

# Guidelines to prepare Case Reports for the application to attend the ECPHM Examination

## **THREE CASE REPORTS must be submitted as part of the application to sit the qualifying Examination**

The underlined specifications listed below must be strictly adhered to. Non-compliance will lead to rejection of the credentials.

The three clinical Case Reports should represent three (3) different topics in the field of swine health and production with three different approaches and outcomes. Individual and population cases are acceptable in all practice categories. Cases presented in the reports for the certifying Examination need to be handled by the Resident in person during the Residency. The clinical Case Reports must include complete and appropriate diagnostic workups and medical and/or surgical managements. Case Reports represent your ability to communicate medical observations and data in an organized and appropriate manner. Errors in spelling or syntax, or failure to follow the Case Report guidelines, reflect poorly on your professionalism and will adversely affect the evaluation. Previously published cases may be submitted if worked on during the residency; However, since these previously published cases were usually not written according to the format and style outlined herein, they must be re-written in the format and style described in this guideline. Moreover, the part of reflection at the end of the report needs to be added (as this is usually not a part in published case reports). Publication of cases (even in refereed journals) does not necessarily imply that the organization and content of the case work will be found acceptable by the Credentials Committee. Published cases can either be re-written and submitted as clinical Case Reports (in total three clinical Case Reports are needed), or as peer-reviewed porcine herd health management paper (in total two peer-reviewed publications are required as part of the Credentials to apply to sit the certifying Examination). It is not possible to use the same material twice, meaning the same clinical case cannot be used in a Case Report prepared for the certifying examination and in a peer-reviewed publication submitted as part of the Credentials.

Case Reports should allow the Credentials Committee to evaluate an applicant's ability to recognize problems, formulate differential diagnoses, and develop and implement appropriate diagnostic, therapeutic or preventive plans. Case Reports that are original research or only a literature review of a topic are unacceptable.

The format and layout specifications listed below must be strictly adhered to. Deficiencies in the underlined format and layout specifications will result in the obligation to resubmit the credentials with renewed payment of the credentials evaluation fee.

### Layout

Case Reports must not exceed 3000 words each (word count excluding Title, Summary, Acknowledgement and list of References, but including Tables, Figures, and Headlines of sections), must be in English and must include, in the following order:

1. *Title*

2. *Summary*

Provides an interpretative summary of the Case Report. Do not exceed 150 words!

3. *Introduction*

Do not exceed 500 words! States the purpose of the report, a brief review of the problem, and a literature review that is pertinent and covers the breadth of current knowledge regarding the problem. This should include pathophysiology, typical history and presentation, important differentials, diagnostic approach, treatment options and mechanisms of action where appropriate, prognosis, and any other pertinent information about the topic.

4. *Clinical Report*

Includes the anamnesis, physical findings, diagnostic methods and results (e.g., laboratory findings), differential diagnoses, treatment and results, necropsy findings (when appropriate), final diagnoses, and outcome of case(s). All laboratory work performed must be reported in table form, including normal range values. Specialists who aided in the case should be acknowledged but not named. Indicate whether laboratory work was performed in-house or out-sourced.

5. *Discussion*

Consists of the author's subjective critique of the clinical report and management of the problem. This is different from the clinical report, in which the clinical findings are objective. No new information should be added in the Discussion. Explanations of the deficits in case management are presented here and, when necessary, justifications for choices made that differ from management suggested in the literature review.

6. *Word count*

Provide word counts separately for

- Summary
- Introduction
- Clinical report
- Discussion
- TOTAL (without summary)

7. *Acknowledgements*

8. *References*

**Format**

**In regard to references, it must be taken into consideration that:**

1. All publications cited in the text must be presented in the reference list that follows the text of the manuscript. The manuscript should be carefully checked to ensure that the spelling of author's names and dates are exactly the same in the text as in the reference list.
2. The reference style of the Journal of Porcine Health Management must be used.

**In regard to format and style of the text of case reports, it must be said that:**

1. Case Reports must be double-spaced and each page and lines must be numbered. Black ink should be used throughout.
2. Products and equipment should be identified by chemical or generic names or descriptions. A trade name may be included in a lettered endnote along with name and location (city and state) of the manufacturer, when the product or equipment was essential to the outcome of the case.
3. If the report involved evaluation of efficacy or safety of a pharmaceutical, biologic, or other product, such product must be commercially and legally available.
4. For weights and measures, metric units must be used according to SI-standards (www.bipm.org). Dosages should be expressed entirely in metric units and with specific time intervals, for example, 22 mg / kg q 12 h, not 10 mg / lb BID.
5. Figures (e.g. radiographs, photographs, electrocardiograms, line drawings, etc.) necessary to support important portions of the case are recommended. They should include a scale, where necessary. Figures and tables should be placed on a separate page in the Case Report immediately following the first text reference to the figure or table. On this separate page, they must be accompanied with a self-explaining heading or subscription. Tables should be accompanied with headings and figures with subscriptions. Do not use originals or copies of the medical record(s) or laboratory report(s). This information, if important, should be in the text, tables or figures written by yourself. Videos, when absolutely necessary, may be made available online and linked to the report using a QR-code that can be simply scanned in order to get access to the file.