


# CVPP CASE REPORT GUIDE AND GRADING CRITERIA

Use the following guide to confirm that your CVPP case report meets all requirements. Do not submit your report until each section is complete. Use the checklist to ensure that nothing is omitted. Reviewers evaluate case reports using these same criteria, so following them closely gives you the best chance of acceptance.

Each candidate is required to submit two case reports, each of which must focus on distinctly different types of pain. For example, if one report involves visceral pain, the second report must focus on a different pain source or disease state such as somatic pain. Another example would be one report involving chronic pain, such as osteoarthritis and the second report addressing acute pain such as trauma or surgery. You may contact your CVPP mentor or email [info@ivapm.org](mailto:info@ivapm.org) if you need further clarification.

Objective pain scoring is REQUIRED for all patients cited in the case reports. Patients' pain should be recorded EVERY time the patient is examined and treated. If another clinician or technician was involved in the patient's care and failed to score pain, this must be noted in the case report. Although validated pain scoring systems are recommended, the IVAPM understands that scoring systems have not been validated in all pain conditions or all languages so use the scoring system that is most suitable for your situation. If not validated, include why it was chosen in the discussion. Examples of pain scoring systems are available in the open-access WSAVA Global Pain Council Guidelines (<https://wsava.org/global-guidelines/pain-guidelines/>).

CVPP CASE REPORT CHECKLIST		
Grading Criteria	Points	Check
Format (these are easy points! Just follow these guidelines & include all sections in the report)	10	
Clinical Report & Clinical Outcome (these sections can be combined or separate)	30	
Discussion & Critique of Case Management (these sections can be combined or separate)	50 (discussion 30, critique 20)	
Brief Summary of the Case	5	
References; use JAVMA style) (easy points!) <a href="https://avmajournals.avma.org/page/examples-of-reference-formatting">https://avmajournals.avma.org/page/examples-of-reference-formatting</a>	5	

FORMAT		10 POINTS 
1.	12-point font, Times New Roman, double-spaced, 1-inch all margins	
2.	Application Registration Number (ARN#) must appear in the upper right-hand corner of each page. Page numbers must be placed in the lower right-hand corner of each page.	
3.	Sections within the report must be separate and in the following order: <ul style="list-style-type: none"> <li>• Title page</li> <li>• Introduction</li> <li>• Clinical report &amp; Clinical outcome</li> <li>• Discussion &amp; Critique</li> <li>• Summary</li> <li>• References</li> </ul>	
4.	The reports must be grammatically correct and all words must be spelled correctly (both English and British spelling will be accepted). The case report does not have to be publication-ready but should be very clearly and correctly written and easy for the reviewers to read and understand. You should use an <b>editing and spell-check program</b> such as the one in Word to ensure that you don't miss points in this category.	
5.	Case reports must conform to the correct number of pages allowed for each section: <ul style="list-style-type: none"> <li>• 1 title page</li> <li>• 10 pages for the body of the report, which includes the introduction, clinical report + outcome, discussion + critique, and summary.</li> <li>• 2 pages or less for references</li> <li>• 2 pages or less for appendices</li> <li>• <b>15 TOTAL pages (can be less but not more)</b></li> </ul>	

<h2 style="margin: 0;">CLINICAL REPORT &amp; CLINICAL OUTCOMES</h2>		<span style="font-size: 1.2em; font-weight: bold;">30 POINTS</span>
1.	Describe the patient and the problem: Signalment (age, breed, etc.); A clear, concise and well-outlined history, written in chronological order from patient admission to discharge or last assessment. This should include all objective (data that can be measured, eg joint angle with goniometer) and subjective (data that cannot be measured, eg information on the pet’s behavior) measurements as applicable.	
2.	Provide a statement/diagnosis of the type or types of pain involved such as acute, chronic, visceral, somatic, myofascial, adaptive, maladaptive, neuropathic, etc.	
3.	Lab data must be in table form and submitted as an appendix if included (Lab data is NOT REQUIRED)	
4.	Provide a detailed description of pain management protocols, techniques, and therapeutic modalities utilized. Describe precisely <b>WHAT</b> you did for your patient. All doses of pharmaceuticals must be in mg/kg.	
5.	Provide a subjective and objective response to therapy. <b>The use of an accepted pain scale is required within this section or the case report fails.</b>	
6.	Describe your long-term pain management protocol. If the patient was re-assessed, as in chronic pain cases, pain scoring must be utilized for each assessment. Discuss discharge and follow-up pain management for acute cases and a pain scores if the patient was re-assessed. Pain scores must be utilized unless the problem was completely resolved at recheck. <b>Use the same pain scoring system throughout the entire case report if possible</b> – if not possible, discuss the need to switch systems and the impact that might have had on treatment in the critique section.	

<b>DISCUSSION (30) &amp; CRITIQUE (20) = 50 POINTS</b>	
The Critique is what you would do better next time. Different drugs? More pain scoring? This is not a separate section, but it is a critical part of the Discussion.	
1.	The report must contain a detailed discussion of the <b>pathophysiology</b> of the type(s) of pain experienced by the patient.
2.	Specifically discuss the rationale for all chosen treatments (both pharmacological and physical medicine) as they pertain to the <b>pathophysiology of the type of pain being treated</b> . (This explains <b>WHY</b> you did what you did).  <i>IVAPM recognizes that there are differing circumstances that may limit specific analgesic options. Thus, each applicant is evaluated individually without specific requirements for choices in therapy. The discussion section allows the candidate to review deficiencies in their chosen protocol (We all have them!) and to describe what you would do differently if you could.</i>
3.	Describe the pain scoring system used and why it was chosen. <b>Critique:</b> Discuss the pros and cons of the pain scoring system used (eg, is it validated for the species and for the type of pain?)
4.	<b>Critique:</b> Provide a critical evaluation of patient care, addressing deficiencies and areas of possible improvement (see next section).
5.	Comment on the efficacy of the pain protocol. Specifically discuss potential deficiencies in the treatment plan and whether alternative therapies were considered. If appropriate, include a comment on the type of pain that was present – could there have been undiagnosed pain from other sources that impacted efficacy?
6.	For chronic pain cases, specifically address whether a long-range plan was implemented. For acute pain cases, address whether follow up care was optimal for the patient.
7.	Whether or not the treatment was successful, discuss pain management options that could have been used if they were available to you. Practitioners should have a plan for what could be done better if presented with a similar patient. The plan could include anything from changes in treatment or treatment interval to different ways to communicate with clients. <b>This type of critical thinking should be expected of an applicant for CVPP.</b>

<b>SUMMARY</b>	<b>5 POINTS</b>
<p>Provide a <b>brief</b> summary or 'abstract' of your case report that includes the type of pain, a brief summary of treatments and outcome with one sentence on what could have been improved, if anything. The summary should be not more than 100-300 words. If too long, it could put the case report over the page limit.</p>	

<b>REFERENCES</b>	<b>5 POINTS</b>
<p>Use JAVMA format as the reference format: <a href="https://avmajournals.avma.org/page/examples-of-reference-formatting">https://avmajournals.avma.org/page/examples-of-reference-formatting</a>. Please use correct formatting.</p>	
1.	All non-original information must be referenced.
2.	References should be placed at the end of the manuscript.
3.	References must include page numbers. If the article is only published on-line and has no listed page numbers, manuscript links must be included.

## FATAL FLAWS THAT WILL AUTOMATICALLY FAIL YOUR CASE REPORT

1.	Cases that do not utilize some form of a pain scale to evaluate pain will <b>fail</b> . If you were not present when the patient was admitted and a pain score was not performed, discuss this as a limitation of good patient care and describe the score you would have used.
2.	Failing to follow the case report guidelines will result in failure. <b>Please follow the checklist! Don't miss your chance to be a CVPP because of an incorrectly formatted/written case report!!</b>
3.	<b>Plagiarism will not be tolerated.</b> All non-original material must be referenced correctly. If failed for plagiarism, the case report is not eligible for correction and resubmission and the candidate may not be eligible to reapply. Sample case reports are provided on the IVAPM website. These are SAMPLES ONLY and must NOT be copied. Case reports are your own cases written in your own words.