

# **Case Report Format**

The purpose of case reports is to demonstrate:

- The resident has been working in veterinary nutrition
- The resident has experience in the application of accepted nutritional principles in the diagnosis, treatment and prevention of animal disease
- The resident's ability to communicate nutritionally related observations and data to colleagues in a clear and organized manner

## **CASE REPORT GUIDELINES:**

Avoid overly complex or extremely straightforward diagnoses or therapies. Case reports should emphasize on diet/nutrition and less on medical/surgical aspects of the case.

The three submitted case reports should be distinctive (so should address 3 different topics). Companion animal case reports should be based on a relevant clinical case of an individual client-owned animal or a case series. Large animal and equine case reports should also be based on a relevant clinical case of either an individually owned animal or a herd. Case reports should not involve animals included in a research program.

Case reports are counted for as published only when they are published in a peer-reviewed journal or conference proceedings (as poster or oral presentation).

The report should include complete and appropriate diagnostic workups and dietary, medical and/or surgical managements. The manuscript should reflect your veterinary expertise, demonstrate your ability to use medical and nutritional principles in the diagnosis and treatment of animals, and display your ability to communicate medical and nutritional observations and data in an organized manner. Case reports which make a contribution to or support the existing literature are encouraged.

The resident should have been involved in the treatment of the patient and primarily responsible for all text in the case report. The reports must reflect the resident's thoughts and writing, not a consensus of opinions.

### WRITING:

The case report must be prepared and submitted in English as a word document with 12 pt. Times New Roman font, letter-sized pages, 1.5 spacing with 2.5 cm margins all around. The case report should be limited to 8 pages of text not including tables, figures, and references.

**Title:** The title should be succinct and relevant to the case report subject. The resident must be the sole author.

**Introduction:** The introduction should state the purpose of the case report, a brief review of the problem and a summary of the pertinent and current literature. This section should not exceed one typed page.

Clinical Report: The body of the case report should include a medical and dietary history, physical findings (including body weight, body condition score, muscle condition score, skin and coat evaluation, etc.) as relevant for the patient, relevant nutrient and caloric calculations, diagnostic methods and results (e.g. laboratory and radiological findings), differential diagnoses, medical and dietary treatment and results, necropsy findings (when appropriate), final diagnoses and outcome of the case.

**Discussion:** The discussion involves a critical evaluation substantiated with scientific evidence of the clinical report, including views on the problem(s) that was/were identified and the nutritional management of the problem(s). It should contain a summary of the etiopathogenesis of nutritional problems. This is different from the clinical report, in which clinical findings are objective. No new information should be added in the discussion.

**Conclusion:** In 150 words or less, the author should draw conclusions from their findings and suggest future directions (if applicable). Please do not over-interpret the case/results, be concise.

**References:** References should be listed in alphabetical order. In the text, references should be included as (Author(s), year of publication).

## **SUBMISSION:**

Case reports and supporting illustrations should be submitted using Microsoft Word 98 or higher. All tabular data should be on a separate sheet with an appropriate legend. All images should be submitted in a JPEG format accompanied with the appropriate legend corresponding with the case report. Supporting illustrations (e.g. radiographs, photographs, electrocardiograms, line drawings, etc.) must be submitted in high quality computer-generated graphics.

These case reports should then be integrated in the full exam application pdf file.

### **EVALUATION:**

All case reports will be evaluated by each member of the ECVCN Credentials Committee and scored on a numerical scale 0-100 using a rubric ("ECVCN Case Report Grading Form") to assess written communication skills, medical and nutrition knowledge. The average scores from the individual members of the ECVCN Credentials Committee must be greater than 60 for a case report to be considered acceptable. If the case report does not meet the instructions stated above, the case report will be rejected. Major errors on nutritional assessment and management are of bigger concern compared to other aspects of the case.

Major errors that will cost 10 points or more are:

- Failure to assess all relevant nutritional problems
- Inappropriate diagnostic procedures
- Nutritional management was inappropriately delayed or withheld or was detrimental to the patient/herd
- Failure to explain or justify selected feeding regimen
- Inappropriate monitoring and follow up
- Failure to explain why the optimal plan wasn't followed
- Failure to give insight of the etiopathogenesis of nutritional problems

Minor errors that will cost less than 10 points are:

- Failure to assess all clinical and laboratory problems
- Incomplete, incorrect or inappropriate list of differential diagnoses
- Performance of unnecessary diagnostic tests
- Failure to mention additional diagnostic or therapeutic procedures that would be beneficial
- Superficial or outdated understanding of pathophysiology

All participants will be notified by email of the results no later than the time point stated in the policy and procedures which can be found on our website <a href="https://www.esvcn.eu">www.esvcn.eu</a>. The chair of the ECVCN Credentials Committee will notify the resident of the findings of the committee and provides feedback in case of rejection of the case report