



Case Report Instructions

Instructions for Preparation and Evaluation of Case Reports

For ACVN Certification

The purpose of case reports is to demonstrate:

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

1. Selection of cases

- a. Cases must demonstrate competency in veterinary nutrition. Avoid overly complex cases or extremely straightforward diagnoses or therapies. The reports are not intended to demonstrate the applicant's ability to review scientific literature or to do laboratory research, even if it has direct application to veterinary nutrition. These reports should emphasize the dietary and nutritional, and less the medical and surgical, aspects of a clinical case.
- b. Cases selected should reflect the species track that the candidate has elected for examination. Applicants electing to be examined in the comparative track should include at least one small animal and at least one large animal case.
- c. Cases selected must demonstrate the applicant's ability to manage at least three different problems requiring nutritional intervention in individual animals, herds or animal populations. For example, a case of selenium deficiency cardiomyopathy in lambs and another in pigs would not be acceptable. Likewise, two parenteral nutrition cases in which the rationale and application of PN were similar also would not be acceptable, even if they were in different species with different diseases. The nutritional components of the cases must demonstrate the applicant's thoroughness, logic and accuracy in nutritional assessment, intervention, follow-up and monitoring of the case.
- d. The nutritional aspects of the case reports must reflect the work of the applicant. The reports must reflect the applicant's thoughts and writing, not a consensus of opinions. Although a Diplomate may advise an applicant about the suitability of a given case, once the applicant begins to write the case report, no one is allowed to help him/her or edit the report. The applicant is expected to be primarily responsible for nutritional management of the case, while other responsibilities for the case may remain with another veterinarian or veterinary specialist. It is still expected that the writing of the case report will be original and entirely that of the candidate's. The applicant is expected to have an understanding of all aspects of the case, and should clearly point out those case decisions that were made by another veterinarian. Previously published case reports cannot be used to fulfill this requirement.

2. Style and format of case reports:

- a. The case reports must be written in a narrative style, with attention given to editorial detail as if they were to be submitted for publication. Grammar and spelling should be flawless.
 - b. Reports must have line spacing of 1.5 using Times New Roman font size 12, margins of one inch at top, bottom and sides, and be limited to six pages of single sided text, excluding title page, tables, references and appendix material. The total number of text pages must not exceed 12 (excluding the title page) and all pages must be numbered in the upper right hand corner. Case reports must be submitted electronically as PDF files. **Reports not meeting these criteria will not be evaluated further.**
 - c. The case report must be constructed so that major emphasis is given to rationale and justification for diagnostic and therapeutic nutritional procedures. The narrative must be succinct, but give adequate consideration of differential diagnoses, alternative courses of investigation and therapy, and justification for those courses of action selected.
 - d. Citations and footnotes are encouraged, especially in controversial areas of case management. If used, they must conform to the guidelines of the Journal of the American Veterinary Medical Association.
 - e. Care must be taken to keep the reports anonymous. This means names of persons, animals, clinics or case numbers and any other identifying marks on laboratory reports and other supporting material must be removed. Pertinent laboratory data [including laboratory normal reference values], diets, radiology reports, ECGs, etc, should comprise the tabular and appendix material. This information must be clearly identified by number, referenced and assessed in the report itself. Photos are not necessary unless essential to make a particular point. Each report must have a title page that includes the case report title and a two to four sentence summary. No other identifying marks are allowed.
3. Applicants should consider the following guidelines regarding the information to be included in case reports:
- a. Assessment of the animal(s).
 - i. Describe:
 1. Signalment including herd status, if applicable
 2. Pertinent history, including diet/food/ration and changes in body weight (BW) and body condition score (BCS).
 3. Clinical signs
 4. Physical exam findings including current BW and assessment of BCS as well as muscle condition
 5. Laboratory and other clinical test results which are pertinent to the nutritional management
 - ii. Discuss:
 1. Diagnosis/rule outs
 2. Summarize etiopathogenesis of nutritional problems
 3. Specific risk factors for this case or nutritional implications of disease or injury where applicable
 4. Assessment of nutrient intakes, especially nutrients of unique or special concern
 5. Other pertinent dietary factors for the case
 - b. Assessment of current nutriture

- i. Describe and discuss appropriateness of current diet/ration and intake
 - ii. Describe and discuss appropriateness of current feeding method
- c. Nutritional Recommendations. Describe and justify nutritional and (or) dietary recommendations including, when appropriate:
 - i. Nutritional products, diets, foods, feeds or rations
 - ii. Feeding method
 - iii. Expected outcome
 - iv. Concurrent medical or surgical therapies and nutritional implications
 - v. Recommended follow-up
 - vi. Prognosis with regard to nutritional recommendations
- d. Reassessment/Outcome/Follow-up. Explain how reassessment data do/do not support nutritional recommendations including, when appropriate:
 - i. Clinical signs
 - ii. Physical exam findings including BW and BCS
 - iii. Production data
 - iv. Laboratory and other clinical test results
 - v. Justify any additional modifications to nutritional recommendations
- e. Consider using the following to fully describe and discuss aspects of the case:
 - i. Nutrient profiles of products, diets, foods, feedstuffs and (or) rations
 - ii. Literature citations
 - iii. Ingredients/feedstuff
 - iv. Changes in clinical signs (subjective, objective)
 - v. Changes in clinical data
 - vi. Hospital and (or) home, farm feeding limitations
 - vii. Financial constraints and final cost
 - viii. Oral, tube and (or) parenteral feeding methods
 - ix. Feed/ration delivery systems
 - x. Computer ration balancing programs and (or) nutrient analyses
 - xi. Production, performance and/or economic benefit of the recommendations
- 4. Evaluation of case reports:
 - a. All case reports will be evaluated in blinded fashion by each member of the Credentials Committee and scored on a numerical scale of 0 to 10.
 - b. The average of scores from the individual members of the Credentials Committee must be greater than 6.00 for a case report to be considered acceptable.
 - c. Case Selection- If the majority of the reviewers agree that the case report does not fulfill the criteria described in Section 1 the report will be unacceptable.
 - d. Case reports containing major procedural errors (exceeding page limit, incorrect font/margins/line spacing, failure to maintain anonymity) will be automatically rejected without being sent out to the Credentials Committee for review.

--Points will be subtracted from the maximum individual case report score of 10 for the following reasons: Style and format errors – Failure to follow the style and format requirements, as identified in Section 2 of this document, will result in the deduction of one point per error, up to a maximum of four points.

--Language errors – Reports with misspellings, clumsy syntax, or serious errors of grammar may lose from 0.25 to 3 points.

--Major errors – Candidates are expected to show skill in veterinary medicine as well as nutrition. Therefore, errors of case management, whether or not the applicant was responsible, should be identified and explained. The greatest emphasis, however, will be placed on nutritional skills, thus errors in nutritional management will be taken more seriously than some other errors. Major

errors include errors in assessment and diagnostic or therapeutic plans that were potentially, or actually, detrimental to the patient/herd or that delayed or obscured the correct diagnosis or therapy. From one to six points may be deducted for the following errors:

1. Failure to assess all relevant nutritional problems.
2. Inappropriate diagnostic procedures to assess all nutritional problems or erroneous assessment of data in that an incorrect diagnosis was made or a significant problem was overlooked or dismissed.
3. Nutritional management that was inappropriately delayed or withheld or was detrimental to the patient.
4. Failure to explain or justify selected feeding regimen.
5. Inappropriate monitoring of the patient's or herd's nutritional problems and/or response to management.
6. Failure to explain why the optimal diagnostic/therapeutic plan was not followed.
7. Failure to demonstrate understanding or appreciation for the pathophysiology of major nutritional problems.
8. Problems/complications arising from diagnostic or therapeutic procedures or the progression of disease were not anticipated when they were predictable.
9. Failure to assess and/or appropriately modify diagnostic or therapeutic procedures when problems/complications arise.
10. Failure to report follow-up results, or to give an acceptable reason (death, noncompliance, etc) as to why results were not obtained.
11. Failure to distinguish which aspects of the case were the direct responsibility of the candidate versus another clinician.

--Minor errors - From 0.25 to 1 point could be deducted. Minor errors are inadequacies that are noteworthy but not crucial to the total management of the patient. These could be major errors depending on the significance of the problem. These include but are not limited to:

1. Failure to assess all clinical and laboratory problems.
2. Incomplete, incorrect or inappropriate list of differential diagnoses.
3. Performance of tests that were not indicated but that did not harm the patient. Indiscriminate or premature ordering of tests.
4. Failure to mention diagnostic or therapeutic procedures that would have been helpful but were not absolutely necessary.
5. Superficial or outdated understanding of pathophysiology.

--Each reviewer will record his/her evaluation, indicating the number of points deducted and the reasons for the deductions. The Chair of the Credentials Committee will send a written summary of each case report to the candidate providing feedback on the passage or failure of the case.