DABVP. I'll let them introduce themselves.

Welcome, everyone! Dr. Ramirez, would you like to begin?

Libby Ramirez: Welcome! We’re so glad you stopped in tonight to learn more about the ABVP certification process. We’ll start with introductions, share our experiences as recent applicants/candidates/diplomates, and finally, we’ll leave time for your questions. If you're here, you may have already been thinking about ABVP and whether it’s something you want to pursue. If you aren't familiar with some of the basics of the certification process, you may want to check out these resources:

1. [ABVP Applicant Handbook](#) [Editor’s note: This link is broken as of 10/10/12. There is a copy of the [handbook](#) included in the message board discussion.]
2. VIN Rounds "ABVP - Is it for me?"
3. VIN Rounds "Improve your ABVP Application Prognosis: How to Choose a Case Report"
4. Oh, and join us in the ABVP study groups if you’re even thinking about pursuing ABVP. Email Kimberlee Buck at dogedorite@aol.com

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Please type in your questions as we go. We may not answer them right away, but we will by the end of the hour.

Ok, then here we go.

**My background:**
I graduated from Texas A&M in 2002. I spent one year in general small animal practice in El Paso. Since 2003, I have been a full-time associate at the Animal Emergency Hospital of North Texas (Dallas-Fort Worth area). When I started there, it was a small after-hours ER, but we have since moved to a larger referral center and gone 24-hours. Most of my job now is daytime critical care for the hospitalized cases (but of course I work weekends and holidays like any ER vet). I’m also a mom to two boys... first grade and pre-K.

**Tim Kraabel:** I graduated from WSU in 1989. I did a small animal internship in Rochester, NY, before moving back to Seattle. I was interested in ABVP pretty much right away, then had a series of children (3) and bought our practice. I certified in 2011 with Julie and Libby. My wife is also a veterinarian (WSU 1991 – you know how impressive upper classmen are) and our practice is a busy 6-doctor practice that keeps us hopping.

**Julie Rowley:** I graduated in 2001, spent my first year at a higher end day practice... and then moved on to a walk-in (no appointment) clinic with quite the variety of clients! It's a very interesting mix of a day practice and a less-expensive emergency clinic.

**Libby Ramirez:** We’ve also got a few of our mentors around in case you stump us with your questions. Now why don’t you tell us a little bit about you?

**What type of practice do you primarily do?**

Results:
- **22 (85%):** A. Small Animal
- **0 (0%):** B. Equine
- **0 (0%):** C. Bovine (Beef or Dairy)
- **1 (4%):** D. Mixed
- **1 (4%):** E. Avian/Exotics
- **2 (8%):** F. Other (Industry, Student, etc.)

Total responses: 26 (84% of 31 polled)

**Why are you interested in ABVP?**

Results:
- **4 (16%):** A. Always knew I wanted to do it.
- **2 (8%):** B. A friend or mentor has done it.

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8 (32%): C. I’m not sure, would like to learn more about ABVP.
4 (16%): D. Fame and fortune.
7 (28%): E. I’m looking for something more/personal challenge.
0 (0%): F. I need it to advance in my job.
Total responses: 25 (83% of 30 polled)

Where are you in the process?

Results:
13 (48%): A. Thinking about starting.
1 (4%): B. Submitting papers or have previously submitted papers.
2 (7%): C. Studying for the exam.
11 (41%): D. None of the above... yet.
Total responses: 27 (90% of 30 polled)

Libby Ramirez: Great. Thanks for telling us a little bit about you.

Why did I pursue ABVP:
I had often thought about going back to do a residency (probably in Emergency & Critical Care), but due to the demands that go along with a husband and a family, that just wasn’t going to be possible anytime soon. ABVP was an achievable goal in terms of something I could fit into my current practice and current life, something to motivate me to learn more, to keep me interested, and to always stay current. ABVP was somewhere in the back of my mind, but it wasn’t until another veterinarian I knew came through the referral center to spend some time with one of the surgeons and mentioned she was pursuing ABVP certification that I really thought, "If she can do it, I can do it!" and gave it real consideration. It turns out ABVP is a fantastic organization made of up diverse, motivated veterinarians. I am proud to say I certified in 2011 in Canine/Feline Practice (with Tim and Julie).

Julie Rowley: I think after practicing for a while I was losing a bit of interest, and decided I needed to be a bit more challenged, and this seemed to be a great way to regenerate my interest in veterinary medicine....it worked!

Tim Kraabel: ABVP had been on my "to do" list for a very long time. I liked the idea of the challenge and I was looking at twenty years out of school and needed to re-up. I wanted to review and relearn mechanism and dig myself out of any ruts I’d put myself in. I mentor our younger doctors and we have senior vet student preceptors from UT and WSU that I am responsible for coming through our practice. I need to be current and relevant and acutely feel the weight of that educational responsibility.

Libby Ramirez: The process (for me):
Step 1: I searched the ABVP website and read through the Applicant Handbook. I searched VIN to find out more about whether it was really possible for someone outside of "regular practice" to certify. Was
it going to be impossible to find suitable cases to write up? Was it going to be wasted time studying things not needed in ER? What was I going to get what I wanted out of it? Was it really achievable?

**Julie Rowley:** Same for me.

**Tim Kraabel:** My first thing, after trying to wrap myself around the scope of what needed to be done, was to find the cases. It took me years to understand how to select them. Don't start there. Ask for help right away in how to select them and save yourself some time. I also was mired in the uncertainty of whether I could really pull it off for a long time.

**Libby Ramirez:** **Step 2:** I attended an ABVP Symposium to meet people, ask questions, and find out more about how to get started. What I didn't count on was meeting Kimberlee Buck and the many, many other ABVP-boarded veterinarians I met that week. I was super impressed by their dedication and commitment to be the best veterinarians they could be. And by their diversity... all species, all types of practice, academia, industry... other ER people too. The other thing I came away with was a sense of camaraderie and community. The CE was good too, but the strength of the community was amazing. (As Tim put it, “These are my peeps! Now all I have to do is pass so I can hang out with them.”)

**Julie Rowley:** I just read info online, decided to do it, and never really looked back, pretty much all at the same time.

**Tim Kraabel:** A tipping point for me was finding a mentor. Dave Luttinen lives in my area and had certified a few years earlier and was very helpful and made himself available to me. I'm with Libby, though, that the big tipping point was the conference and hanging out with like-minded veterinarians. As Libby quoted me, I was so struck by the fact that I had found my people. I mean this as a big compliment, but I had happened on to the private practice medicine junkies, the gunners of the gunners :-), who were not only fantastic veterinarians but were intensely committed to staying fantastic veterinarians. And I'm with her on the Kim comment. She and Tracey Jensen were amazingly helpful. I had no expectation to stumble upon such a community.

**Libby Ramirez:** **Step 3:** I joined an ABVP online study group. So encouraged by the people I had met at Symposium, I wanted to keep in contact with them. Study groups are a great way to keep motivated, keep on track, ask questions, and get some feedback along the way. Another thing I didn't count on was... meeting great friends through the study groups like Tim and Julie!

**Julie Rowley:** Great friends that have been a blast... Even in Chicago, taking the test, we still managed to have a good time!

**Tim Kraabel:** I wouldn't have made it without the study groups. Again, I met the best people. As Julie said, the test was great fun. We all met face-to-face for the first time after conversing on the study group. I'm not saying I want to take the test every year but the experience was well worth it.

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Libby Ramirez: Step 4: I searched high and low to find two cases that would work. A little challenging in ER practice in particular because so much of what I treat goes right back out the door never to return. It was a little harder to find cases, but not impossible! One of my cases was a linear foreign body surgical case that stayed at the ER for a week. I did the original surgery, scrubbed in on the second surgery with the boarded surgeon, and went in on my days off so I could continue to "manage" this case myself. (So much for keeping my plans to pursue ABVP under wraps until I was sure I was going to do it... There was no way to avoid putting a giant Post-it on the front of the treatment sheet and another giant alert in the medical record: "Please call Libby if you need to make any treatment plan changes!!!") My other case was an IMHA that presented to the ER in anemic crisis and I did the initial workup. I thought it was a promising case, so I called the rDVM at discharge and got permission to keep following the case. With the support of my boss, I discounted the follow-up charges so that it wasn't more expensive for the owner to follow-up with me than the rDVM. I managed the dog through weaning off the immunosuppressant meds (and all the problems in between), something like 150 days, and returned him to the care of the rDVM at completion of treatment for IMHA.

Julie Rowley: This was a bit of a dilemma for me as well. I have a variety of clients, many accept referral, and many can barely afford the exam fee. The "cool" cases frequently are sent to a referral, which doesn't necessarily exclude them from being used, but I wanted to find cases that I had the most involvement with. Many of my cases would have been excellent but were missing a key step, and as I had pretty much just decided to do this, I had to use cases that had already been managed. So, abdominal masses went to surgery without an ultrasound, or missing a culture and sensitivity on a wound management case, stuff like that that could have been easily fixed had I planned a little in advance! Advice: Plan early! And don't be discouraged if it doesn't seem like your practice type will work, you would be surprised what you can accomplish. I ended up with an IMHA case that had multiple complications, and they had unlimited $ (sort of) but wouldn't travel the distance required for a referral. That worked out well for me -- and the dog in the end! My second case was an abdominal mass in an 18-year-old cat, ultrasound diagnosis and the colon was completely obstructed with a mass. Euthanasia or removing a section of colon really were the only options. Interesting twist though: the liver looked great on ultrasound and really had a huge mass. Several years later, the radiologist still talks about that cat. Again, good for me, but kitty probably never would have made it to surgery had the ultrasound shown the mass. Did well for about 6 months, then developed marked abdominal fluid with many neoplastic cells, so I was able to document all of that as well.

Tim Kraabel: Case selection was daunting. I had the advantage of owning my own practice and, as such, I could give away diagnostics if I needed to support potential cases. I do encourage such behavior in ABVP-aspiring associates as well, which is one of the ways that ABVP has been such a positive influence on our practice culture. One case of mine was a liver mass removal that I saw coming as a good case and I really had little trouble writing up that case. My second case was retrospectively selected, an intestinal resection of an obstructive small cell lymphoma in a cat. I constantly was frustrated writing it up by some management decision that I made that I worried should've/could've been done differently. I became a firm believer in selecting the cases before you see them and as you
see them coming at you. You all do something exceptional or have a special interest. Know those abilities and know how to work up those types of cases ideally. Then find a way to support the little extras that can make or break a case – like the urine culture, the third chest film on the met check, the follow up films, the immunohistochemistry on the lymphoma... Know the presentation, appropriate diagnostics, and initial therapies of potential cases and be ready to react to those patients as they emerge.

Of course, as a side note, we all aspire to know the presentation, diagnostics, and therapies of all disease, which is how the ABVP process creates the diplomate.

**Libby Ramirez:** That is so true, Tim. The process really did create the diplomate. It's not an empty certification, a hoop to jump through, or a buy yourself more letters kind of a deal. It's an extremely relevant process!

**Step 5: I wrote up cases.** All I can say is START early! The case write ups are thorough and take a LOT of time to prepare, write, and edit. You can ask Tim all about deadlines! It also takes some time to put together the credentialing packet. I thought I was starting early when I went looking for my diploma to make a copy for the credentialing packet 3 weeks ahead of time. Then I couldn't find it... anywhere! I tore apart the clinic, the clinic attic, and my house looking for it. I called TAMU to see if I could get another one and found out it took 6 weeks minimum, no way to rush it. Ack! I finally found it, at home, behind a computer desk. But that was a few days of stress I really didn't need. Start early! Like NOW! I will say that I learned so much from the case reports though. I finally got around to learning how to use PubMed, setting up an account with my university medical library to order papers, and figuring out how to do a real literature search. Things that had been on my to-do list since I graduated but I’d never made the time to do once I got busy practicing.

**Julie Rowley:** For me, the time consuming thing was recording the continuing education.... I had the conferences recorded, and had plenty of hours, but hadn't recorded the individual lectures I had attended. Going back and recreating that was not a lot of fun for me, and unbelievably time consuming! I had to find contacts for people that coordinated AAHA conferences, Western States.... and they thought I had lost my mind.... you want the program from 4 years ago??? I went down to a teaching veterinary hospital, and found out that their librarian was SUPER helpful... even remotely... and was happy to find just about anything I could ever imagine from any journal I could ever find! An amazing resource for me. People are very willing and excited to help, don't be afraid to ask.

**Tim Kraabel:** I’m with Libby. The case write ups took forever. Start early and work often. I can't even quantify the number of hours I put into those. I’m immensely proud of them, and I learned so incredibly much from working through them. The cases are about thinking about everything. Anything that is in the clinical report has to be introduced in the introduction referencing all relevant literature. If the ALT is up in the clinical report, the intro will have a section on the DDX for and the mechanism of ALT elevation. Put in a feeding tube in your case? There goes a week of your life citing relevant materials on

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feeding tube types and clinical indications and descriptions of how to put them in. Perhaps your patient would have been better served with a slightly different tube or there were complications? Then, that would be discussed at length in the discussion section (think "fall on your sword"). It was exhausting as well as rewarding. (Though to be honest, I can now loan my papers out to clinical insomniacs.)

Julie and Libby are right as well about the credential packet. I had the same problem with my CE as Julie, but my wife took pity on me and would work on it while I was writing the cases. She was displeased with me a number of times for not noting the lectures completely. We had to get the info online from some of the conferences and look through my written notes. Keeping track better as I went would have been most helpful.

Libby Ramirez: Ditto. I now have a very nice, complete, chronological record of my CE... that I've been adding to as I go along so I NEVER have to track all that information down at once again!

Step 6: Submitted cases and waited. Somehow when I started, I imagined sending in an envelope with all my stuff in it. Never did I imagine it was going to be a 12-pound box of paper (no joke). I can't imagine what the ABVP office looks like come January 15th! I know what my office looked like on January 15th and it wasn't pretty! In the interest of progress, the application process is moving (this will be the first year I believe) to an online process. That's good for all of you!

Julie Rowley: No joke at all, it was CRAZY – go electronically!

Tim Kraabel: The paper submission was around a 1,000 pages and was just huge. Once it was produced, I found myself guarding it like I gave birth to it. I've blanked out how much that cost to mail overnight! Electronic sounds awesome.

Libby Ramirez: Step 7: Wait. And study. And wait. What? What?? My papers both passed? No way. No way! Oh no, I have to take that exam now. I'm not ready. I'm not ready! I'm not ready!! I need three years to get ready, not six months! Oh well, I guess I should just take it for the practice. So I can be ready for next year when I will be ready to take it for real!

Julie Rowley: I was shocked as well, in fact, I had someone tell me a month before one of my cases was really not going to work and I should start over. Turns out I was having some family crisis issues, and submitted anyway. Go figure, they both passed! STUDY???

Tim Kraabel: I did manage to start studying before my cases passed. Kim made me. Somehow I still believe she knew if I wasn't studying. :-) It was hard to wait for the papers to be evaluated. Looking back, passing the papers was the biggest thing. The pass rate for getting through the test over the three years allowed is really high. It is the cases that thwart the most aspiring doctors. My wife threw me a party after mine passed (and she hates parties).
Libby Ramirez: Step 8: Made time to study. Like Julie said, we’re all busy veterinarians and that’s not always easy to do. The ABVP guideline says something like 1 hour per day. Slow and steady, a little bit each day being better than a whole bunch of studying at one time. Well, life is busy, so everyone has to find a way to incorporate studying into their own life. For me, that meant carving out time where I could: giving up TV, turning down social invitations, and relying on help with the kids. I studied at work when it was slow. I ignored the other soccer moms and studied in the car during my kids’ practices. I studied at the library on the few afternoons I had the nanny at home to help. I tried to get up an hour earlier each day so I could study before the family was awake. (I am SO not a morning person!) I carted Ettingers and Fossum around with me everywhere. I studied Zuku NAVLE review questions when I couldn’t read any more. (FYI, it’s a subscription service and at the time it was only offering NAVLE questions. I found those really helped to bring information together in new ways and get back in the practice of taking multiple choice tests, even if the questions weren’t as detailed.) I hear the VIN ABVP study courses are highly recommended as well. Just personally, I couldn’t commit to anything that regular so I didn’t sign up for it. Tim and Julie might be able to tell you more about that. Also, the VIN image library was helpful in studying for the practical exam. I never even knew that whole other side of VIN existed outside of the message boards and front-page stuff. Lots of great material in their reference library and there are flash cards to study too!

Julie Rowley: It really is amazing to see where you can find time to study! I did find that the ABVP VIN classes were helpful, mostly because I am not super organized and they gave me a schedule and a bit of an agenda. Otherwise my brain is a bit scattered... I need to study this.... but I can't remember that.... and now I have forgotten everything.... It kept me focused -- at least as much as I CAN focus.

Tim Kraabel: I also found VIN and the VIN courses pivotal. I actually took the VIN course twice two years apart (as I said, I was working on this for some time). I found myself getting into the studying more and more as I went. I love a project and something to focus on. In reference to Libby's morning comment -- I am a morning person and I found myself getting up earlier and earlier every morning to study. I was up at 4 and 5 am most days. My cat and I would get up and have coffee (she's a Seattle cat after all) and study. It is the only time my house is quiet and I loved it. It is a habit that I still have today, albeit a bit less intensely.

Studying for the test was much more relaxed than the pressure of the papers getting in on time and being perfect. You can't know it all and you're not going to get to it all. So start with your weaknesses and dig in. It is just about being a better doctor. Again, the process creates the diplomate. I was struck over and over how I used something I learned that morning studying almost every work day of the process.

Pick a method of study that will benefit you and work with who you are and how you learn. I randomly chose to study in PowerPoint. I used it like note cards. I ended up with 51 PowerPoints on all the systems of the body and medical topics from anesthesia to toxicology. They were obviously very visual,
which played to my strengths. Libby made the best set of printed note cards I've ever seen. Vanessa had an impressive stack of handwritten notebooks that she could quickly reference.

**Libby Ramirez:** It's all about finding a method that works for you. And covering your biggest weaknesses, not the stuff you know and love.

**Step 9: More studying.** The ABVP study groups are also helpful in keeping on track with studying and sharing some group effort study materials. I did have the luxury of taking three weeks off in the fall so I could really get some good studying in. Also, I flew out to the exam three days early so I could have a little bit of uninterrupted time to study before the exam. This turned out to be really invaluable - meeting up with friends from the online study group like Tim and Julie and getting some group study sessions in during those days. Each of us, for being essentially all small-animal practitioners, see a different subset of cases, have a different subset of strengths and weaknesses, and see different regional diseases. So much to learn from each other. I can't say enough that getting involved in the ABVP community early was invaluable in helping me get through the certification process!

**Julie Rowley:** I agree! Not much time off for me, but then I don't have kids either, so way easier for me on my days off. The study group was a huge thing for me.

**Tim Kraabel:** I also flew out three days before the test and spent the majority of that time with Libby. We spent time going through her note cards and I would say, "Wait, I've got a PowerPoint slide on that," and then looking through my PowerPoints on the TV in my room, with her saying, "Wait, I've got that on a card here." Julie joined us on that Saturday, along with our other new best friends Deborah and Vanessa, to study for the practical exam. Our different skills may have been the passing point for me. Libby would tell me about actually treating a toxicity (which I rarely see) and I would tell her about vaccination issues and chemotherapy (not so common in the ER). I can't even remember how many times I'd get to a question on the test and think, "Libby told me that," or, "Vanessa just went over this."

**Libby Ramirez:** **Step 10: OMG... I actually passed!** My parents don't really understand what the certification means. My technicians don't really understand what the certification means. (They call me "Dr. ABCDEFGHJKLMNOPQRSTUVWXYZ"). My clients definitely don't know what the certification means!

**Julie Rowley:** Yep! And they ask, "What happens if you don't pass??" Nothing. I try again, because so much of it is the experience and the learning. "And what happens if you pass?" Uh, nothing? But it really is quite an achievement!

**Tim Kraabel:** I had family ask, "Now, was it the increase in pay, the greater responsibility, or the job advancement that drove you?"

I have had a number of good clients acknowledge it and my practice manager tells anyone who will listen. My big coup was putting it on my business cards. A client called me back last week about

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something and said he saw the additional letters on my card and looked it up and then he said, "Dr. Kraabel, you're kind of a big deal..."

I like what Libby said too, "I know."

**Libby Ramirez: Step 11: Using the title.** Has my job changed? Not really. I got a raise for doing the work and getting the letters, but my job otherwise essentially is the same.

Have I gotten more respect from the specialists I work with? Yes.

Have I gotten more respect from the other vets I work with? Yes.

Have I gotten more respect from the referral vets I talk to every day? Yes.

Do I feel like I have more to offer my patients? Yes!

Have I received a huge amount of personal satisfaction from it? You bet!!

Was it worth it? Absolutely!!!

**Julie Rowley:** Agree on all accounts!

**Tim Kraabel:** Yes, definitely.

**Libby Ramirez:** Now, that's enough about us. How can we help you along in this process? Please type in your questions now and we'll start answering them.

**VIN Member:** This may be a silly question, but... I am boarded in veterinary dentistry and had to submit five cases to be able to take the three necessary examinations. Would I still have to submit a case? Could I use two of those?

**Libby Ramirez:** You'd have to check the handbook. They are very specific about what they want. Your cases might work, if they meet the criteria and can be formatted exactly as requested. Don't just send it in as is!

**VIN Member:** Dental cases are unlikely to pass unless they involve some whole-animal pathophysiology, diagnostics, management, followup, etc. A tooth problem in and of itself is not ideal for demonstrating ABVP-caliber practice.

**VIN Member:** Study resources? Text recommendations?
Libby Ramirez: There is an official reading list for each specialty exam on the ABVP website, but they are extensive lists. I went for Ettingers and Fossum, with a derm book and an optho book thrown in because those are where I'm weaker. Start with your weaknesses and read up on those!

Julie Rowley: The VIN review classes were really helpful... and then I read a lot of Ettinger! The Clinical Veterinary Advisor was also a great reference... and way easier than Ettinger. And VIN was invaluable, especially just reading the boards for a new topic to learn new stuff... I surfed a lot.

Tim Kraabel: I took the opportunity to update my entire library. Just used it to my advantage.

Libby Ramirez: I did too!

VIN Member: How do I find a mentor?

Libby Ramirez: Good question, Alyssa. There is a mentor list on the ABVP website. They don’t have to be local to you. I found mine at Symposium.

Julie Rowley: I had gone to Mongolia on a small animal trip thing, and found someone on the list ABVP has available, emailed her, and she was very helpful. And the study groups are great as well, and any of us are also always willing to help. It has been an amazingly supportive group!

VIN Member: Does a case have to have a good outcome to be used?

Tim Kraabel: No, of course not. Just well worked up and treated appropriately to demonstrate your talent.

Libby Ramirez: Nope, just has to be well-defined in term of what it was and how you treated it. If it died, you need a post.

VIN Member: And get into a study group?

Tim Kraabel: Email Kim Buck, the current outreach chair on the ABVP website.

VIN Member: So I just call one?

Julie Rowley: I just used email!

Tim Kraabel: You bet. There is an extensive list on the website.

Libby Ramirez: Correction... The mentor list wasn't included on the new updated website. Email Kimberlee Buck and get into a study group. We can help you find someone as a mentor!

VIN Member: As someone out 25 years and who owns a practice, it this doable after all these years out?

Tim Kraabel: I was out 20 years before I did it. It was awesome to re-up on everything.
VIN Member: Should you get your cases done prior to the real studying?

Julie Rowley: I did, but I think not everyone does, all depends on how organized you are. The results of the paper don't really give quite enough time to study unless you start before the results. Writing the paper is an amazing study tool all by accident!

VIN Member: I'm interested in how you get hold of the literature (journal articles) you need to research and write the cases. I'm a frustrated academic (did a PhD before vet school and spent 12 years in academia with every journal I could desire at my fingertips -- now I just have JAVMA) and I can't figure out how to get hold of articles other than the few that are free on line or by paying $10 or so apiece.

Libby Ramirez: I was lucky in that my school offers a free library service to alumni, so I just request the citation and it shows up in my inbox. Your school might have something similar.

Julie Rowley: I am not far from Oregon State, went there the first day, introduced myself to the librarian and he helped me so much via email. I found what I wanted and he would send it to me. He seemed very willing and excited to help. I'm not sure how others did it.

VIN Member: What if you don't realize it's a potentially interesting case until a few steps into it? Do you have to have done all the fiddly bits throughout? Or can you explain what you *should* have done and go on from there?

Tim Kraabel: You are best seeing the cases coming. You can discuss away a few issues but you can't explain away improper management. Be prepared for the good cases as they present.

Libby Ramirez: Better to work prospectively if you're thinking about it now. Think about what kind of cases might be best and start thinking about what they would need before they walk in the door.

VIN Member: For most of you, how long did you study prior to taking the exam? One year? 6 months? 3 years?

Tim Kraabel: Specific studying was the last year after case submission. The cases involved extensive study for the year before that.

VIN Member: Julie, you mentioned that referred patients can still qualify for cases. How does that work? For instance, if the advanced diagnostics (e.g., ultrasound, endoscopy, MRI) are performed there to actually obtain the diagnosis?

Libby Ramirez: It's best if you can go with the patient to do those things if it's not something you do. You can state that portions of the case were done by a specialist. However, if they did the diagnostics, arrived at a diagnosis, and sent it back to you, it might not be the best case to show off your clinical skills.
Julie Rowley: As long as you are the primary person on the case, then you can still get help. In my case, there is a traveling radiologist that came to my clinic, so I was there, they did it and wrote the report, which was included in my paper, but I did the surgery. The other case I used internal medicine people for consultations, but never got to send that one away. Same people did that ultrasound… and echo.

VIN Member: Hello everyone, I am a 4th year student at the University of the West Indies, Trinidad, and I still have my final year to go. So further studying is a long way off. But I am very interesting in furthering my education and career in the future. Any advice for foreign students?

VIN Member: Linda, join a study group. It's not too soon, although you do have to be in practice 6 years before certification. We can help you keep your files and cases organized while you're working and gaining experience.

VIN Member: I am interested but am only in my second year out of school and my cases are military working dogs. Is it too early to start, and would those types of cases be tough to get passed?

Libby Ramirez: Those are probably great cases if they get the appropriate diagnostics and treatment. Your cases have to be seen within, I think, 5 years of submission… Not too early to be thinking about it!

Tim Kraabel: You can apply in your 6th year, I believe. And, your cases have to be within the previous 5 years. It is never too early to start thinking like and about ABVP. Join one of the study groups that is at your stage of the process.

VIN Member: Can you join a study group before you formally begin the process?

Libby Ramirez: Absolutely!

Julie Rowley: You can join anytime; great people that love to help!

Tim Kraabel: Please do.

VIN Member: Can you reiterate how one finds/joins a study group?

Julie Rowley: There is a link at the beginning of the site, with Kim's info.

Libby Ramirez: We'll keep answering questions so send them if you think of any more.

Next deadline: The annual deadline for the application form and application fee is September 1st. The deadline for the credentials packet is the following January 15th. I would strongly encourage you to start the process of identifying cases, joining study groups, and writing papers as early as possible. You can't get it all done between September and January!
Don't forget about the next ABVP Symposium in fall 2013. The 18th Annual ABVP Symposium will be in Phoenix, Arizona, October 31-November 3 at the Renaissance Glendale Hotel and Spa. Check for updates at www.abvp.com

More resources: Check out our VIN thread featuring interviews with a variety of diplomates. See for yourself just what an interesting group of people ABVP is.

Also, the ABVP web site is a great place to get started. Lots of information, a list of mentors to contact, how to get on the study groups, etc. Stay tuned for the new and improved version of ABVP.com rolling out soon (if not already).

Who to contact for more information: Send me an email at: libby.ramirez@gmail.com. If I can't answer your questions, I'll help you find someone who can.

Thanks for attending! Hope it was helpful for you! Any last questions?

VIN Member: How are the study groups set up? Is there one or more? Do they meet at the same time? Frequency of meetings?

Tim Kraabel: There are a number of them. You will be placed in one appropriate to where you are in the process. They are very fun and full of engaging people.

Libby Ramirez: Online information exchange in a Yahoo or VIN group format. They are separated by species exam and stage of application (looking for cases, studying for exam).

Thanks again everyone. Hope to see you in the study groups!

Moderator: Thanks for coming everyone! Please post follow up questions and comments here.

VIN Member: Thanks for the great information!

Sounds too easy ;)

Tim Kraabel: It's not. But well worth it.

VIN Member: Is it a disadvantage that I do not perform surgeries (or at least have not in about 2 years)?

Julie Rowley: Not at all; it just depends on the case and the follow up. One of my cases was surgical, the other was an IMHA case, and I know Libby had an IMHA case as well. Even if it is surgical, and you do all the work-up prior, and the follow up after, you should still be good. And I have heard people suggest that if you know you want to write up the case, discuss it with the surgeon so you can scrub in and assist, or at least observe. Or choose non-surgical cases.