



Case Report Instructions EMSAVM Internal Medicine

General instructions

- Case reports, written in prose, must be in a problem-oriented approach and include a complete presentation of the case, illustrations where available and a short discussion of the case with the current literature with references. You must demonstrate a comprehensive understanding of the topic with assessing all obtained diagnostic test results.
- A case report should contain 2000 words +/- 10%, excluding tables, references and appendix. Case reports > 2400 words will automatically be denied (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. Master students are required to keep a table of the already submitted cases which shall be send with each new case report submission. The ESAVS Office will provide an Excel template for the table below:

Case Nr.	Species	Problem/s	Diagnosis
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- Master students are advised to submit cases shortly after beginning and throughout the program and not all cases at the end of the program.
- 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 semester end (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 including 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 (drugs need exact dosages) and adequate follow up
- Discussion of case in relation to current literature (no repetition of literature but a discussion why the case fits or does not fit what is known)
- References
- Appendix with laboratory results and diagnostic imaging pictures including 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, 10-12 = sufficient, 13-14 = fair, 15-16 = good, 17-18 = very good, 19-20 = 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 dog with tetanus)
- Lack of adequate state of the art clinical tests to arrive at a diagnosis (or at least a presumptive diagnosis). The case could be resubmitted when the lacking information can 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 falls not within the specified master program (e.g. a pure cardiology case or a pure gynecology case for the internal medicine master)
- Most diagnostic tests and interpretation are done by referring veterinarian
- 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. many cases with vomiting and diarrhea in the internal medicine master program)
- Cases not seen during the enrollment in the program of the master student or where the master 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

The case report is 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:

- History not sufficient (in an animal with PUPD, be sure to ask about amount of water that has been drunk; in an animal with vomiting or diarrhea, give information about details of these signs as well as the diet, etc.).
- Give all details of the physical exam (report that rectal exam was done and normal in an animal with hypercalcaemia, etc.)
- 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 – missing graphics generally lead to points deducted.
- Treatment must be correct for the dog or cat – e.g. starting with an antibiotic in a dog with acute diarrhea will give a huge deduction if there is no reason to give this drug (left shift, hypothermia, etc.).
- Give information about outcome and therapy. Be specific.



Evaluation Check Sheet of a Case Report / Internal Medicine

	Points deducted
<i>Incomplete signalment, history and physical examination</i>	
<i>Incomplete problem list</i>	
<i>Inadequate differentials/assessment for the problem list – e.g. if a 2 years old cat has lethargy, anorexia, PU/PD and weight loss as problems, the candidate should tailor the differentials to this cat 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 graphically presented (radiographs, ECG, endoscopy, etc must be shown in adequate quality and size)</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>	
TOTAL	
GRADE (= 20 – total deducted points)	

There is no “perfect” case and thus the subsequent examples of cases should be viewed more as how to present your case. If you have questions, please ask them during one of the courses early on – the course masters are ready and willing to help.