



## **Case Report Instructions EMSAVM Dermatology**

### **General instructions**

- Case reports, written in prose, must use a problem-oriented approach and include a complete presentation of the case, illustrations where available and a short discussion of the case, including assessment of diagnostic test results, and incorporating relevant current literature and providing references. Candidates must demonstrate a comprehensive understanding of the topic.
- A case report should contain 2000 words +/- 10%, excluding tables, references and an appendix. Case reports longer than 2400 words will automatically be excluded (0 points) or sent back for rewriting.
- The 10 cases must be a mixture of various species, problems and diagnosis, all pertaining to the selected Master's program. Candidates are required to keep a table of previously submitted cases which shall be sent together with each new case report submission. The ESAVS Office will provide an Excel template for the table below:

<b>Case Nr.</b>	<b>Species</b>	<b>Problem/s</b>	<b>Diagnosis</b>
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- Candidates are advised to submit cases shortly after beginning and throughout the programme. They should not submit all cases at the end of the programme.
- ESAVS cannot guarantee the evaluation of more than 3 case reports per semester. To ensure an evaluation in a specific semester, reports should be submitted no later than 8 weeks prior to the end of the semester (please see "Important dates" on the ESAVS website).

Cases should be set out under the following headings:

- Title
- Signalement
- Case History and Physical Examination
- Case Assessment. This should include a complete problem list, differential diagnosis with likelihood of what is possible for the case, tests performed and interpretation of these in relation to the case – do not use bullet points but write in prose
- Diagnosis
- Treatment. Including drugs used and exact dosages, and adequate follow up
- Discussion. Evaluation of the case in relation to current literature (no repetition of the literature but a discussion of how the case fits or does not fit with what is known)
- References
- Appendix. This will include laboratory results and diagnostic imaging pictures, together with interpretation (the examination board member reserves the right to see the original results (laboratory, diagnostic imaging) of selected cases)

Each case report is viewed by one member of the Examination Board and graded on a 0-20 scale (<10 = fail, 10-11,9 = sufficient, 12-13,9 = fair, 14-15,9 = good, 16-17,9 = very good, 18-20 = excellent).

The grades of the individual case reports are averaged to obtain one single grade. When this average grade is below 10, candidates are requested to resubmit revised versions of the failed case reports or new cases.



## **Evaluation of a case report**

### **Step 1: Is the case report acceptable?**

Is the case described in the report suitable at all? Reasons to reject a case are:

- A case is too simple (e.g. a case of flea infestation)
- Lack of adequate up-to-date clinical tests to arrive at a diagnosis (or at least a presumptive diagnosis). The case could be resubmitted if lacking information could be retrieved.
- The animal's life was endangered by excessive/unnecessary diagnostic tests or treatments (including surgery). Such a case cannot be resubmitted.
- A case that does not deal with cutaneous disease
- Inadequate follow-up of case (e.g. diagnosis reached after euthanasia with no follow-up available)
- Multiple cases all with same problems or diagnosis (e.g. all allergies)
- Cases not seen during the period that the student is enrolled in the master's programme or where the enrolled student is not the primary responsible clinician.
- More than 2400 words.

If a case is rejected the case report is assigned 0 points. The reason will be stated in the evaluation.

### **Step 2: Grading of the accepted case report**

#### **The case report will be evaluated based on a check sheet**

An accepted case starts with the maximum of 20 points. 10 points are minimally required as a passing grade.

The check sheet (see below) contains a list of 12 potential inadequacies. For each one the examiner can deduct a number of points. At the end a total number of points are given.

Recommendations for the candidate to avoid deduction of points:

- Make sure the history is sufficient (this may include breeding, environment, diet, owners' lesions, other pets etc.)
- Give all details of the physical exam (including other body systems as well as the skin)
- Reported tests need to be relevant for the animal and interpretation needs to be concise and also relevant.
- Do not just give a list of all potential differentials, but explain why a differential might be more or less likely. Explain why you rule-out some differentials.
- Discuss your case – do not just repeat text book knowledge. If something has not been done or is abnormal and does not fit, try to explain this with pertinent literature.
- Show all results – lack of appropriate tests generally lead to points deducted.
- Treatment must be correct for the animal species and the stage of case workup – e.g. avoid: using an unregistered drug when a registered alternative is available or starting with an antibiotic when there is no evidence of infection
- Give information about outcome and therapy. Be specific.



## Evaluation Check Sheet of a Case Report / Dermatology

<b>Inadequacies</b>	<b>Points deducted</b>
<i>Incomplete signalment, history and physical examination</i>	
<i>Incomplete problem list</i>	
<i>Inadequate differentials/assessment for the problem list – the candidate should tailor the differentials to this case and not list every possible differential for each problem</i>	
<i>Inadequate and/ or inappropriate tests (too few or too many)</i>	
<i>Inadequate assessment of test results (available results must be assessed for the submitted case)</i>	
<i>Diagnostic tests not adequately presented (images should be provided where appropriate but cytology and histopathology images are not essentials)</i>	
<i>Incorrect or unjustified diagnosis</i>	
<i>Inadequate or inappropriate therapeutic management including generic drug names and dosages</i>	
<i>Inadequate follow-up for the case report to be meaningful</i>	
<i>Discussion not pertaining to submitted case, not adequately referenced</i>	
<i>Language and word count inadequate</i>	
<i>Other problems not covered above</i>	
<b>TOTAL</b>	
<b>GRADE ( = 20 – total deducted points)</b>	