

Guidelines for the preparation of three Case Summaries and short essay.

Introduction

As part of the requirements to qualify to take the ECVCP examinations candidates are asked to prepare and submit 3 case summaries which demonstrate the candidates' ability to handle and report on clinical pathology cases at a specialist level using a problem oriented approach. One case in each of haematology, clinical chemistry and cytology should be selected and at least 2 species should be covered. One short essay type report on a topic /problem in general clinical pathology is also required.

Candidates are encouraged to consult their adviser on the selection of case summaries. Reading examples of case reports provided on the ECVCP website or JVCP 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 clinical pathology 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 and interprets laboratory and clinical findings. (i.e. their 'method'). In contrast case summaries submitted for journals are primarily concerned with the information presented on the case (the 'results').

A pdf-format is sent by email to the secretariat and will be distributed to the Examination committee chair to be distributed to the graders.

Presentation

Case summaries should be written, double-spaced in a word document, and should be illustrated by tables, diagrams, photographic prints / micrographs, ultrasound scans and radiographs where appropriate. They must be presented in English, reported in a structured way and of a standard format set out below and submitted electronically in PDF format.

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

At least 1 of 3 cases should be from large animals.

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

As far as possible sourcing details of the clinical work shall be the responsibility of the candidate, and where assistance has been given this should be noted in a foot note statement at the end of the case.

The following cases usually represent poor case selections:

- Cases where the diagnosis is speculative, either because of financial or technical constraints
- Cases which are too easy (too little to assess, interpret or monitor) or too complex (remember the word count!)
- Cases where the candidate was not primarily involved.

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 outline only
- Follow-up brief report
- 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 three case summaries and essay should not exceed 7500 words. If this is not complied with, candidates run the risk of 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, and 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.

Problem list

The problem list must summarise all the clinical abnormalities identified from the history and physical examination. Problems that the candidate considers to be insignificant should be clearly identified as such.

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 or explain any test that does not help to reduce this list. In no case should potentially important differentials be ignored in the report. The results of all diagnostic tests should be provided. Even when the results of diagnostic tests are within the reference interval, actual values should be provided, rather than simply stating the "values were within the reference limits". Units should be clearly stated. Metric units must be used and SI units are preferred.

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 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 evaluate the case has been seriously limited then this does not represent good case selection.

Management and treatment

All treatments given must be provided in brief outline. This includes any fluid therapy given. 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 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 and interpretation of laboratory results then such a case represent 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. If tests that would have been ideal were not performed, explain what other tests would have been of value in reaching the diagnosis e.g. immunophenotyping, PCR.

References

High quality references from peer reviewed journals should be cited in the text and at the end. The style of the Journal of Veterinary Clinical Pathology should be used. It is rarely necessary to reference standard text books. A maximum of 10 references is suggested.

Figures

Ensure that each case is self contained and that all figures, tables, photographs, photomicrographs, (cytology histology) instrument cytograms) and copies of radiographs, Ultrasound, MRI, CT scans are included.

Results of diagnostic tests should be included in total with reference intervals for all test results reported.

Short essay

This can be on any topic relevant to clinical pathology practice. It can include pathophysiology of a disease, or disease mechanisms, quality control methods, assay method development, assay validation, new instrument validation for example.

Further Information: Marking of cases

Three reviewers independently assess the cases and essay. They will not be reviewed by a reviewer from the candidate's own laboratory or institution. Two of the three reviewers must give a pass mark for them to be accepted. All three cases and the essay must be accepted BEFORE the candidate's application to sit the examination is approved by the credentials committee.

Guidelines prepared by the ECVCP Education Committee
Chair Ilse Schwendenwein 10 2010.