

Shelter Case Report Grading sheet

| | 4 pts | 3 pts | 2 pts | 1 pt | 0 pts |
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| Title | Title accurately describes the contents of the case report | | Title somewhat describes the contents of the case report | | Title does not accurately describe the contents of the case report |
| Intro/ Literature review | Literature cited is current and high quality. No more than 3 top clinical problems are stated. Includes complete, concise, and thorough description of the pathophysiology, typical history and presentation, differential diagnoses, and diagnostic approach for each clinical problem. Includes complete synopsis of the treatment and management options for the clinical problem or diagnosis, and current recommended therapies/procedures. Expected outcome and prognosis is discussed. Clearly highlights all of the differences & challenges that resulted from managing the case in a shelter environment vs. a client owned animal in a home environment. | Literature cited is mostly current and high quality. No more than 3 top clinical problems are stated. Includes mostly complete, concise, and thorough description of the pathophysiology, typical history and presentation, differential diagnoses, and diagnostic approach for each clinical problem. Includes mostly complete synopsis of the treatment and management options for the clinical problem or diagnosis, and current recommended therapies/procedures. Expected outcome and prognosis is discussed. Highlights most of the differences & challenges that resulted from managing the case in a shelter environment vs. a client owned animal in a typical home environment. 1-2 significant omissions. | Literature cited is somewhat current and high quality. There may be more than 3 top clinical problems stated. Includes somewhat complete, concise, and thorough description of the pathophysiology, typical history and presentation, differential diagnoses, and diagnostic approach for each clinical problem. Includes somewhat complete synopsis of the treatment and management options for the clinical problem or diagnosis, and current recommended therapies/procedures. Expected outcome and prognosis may not be discussed fully. Highlights some, but not all of the differences & challenges that resulted from managing the case in a shelter environment vs. a client owned animal in a typical home environment. More than 2 significant omissions. | Literature cited is not current or high quality. More than 3 top clinical problems may be stated. Includes incomplete, inconcise, and less than thorough description of the pathophysiology, typical history and presentation, differential diagnoses, and diagnostic approach for each clinical problem. Includes incomplete synopsis of the treatment and management options for the clinical problem or diagnosis, and current recommended therapies/procedures. Expected outcome and prognosis is poorly discussed. Incomplete description of differences & challenges that resulted from managing the case in a shelter environment vs. a client owned animal in a typical home environment. Several significant omissions. | Literature cited is not current or high quality, and is incomplete for the problems discussed. May have more than 3 top clinical problems stated. Does not include complete, concise, and thorough description of the pathophysiology, typical history and presentation, differential diagnoses, and diagnostic approach for each clinical problem. Does not include complete synopsis of the treatment and management options for the clinical problem or diagnosis, and current recommended therapies/procedures. Expected outcome and prognosis is not discussed. Fails to address differences & challenges that resulted from managing the case in a shelter environment vs. a client owned animal in a typical home environment. |

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| Case report | Includes a complete description of the patient or population, the chief complaint, and relevant history, clinical findings and diagnostic findings Includes all relevant procedures, medications, complications, co-morbidities, and justification for deviations from standard procedures. Outcome includes patient or case outcome, results of clinical procedures or medical management, and full follow up of the case. Completely details shelter's intake, housing and population. Author's role in case mgmt is clearly stated and details when they became involved with the case and what factors were outside of their control. For pop'l cases – baseline and follow-up data are fully discussed and displayed tabular form. | Includes a mostly complete description of the patient or population, the chief complaint, and relevant history and clinical findings. 1-2 significant omissions present. Includes most relevant procedures, medications, complications, co-morbidities, and justification for deviations from standard procedures. Outcome includes most of the information for patient or case outcome, results of clinical procedures or medical management, and full follow up of the case. Shelter intake, housing and population info mostly complete. Author's role in case mgmt is mostly stated and details when they became involved with the case and what factors were outside of their control. For pop'l cases – baseline and follow-up data are mostly discussed and presented in tabular form. 1-2 significant omissions present | Includes a somewhat complete description of the patient or population, the chief complaint, and relevant history and clinical findings. More than 2 significant omissions. Includes some relevant procedures, medications, complications, co-morbidities, and justification for deviations from standard procedures. Outcome includes some patient or case outcome, results of clinical procedures or medical management, and full follow up of the case. Somewhat details shelter's intake, housing and population. Author's role in case mgmt is partially stated and partially details when they became involved with the case and what factors were outside of their control. For pop'l cases – baseline and follow-up data are somewhat discussed and partially presented in tabular form. More than 2 significant omissions | Includes minimal description of the patient or population, the chief complaint, and relevant history and clinical findings. Several significant omissions. Includes few relevant procedures, medications, complications, co-morbidities, and justification for deviations from standard procedures. Outcome does not include full patient or case outcome, results of clinical procedures or medical management, and full follow up of the case. Minimally details shelter's intake, housing and population info. Author's role in case mgmt is not clearly stated and does not clearly detail when they became involved with the case or what factors were outside of their control. For pop'l cases – baseline and follow-up data are minimally discussed and minimally presented in tabular form. Several significant omissions. | Does not include description of the patient or population, the chief complaint, and relevant history and clinical findings. Does not include relevant procedures, medications, complications, co-morbidities, or justification for deviations from standard procedures. Outcome does not include patient or case outcome, results of clinical procedures or medical management, or full follow up of the case. Fails to discuss shelter's intake, housing and population info. Fails to discuss author's role in case management and does not address when they became involved with the case or what factors were outside of their control. For pop'l cases – report fails to discuss baseline and follow-up data. |
| Discussion and critique | Complete analysis of all aspects of case mgmt, including behavioral/physical health, quality of life, outcomes and implications for the pop'l & shelter, such as pertinent statistics for pop'l level cases, | Mostly complete analysis of all case mgmt aspects (behavioral/physical health, quality of life, outcomes and implications for the pop'l & shelter, such as pertinent statistics for pop'l level cases, | Partial analysis of case mgmt aspects (behavioral/physical health, quality of life, outcomes and implications for the pop'l & shelter, such as pertinent statistics for pop'l level cases, role of the applicant, | Incomplete analysis of case mgmt aspects (behavioral/physical health, quality of life, outcomes and implications for the pop'l & shelter) with incomplete discussion pop'l level statistics, , role of the applicant, | Fails to address components of case mgmt (behavioral/physical health, quality of life, outcomes and implications for the pop'l & shelter) Fails to present any pertinent statistics for |

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| | role of the applicant, and implications of a similar case being managed in other shelter settings. | role of the applicant, and implications of a similar case being managed in other shelter settings.) 1-2 significant omissions | and implications of a similar case being managed in other shelter settings.) More than 2 significant omissions. | and implications of a similar case being managed in other shelter settings. Several significant omissions present. | pop'l level cases, role of the applicant, and implications of a similar case being managed in other shelter settings. |
| Endnotes | Endnotes are present and properly cited for all appropriate items | | Endnotes are mostly present and properly cited for all appropriate items | | Endnotes are not present and/or are improperly cited for all appropriate items |
| References | References are current, applicable, and comprehensive for all of the problems identified and discussed | Most relevant and current applicable references are cited | References are listed, but more current, applicable, or specific references are available | Includes few relevant references for the topics of discussion | References are inappropriate or incomplete for the topics of discussion |
| Labs | Lab results are labeled, legible, and in chronological order. They appear in order within the body of the paper OR are in a section at the end of the report. | | | | Lab results are not labeled, are illegible, and/or are not in chronological order. Lab results are missing. Lab results appear both in the body of the report as well as being assembled at the end of the report. |
| Overall impression A | This case report demonstrates case management commensurate with an ABVP diplomate level of practice. | | | | This case report does not demonstrate case management commensurate with an ABVP diplomate level of practice. |
| Overall impression B | Demonstrates professional expertise & clinical acumen by: ability to perform a targeted literature search, recognize problems, formulate differential diagnoses, and develop/implement | | | | CR does not illustrate professional expertise and clinical acumen by demonstrating ability to perform a targeted literature search, recognize problems, formulate differential diagnoses, and develop/implement appropriate diagnostic, |

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| | appropriate diagnostic, therapeutic and preventive plans. | | | | therapeutic and preventive plans. |
| | *Any sections marked 0 will fail the paper. | | | | |

Case Report Scoring chart

| Section | Weighted percent | Points awarded (0-4) | Total points (points X section weight) | Total possible points for section |
|---|------------------|--|---|-----------------------------------|
| Title | 5 | | | 20 |
| Literature review | 20 | | | 80 |
| Case report | 30 | | | 120 |
| Discussion and critiques | 25 | | | 100 |
| Endnotes | 5 | | | 20 |
| References | 7.5 | | | 30 |
| Labs/tables | 7.5 | | | 30 |
| Overall impressions A | Yes/No | | Need a YES in this section or entire CR does not pass | |
| Overall impressions B | Yes/No | | Need a YES in this section or entire CR does not pass | |
| Total Word Count does not exceed 19,000 words | Yes/No | | Need a YES in this section or entire CR does not pass | |
| | | *Any sections marked 0 will fail the paper | | 400 |

Requirements for a case report to pass:

- 1) Minimum score of 70% (280 out of 400 points)
- 2) No individually graded section received a score of “0”
- 3) Both overall impressions sections (A & B) received a “Yes”
- 4) Total document word count cannot exceed 19,000 words (does not include references, endnotes or tables)