Improve your ABVP Application
Prognosis: How to Choose a Case Report
VIN Rounds presentation: September 18, 2011

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In this rounds...

- Choose a challenging but not overly complex case so that you can showcase your advanced skills.
- Be prepared for problems with your cases, including financial constraints or cases that turn out not to be suitable for your ABVP application.
- Closely follow the directions from the Applicant Handbook. Don't overlook your supporting information or other required criteria.
- Don't forget to use proper English and scientific writing style.

Moderator: We have a wonderful panel of speakers tonight -- all of whom have successfully earned their ABVP certification. Kimberlee Buck DVM, DABVP, will guide the discussion tonight. Craig Datz DVM, DABVP, and Tracey Jensen DVM, DABVP, are here to answer your questions.

Welcome to all of you and thanks for your time. Dr. Buck, the floor is yours.

Kimberlee Buck: Good evening and welcome! We are happy you stopped by tonight. Our session is about improving your chances at achieving ABVP certification. We have several ABVP Diplomates here to answer your questions. But first, we have a few questions. These are open-ended – just type in your response and hit send.

Are you in the process of applying to ABVP or are you just curious about it and want more information?
If you are applying, do you have your cases picked out yet?

VIN Member: Yes and yes
VIN Member: Yes and not yet
VIN Member: Curious, may apply next year
VIN Member: Planning on applying and yes, have cases

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VIN Member: In the process - working on one case; need another
VIN Member: I have 2 hopeful cases, and want to apply in the fall
VIN Member: Just curious
VIN Member: Exam this November - finally!
VIN Member: Yes and working on my third case
VIN Member: Applying, yes
VIN Member: Working on cases
VIN Member: Yes and no

Kimberlee Buck: We've included two cases for you to look at. Case 1, "Acute Renal Failure Associated with Trauma and Meloxicam Overdose in a Cat", passed. Case 2, "Acute Upper Gastrointestinal Hemorrhage and Syncope Associated with Benign Gastric and Duodenal Polyps in a Cat," failed. I've included the pertinent parts of the Form 3 the applicant received on that case. We'll refer to those cases as we go along.

OK, let's start with some tips on case selection. The case reports are a means for you to showcase your professional expertise and ability to use medical principles in diagnosis and treatment. Here are some points to consider as you choose two cases to submit:

Showcase your own expertise. Referral and consultation with specialists is an important part of practice and will in no way adversely affect the report's evaluation. However, the report must demonstrate more than an ability to refer and follow the direction provided by others. There should be aspects of the case management that demonstrate your own ability to recognize and manage medical or surgical problems, and to interpret clinical findings. If you are personally adept at some advanced diagnostic or therapeutic modality, then choosing a case in which you apply those skills can strengthen the Case Report.

What we mean here is that we don't want to see "gate-keeper" cases where you simply send the case from specialist to specialist. We want to see YOUR work and YOUR decision-making ability.

Avoid excessively complex cases: The ideal case should be challenging enough to demonstrate a high level of clinical acumen and a thorough, thoughtful approach to the evaluation and intervention. However, a case in which numerous complex and interacting diseases and/or complications come into play may be difficult to present in a thorough manner. A more focused problem lends itself to a clear and concise literature review and discussion. The example case of hemorrhage and syncope in a cat with gastric polyps fell into this category. There was just too much going on to make this a good case. The renal failure case is much more focused.

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Choose a case that has significant supportive documentation for your diagnosis and therapy. A diagnosis based on a "best guess" of the data obtained is likely to be critiqued by reviewers. A diagnosis by exclusion is appropriate if that is the standard of care for the problem and all the exclusionary diagnostics have been reasonably addressed. In all cases, documentation should be provided in the form of photos, ECG's, tables, etc. as outlined in the Applicant Handbook.

Pick a case where you followed standard of care as outlined in the literature. While all of us make diagnoses every day based on what seems "most likely," those cases don't make good case reports. In the renal failure case, the BUN of 229 with isosthenuria is pretty unambiguous.

Avoid cases in which financial constraints or lack of owner cooperation led to serious deficiencies in the case management. Reasonable limitations based on financial or other practical considerations are acceptable, but they should not compromise a thorough investigation and intervention. For instance, if a definitive diagnosis required histopathology, which the owner declined to submit, then that would not be a suitable case to report. I know in the current economic climate that this can be difficult. You may need to subsidize some of the testing or care.

Plan ahead. Most people can think of cases that might be suitable to submit but are lacking in some detail. The radiographs were of poor quality and weren't repeated; an important diagnostic test was omitted for financial reasons; there was poor follow up in monitoring the treatment. If you are thinking of submitting a Case Report, think prospectively. When a promising case presents to you, be prepared to offer some financial subsidy if necessary, be sure to document your findings and be thorough in your management. Many people dedicate part of their CE dollars to funding the "extras" that are needed to make a good case report.

We cannot emphasize enough that you need to start early. Writing a good case report cannot be done in a weekend. Often the first couple of cases you choose turn out to have a fatal flaw in them and you need to start over. Give yourself LOTS of time.

VIN Member: Do you have to purchase full articles for all references that are not in books?

Craig Datz: The abstract alone may not be sufficient. You need to read and understand what's in the reference before using it.

Kimberlee Buck: You need to have read them. Most people find a way to get them through a vet school library.

VIN Member: Is a VIN post okay to use in a case?

Kimberlee Buck: As a personal communication

VIN Member: What about longevity of a case? And if it becomes chronic management, how much should be included in the case report?

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Craig Datz: Follow up is important. If you don't know the final outcome of a case, it's not appropriate. An ongoing management case might be okay, like Cushing's or diabetes.

VIN Member: How would you best deal with a minor problem that occurred during your treatment of a particular case? For instance, while treating a condition with corticosteroids, the cat develops corneal ulcers. How much detail regarding steroid-induced corneal ulceration would you need to go into?

 Kimberlee Buck: You need to discuss all relevant issues.

Now let's look at the most common reasons papers fail.

Not following directions.
The Applicant Handbook provides very specific instructions regarding the organization, presentation and formatting of the Case Report. This is intended to provide a standard framework for fair and consistent evaluation by reviewers. For those accustomed to reading or writing case reports in refereed journals, some aspects of the instructions may seem counter-intuitive. However, the purpose of the Case Report is different from that of a journal. It serves to demonstrate the author's professional abilities rather than add to the veterinary literature. This includes the author's ability to research a veterinary topic, reason through the clinical case, reach a logical conclusion, and discuss/defend the clinical choices. Common errors include failure to provide all laboratory work performed in table form, failure to follow laboratory data reporting instructions, failure to provide supporting documentation (e.g., radiographs, photographs, ECG's) in the manner directed, failure to provide anonymity with radiographs and ultrasound images, and failure to list drugs and dosages according to instructions. Authors should note that the Introduction should be complete but "succinct" and "pertinent" to the case presented, not a rambling review of every permutation about a general subject. The Discussion section should critique or analyze decisions and interpretations, not simply summarize or rehash the Clinical Report section.

Because our requirements regarding formatting differ from those required by refereed journals, discipline-oriented specialists may find the critique of case reports difficult. Please be aware that requirements for the discipline-oriented specialists (ACVS, ACVIM, ACVO, etc) differ and therefore, endorsements by these specialists do not guarantee a successful case report.

This is the most important part. We realize that some things may seem silly and you may feel that your way is better, but you MUST follow the directions in the applicant handbook to the letter. The failed case of hemorrhage and syncope was criticized for the confusing tables. It is best to present your data in a way that is easy to follow. Too much information in one table is difficult to read. The timing of tests is also presented by date. Using the format "Day x" as in the renal failure paper is preferable.

VIN Member: I have a case of Cushing's disease in a diabetic cat. Can I focus just on the diagnosis of Cushing's or do I need to include diabetes also?

Kimberlee Buck: You need to include both.

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VIN Member: I recently saw where the deadline was, I think, the first of September. I am guessing most people need about a year to get things ready to apply? Is this about right?

Kimberlee Buck: At least a year. You can't start now and expect to get two papers written by January.

Poor case selection.
Unacceptable Case Reports are often marked "Not eligible for revision and resubmission." This may be due to "fatal errors" in the case management that fall below the standard of care expected for Diplomate status. Perfection is not a requirement, and the Discussion section provides opportunity for the author to critique or explain aspects of the case. However, if there are fundamental flaws that reflect a poor overall level of understanding or case management, the Case Report is unacceptable. Similarly, if the case presented was not sufficiently challenging to determine whether the applicant's abilities are consistent with Diplomate status, the Case Report is likely to be judged "Unacceptable and not suitable for revision and resubmission." Case economics are another reason Case Reports are often found unacceptable. Failure to perform necessary diagnostics or medical/surgical therapy due to lack of owner finances handicaps the evaluator in assessing the applicant's ability. Cases that showcase your clinical acumen (diagnostics and interpretation) and technical abilities (medical and surgical judgments) are necessary for proper applicant evaluation.

Craig Datza: Just to avoid confusion: application deadline and fees are due September 1, but case reports and the full applicant packet are due January 15. So start looking for cases early in the year (winter and spring) and use summer, fall and part of winter to write them up and get them reviewed.

Kimberlee Buck: Craig is right. You need to give yourselves LOTS of time to get this stuff done.

Grammar, spelling, syntax, punctuation
Case Reports reflect not only your professional expertise, but also your ability to communicate medical information in a professional manner. Reports are expected to be of technical quality consistent with a final draft of a paper being accepted for publication. Be sure you use the spelling and grammar check provided by most word processing programs. Read your paper carefully and slowly looking for errors. If your writing skills are not strong, or if English is not your first language, enlist the help of someone with sound literary skills to review organization, sentence structure, and clarity of the ideas presented.

Every year cases fail due to spelling and grammar only. Have someone proofread your papers for you. We all get in the habit of writing records in sentence fragments, using lots of abbreviations. Your case reports need to be in standard, high-school English.

Failure to use scientific writing style
The writing style should reflect that used in a refereed journal. Use of first person narrative (e.g. "When I first examined the patient"), use of patient or owner's names, (e.g. "Fluffy improved quickly"), and over-dramatization of conclusions (e.g. "The owner was saved from a heartbreaking loss") are examples of inappropriate style.

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Poor literature review
The introduction should provide a current and relevant review of the scientific literature. Some textbooks may be referenced, but where possible the primary literature sources should be used. Older references are often appropriate to laying groundwork, but the author is expected to include the most current information available. Introductions can be quite lengthy, but it is necessary to include a THOROUGH review of the subject. This is one reason excessively complex cases are hard to write up. It is also important to pick a case where there is enough published information to allow you to write a good introduction. The example case we have included, "Acute Upper Gastrointestinal Hemorrhage and Syncope Associated with Benign Gastric and Duodenal Polyps in a Cat," failed in part because there just wasn’t enough literature available to write a proper introduction.

VIN Member: Does the owner need to be informed you are writing a case about their pet?

Kimberlee Buck: I would, just as a courtesy. You should not use any names in the paper, though.

VIN Member: How does the vet blank out identifying info on a digital radiograph?

Kimberlee Buck: Some people use a Sharpie and color it out on the page, some crop the image.

VIN Member: What if there is not a lot of literature for your topic, but it is an interesting case that you have managed well? Do you focus on the secondary issues? My case is a cat with renal failure and chronic cholangiohepatitis and perinephric pseudocysts.

Craig Datz: If there’s no literature, you might be in trouble. Reviewers need to be able to follow your case and how you support it with references. The trouble with "zebra" cases is that the reviewers may not agree with your diagnosis and management - because they themselves probably don’t have any experience with it.

VIN Member: How detailed an introduction is ideal? Common presentation/pathophysiology/therapy....

Kimberlee Buck: The instructions are in the handbook. Be sure you have all of the elements listed.

VIN Member: How do you reference or acknowledge labs, pathologists who helped out etc. and still keep it anonymous?

Craig Datz: No names. You can say "slides were reviewed by a board-certified pathologist" or "radiographs were submitted to a radiology service" or something like that.

VIN Member: Are radiographs and ultrasound images printed on paper to submit?

Kimberlee Buck: Yes, as of now you submit paper. We are working on on-line submission, but that is in the future a ways.

Failure to Include required criteria.

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The instructions in the Applicant Handbook include specific topics to be covered in each section, such as "typical history and presentation" in the introduction. Reviewers are required to consider these particular criteria in their assessments. The Form 1 used by reviewers to assess the Case Report is available online at the ABVP web site. Approach your own Case Report as if you were reviewing it. Print off Form 1 and go through your paper point by point to be sure you haven't left anything out.

VIN Member: What happens if the research is controversial? (i.e., declawing or cat diabetes management.)

Craig Datz: As long as you find peer-reviewed literature (not just personal communications), you'll be fine. Personally, I wouldn't send in a declaw case or ear crop or anything that might have an underlying "issue."

Kimberlee Buck: Address the controversy if there is a lot. I agree with Craig, if it is too hot button, don't use it.

For those of you working on cases, ABVP is committed to helping you succeed. We have on-line study groups set up that you can join at any time. The groups can help you with everything from case selection to exam preparation. To enroll in one, just email me at dogedogne@aol.com.

We'll continue to answer questions on the message boards and any of us would be happy to respond to private emails. Check out our website, www.abvp.com, which has comprehensive information on the application process.

Craig Datz: Anyone currently thinking about cases and want to run them by us?

Kimberlee Buck: That got 'em going. We love to help choose cases.

VIN Member: What about a case of abdominal pain proving to be a torsed liver lobe?

Craig Datz: Sounds pretty good if carefully worked up and diagnosed.

Kimberlee Buck: Case selection is often the hardest part and takes the longest. That's why we emphasize starting early. It is not uncommon to partially write up 3 or 4 cases and not use them.

VIN Member: Maybe a dumb question, but should one case be a cat and one a dog?

Kimberlee Buck: Nope

VIN Member: I have an insulinoma cat whose diagnosis was pretty straightforward, but I would love to use. I've got some great ultrasound pics - and the analysis should be fun.

Craig Datz: If the insulinoma was managed according to current literature, then it might be a good case.

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VIN Member: I have a dog with vestibular disease, diagnosed with hypothyroidism, then got a megaesophagus and diagnosed with myasthenia gravis and is proteinuric as well. I have been managing him for all three issues.

Kimberlee Buck: Probably too many issues; could be hard to write up.

VIN Member: Yes, I have a primary Addison's case in a 1-year-old Chihuahua.

Craig Datz: Addison's is a popular topic. Should be good to go - just make sure you've dotted all the i's and crossed all the t's in terms of diagnosis and management.

Tracey Jensen: I would add that ABVP has many resources available to you - please use them! Run cases by us - we are here to help! While we can't guarantee a passing case, we can definitely help narrow things down. Keep it simple - straight forward, worked up well and followed up. Don't go for 'zebras.'

VIN Member: What if you have a case that you worked up all the way to diagnosis, and say the diagnosis ended up being neoplasia and the owner chose not to pursue treatment. Can you still use this? The reason I ask is because I had a 4.5-year-old FS Australian Shepard with hypercalcemia that I worked up with a variety of tests prior to actually having any lymphadenopathy.

Kimberlee Buck: That may still work. Write up the clinical report part and post it in a study group for us to read further.

VIN Member: This case did NOT go to surgery as many Addison's cases do. In fact there weren't many sidetracks at all. Did have US and x-rays but, as in the insulinoma case mentioned above, not that tortuous a path.

Craig Datz: Well, you want to demonstrate your clinical abilities, so if the insulinoma was easy to diagnose and easy to treat, then probably not a suitable ABVP-style case.

VIN Member: What about juvenile diabetes in a golden puppy? I am guessing this may be a zebra case? However, it is basically a one-disease case.

Kimberlee Buck: Depends. I would need to see more detail.

VIN Member: Which journals should be read regularly to know what are current standards?

Kimberlee Buck: There is a reading list for each species on the website.

VIN Member: So better to have a straightforward case with one issue and you have a poor outcome even if you worked it up properly?

Craig Datz: Outcome isn't that critical to acceptance, although if animal dies or is euthanized, try to get a complete necropsy with all the bells and whistles.

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VIN Member: When I saw the cat (that I later diagnosed with Cushing's), she had already been diagnosed with diabetes but it was unregulated. How much diabetes to cover or review?

Craig Datz: I'd devote 2-3 pages of a lit review to diabetes, then more pages to Cushing's review.

VIN Member: Are there recommendations anywhere as to recommended length (min vs max) for the case report?

Kimberlee Buck: Most are long, 30 to 100 pages. The big thing is to be sure you cover everything listed on Form 1.

Craig Datz: Double-spaced papers, that is, and a lot of the pages can be tables and illustrations. There are example case reports on our website - www.abvp.com - and check out the two cases we posted tonight. The one that passed is pretty long but not excessive.

Kimberlee Buck: And please, if you haven't already done so, join a study group. They are set up to help you write your reports.

Craig wrote the passing paper, so of course HE doesn't think it was excessive!

VIN Member: Are line drawings & diagrams acceptable if one is artistic?

Kimberlee Buck: Yes

VIN Member: How much do you want written up before I first post on the study group page?

Kimberlee Buck: I would include the important details of the case management. Do NOT waste time on the lit search.

VIN Member: Besides journals, any other reading material to keep us sharp while waiting for cases?

Craig Datz: I would browse common textbooks. Ettinger or another medicine text, for example. And VIN is chock-full of good info.

VIN Member: How about a vomiting dog that is found to have a foreign body?

Kimberlee Buck: May or may not be too straightforward. That is one to write up and post.

Craig Datz: If the case can be managed easily by an ordinary, average veterinarian, then it probably won't be an ABVP-caliber paper. We're looking for the cream of the crop of practitioners.

VIN Member: How current should the textbooks I study be? My Ettinger books are 14 years old. Should I get the most recent edition?

Tracey Jensen: Within the last 5 years would be best.

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Craig Datz: Old, outdated references are one of the reasons papers fail.

VIN Member: How about a DKA case? I hate them and love them at the same time. I still am unsure of the best way to add phosphorous to fluids though.

Kimberlee Buck: If it has some complexity to it, then yes, that may be a good case.

Craig Datz: You’d want to demonstrate in-house lab work capacity for DKA -- lots of monitoring and adjustments to therapy. I think there’s a sliding scale for K Phos somewhere in the literature.

Kimberlee Buck: You’ll note I keep saying 'may.' It is hard to tell from one sentence whether or not a case will work. That is why we started the study groups. You can give us more detail there and we can do a better job of assessing cases.

Kimberlee Buck: Good night and please, do not hesitate to contact any of us if you have more questions.

Moderator: Thanks to everyone for a great discussion! I've started a message board thread for any followup questions and comments. Good luck on earning your ABVP certifications!

Craig Datz: Glad a lot of you came tonight!