

17:04:11 Okay. Alright, I'm gonna go ahead and start the recording. Maybe.

17:04:22 Okay, hello everyone and welcome. Thank you so much for coming to the webinar tonight. We are going to be discussing the part 2 application for AMVT.

17:04:36 And I know that you all are anxious to learn about the partner more about the part 2 application given that we have made some changes to how the skills list is broken up and the requirements.

17:04:48 So let's get into it and I will try to remember to stop for questions but please also feel free to put questions in the chat.

17:04:57 Kate and I are both here. Along with some of the directors at large and, we're happy to answer questions in the chat too.

17:05:07 I'll try to keep an eye on it as well. To bring those questions into the presentation. Okay.

17:05:14 Let's see. Here we go. So congratulations, 1st of all, on completing the part one application.

17:05:20 Great job. Congratulations on being accepted. I know it's a it can be nerve racking.

17:05:28 You have planned for so long to get that application in. So, really proud of you for making completing that 1st step and moving on to part 2.

17:05:40 Great, great job.

17:05:41 So let's talk about part 2. So first, st don't forget that your letters of recommendation are due September first.st

17:05:49 That's a month before the application deadline. We do that because we know sometimes our recommenders may need a little prodding.

17:06:00 They might have a trouble with it with a deadline. So, so we give you a little bit of extra a buffer zone but we do want to have all of those letters of recommendation in by September first.st

17:06:12 The link to that form is in the application instructions. It's on the website. And the all letters have to come directly from the recommended.

17:06:23 So they go online and they'll fill out the form and it comes straight to us and we can add it to your application file.

17:06:28 The other parts of part 2 are 3 examination questions. And that's its own form. Again, linked in the instructions.

17:06:36 The fundamental advanced skills that is a just a sign off so you have to just like for your universal skills you have to have your mastery of the fundamental skills, that you have mastered, you have to have that attested to and signed off.

17:06:52 And then the essential advanced skills is kind of there are 2 parts to it. So you have to do the form and get sign off for those skills that you have mastered.

17:07:04 But in addition to that, We have submission requirements for a hundred percent of those essential skills. So no matter how many of the skills you've actually mastered and we require you master 75% of the skills.

17:07:19 But regardless of whether you've mastered a skill or not, there are still required write-ups that you'll have to provide for each of those essential skills.

17:07:27 And the links to those submission requirements are on our website and in the. Application instructions. The case lugs, we're gonna talk a little bit about the changes for this year and then we'll talk about the case reports.

17:07:41 We're gonna talk about each of these, but that's those are all the things that are included in part 2 of your application.

17:07:49 And, you don't have to wait for the letters of recommendation. They can, we've already gotten some, so you can have them send whenever they're ready.

17:07:58 So no need to wait till September first.st

17:07:59 Yes, thank you. That is exactly right. And you know, I think we'll we probably say this many times in this webinar.

17:08:08 I know we say it many times in emails to you and on the Facebook group. Don't wait until the last minute to submit.

17:08:15 Don't. Wait until the last minute. 2 sub bit.

17:08:20 Market, week early in your calendar and pretend that to date.

17:08:22 Okay. R really, really good advice. Yes. So September one letters of recommendation due September 30th applications do the website closes we have the form set to close at midnight and That's it.

17:08:40 Late applications, we are not accepted. So be sure to get everything in. Don't wait to hit that button.

17:08:45 And, and if everyone waits till September 30th to do it, the website slows down and it makes it very difficult to submit things.

17:08:54 So another reason not to wait just in case there are any complications we can know about them ahead of time if you try and submit a day or 2 early.

17:09:03 Yes. Excellent, excellent. Point. Thank you.

17:09:10 Yeah.

17:09:08 Again, again, to emphasize, don't wait until the last minute. It. Okay, the letters of recommendation really ideally we'd like them to come from a VTS and internal medicine or a diplomat in internal medicine.

17:09:25 But we know that not everyone is fortunate enough to work with one of those folks or to have a relationship with one those folks who can write a letter.

17:09:32 So we will accept other VTSs from these 4 academies. So from the anesthesia, in Giza Academy, the surgery academy, clinical practice, or ECC.

17:09:46 And, we will accept diplomats if you can't get a diplomat of will take a diplomat in anesthesia or, oh, there's a missing V here, ECC, clinical practice or radiation oncology.

17:10:03 So we will take letters from all of those folks. If it's not possible for you to get 2 letters from people who have the required credentials then one of the other one letter can be from a regular DVM, but you need they also need to submit a second letter.

17:10:24 Explain that there is no VTS or diplomat available.

17:10:29 Any questions about letters of recommendation?

17:10:36 And there was a question in the chat. Do you get an email? Notification when a letter is submitted and you will get an, email

back from either Liz or I saying that we got the letter and thanking her you're a testy.

17:10:50 Okay. Link is on the website. I talked about that already. Letters of recommendation are confidential.

17:10:57 So no one sees them except us. And the, actually the directors at large. Those are the only 2, the only groups that see the letters of recommendation.

17:11:08 If the letter can come from a residence residency train DVM if they if it's a residency train DVM they will need to submit a letter saying that there's no diplomat or VTS available.

17:11:21 So we consider those just regular DVMs. Just like if you haven't passed your BTS exam, you're just a regular credentialed veterinary technician.

17:11:30 So same for vets. They're not diplomats if they haven't passed their test, no matter what training they've had.

17:11:38 Okay. Let's take a second to talk about exam questions. So we do want the questions to be as diverse as possible.

17:11:48 You can see the domains on the website. Under the exam preparation section. To clarify, no, Cassie, sorry.

17:11:59 If the, if the DVM has not met all of the requirements to become a diplomat, they are not a diplomat.

17:12:05 They will need to submit a second letter saying that there's not a diplomat available. Okay, exam questions.

17:12:12 You must be sure that the question you submit is in your specialty. So we don't want if you're applying for I.

17:12:22 MSI am don't submit an oncology question for example. Vice versa if you're submitting for neurology or oncology or cardiology don't submit a kind of general IM question.

17:12:35 We'll want it to be really specialty specific. And we really want these questions to demonstrate your advance knowledge.

17:12:41 They should be VTS level questions. These are questions that we would expect someone with 3 years, a minimum of 3 years of experience working in specialty.

17:12:54 We wanted to assess that level of knowledge. So not basic anatomy and physiology. Not basic.

17:13:02 Even items within your specialty. We really want to see an assessment of advanced knowledge with these questions. Try to use as current sources as possible, less than 10 years old is our recommendation.

17:13:16 And be sure that when you write your answer choices that only one of the choices is correct. It should be a clearly, there should clearly be just one correct answer.

17:13:27 Don't make your distractor so close that, that their potential, there's a potential for someone to be able to answer.

17:13:35 2 of the answer choices correctly. I think we have some tips for writing exam questions on the website and, really we don't want negative stems.

17:13:47 What does that mean? And you'll see these questions all the time. I get really annoyed of this when I about this when I see these questions on like the clinician's brief newsletter because they're

always annoyed of this when I see these questions on like the clinicians brief newsletter because they're always these negative stems, because they're always these negative stems like everything but or all

17:14:01 of these negative stems like everything but or all of the following except. Those are negative stems. We want to avoid those if we can because they're very confusing.

17:14:09 So try to ask, an affirmative question asking which, you know, which of the following is the correct answer as opposed to saying all of the following are correct except that just is a It's a more confusing question, format.

17:14:25 And we don't want to be confusing. We want to really assess knowledge. So hopefully you won't see any of those on your exam either.

17:14:33 Yeah. Any questions about the exam questions?

17:14:41 Alright, so let's talk about the advanced skills list and first.st The 1st thing we want to talk about when it comes to the advanced skills is mastery.

17:14:52 Oh, hold on a second. Katherine asks, or, Aaron asks, a lot of the oncology textbooks are older than 10 years.

17:15:01 Yeah, you can still use them. I know we have tried to update our reading lists with more current texts.

17:15:08 Don't forget you can also use journal articles. We do journal articles are a little bit iffy because sometimes the evidence isn't settled.

17:15:18 So that's why we kind of lean on textbooks a little bit more for the exam questions.

17:15:25 I mean, if you really can't find a more current reference, then I think it's okay.

17:15:34 But really we'd like folks to make the effort to find a reference within 10 years. I, I don't know.

17:15:41 I have to look at the reading list to see. I believe that we've updated everything and all of our references are within 10 years, but I could be it could be wrong.

17:15:51 Making a note.

17:15:56 Okay. Same issue with neurology and I know I've had someone else reach out about neurology the same.

17:16:04 The same thing. Yeah, I do think there was a delay in publishing, maybe from COVID or maybe just cause books take a long time to get published.

17:16:16 But, I'm gonna just say, do your best to have a reference within 10 years.

17:16:22 And if you absolutely can't find a reference for the question that the subject that you're writing your exam question for.

17:16:30 You know, it's okay to use one older than 10 years. We just really would prefer it to be within the last 10 years.

17:16:39 Yes.

17:16:36 And just make sure the information is still relevant that the, you know, things published 10 years ago can still be relevant or they can be replaced by new treatments or diagnostic.

17:16:46 So if you're using an older textbook, I would just double check to make sure it's still kind of the standard of care that we're using.

17:16:53 Yeah, that's exactly what I was gonna say. Thank you so much. Perfect. All 3, the references can come, All 3 questions can have the same reference source.

17:17:05 But I think If you're able to pick a diverse. Set of references, I think it's better.

17:17:12 I think it will look better, but there's no requirement that you use different references. Really, Shaina, thank you for your question about the number of sources for each question.

17:17:24 We only require that you site one source. If you have multiple, you can include them, but we only require one source for you to site.

17:17:32 I don't even know if it's possible to require to include more than one. I'll have to double check the form.

17:17:42 No one's asked that question before. I'd love these because we always get new questions.

17:17:48 Okay, multiple resources references. Okay.

17:17:55 So, mastery. Mastery means you can perform the skill with a high degree of success in different different.

17:18:03 Species, different patients with different disease processes and with minimal to no coaching or supervision. This is a question that kind of comes up every year.

17:18:16 I think across all the specialties, honestly, because people will often have the idea that if they do a skill, one of the advanced skills if they do it once or someone sees them do it once, that that's enough for a sign off and attestation of your mastery.

17:18:37 And, it really isn't. The, these are not training lists. These are not checklists.

17:18:43 These are a way for us to determine where you are in your career and your kind of skills. Bank that you can rely on that you can always perform this skill reliably.

17:18:56 The reason for this is that we're trying to make sure that every VTA, everyone that goes out there with that title VTS has a similar skill set, a similar knowledge set, at least at the beginning, at least when you 1st get, you know, when you 1st get certified as a BTS, hopefully you're going on and building on that throughout your career.

17:19:17 But that's why it's really important that we focus on mastery. We're not talking about proficiency here, like many of you who went to tech school, you might have remembered having to get signed off for your AVMA skills.

17:19:31 And that's not what they're looking for in tech school is proficiency and we want a step above proficiency.

17:19:40 So we're looking for mastery. The ability to do the thing no matter what the patient looks like, no matter what disease they're presenting with, with a high degree of success.

17:19:49 Now this doesn't mean a hundred percent success every single time I have bad vain days. I have, you know, terrible skill days just

like everybody does.

17:19:59 But But what we're looking for. Is knowing that you are skilled enough that 90% of the time, 85% of the time you're going to be successful in performing that skill.

17:20:12 That's mastery.

17:20:15 Any questions on that or Kate, anything to add on mastery?

17:20:19 No, just mastery to me is if Some things difficult, you're the technician that your hospital runs, grabs out of the exam room and has do this.

17:20:28 You know, you're the one they count on to get it done most of the time.

17:20:32 Yeah, that's a really, that's a great way to think of it too. Yeah.

17:20:37 Okay, so. For the advanced skills when people are signing off when they are attesting to your mastery of that skill, this is Pretty much on the honor system.

17:20:49 So we are relying on your integrity, your DBMs integrity, in signing off on the scale that you have truly.

17:20:55 That scale. You can have up to 4 attestants to sign off for any one scale, but you don't need more than one signature for mastery of any skill.

17:21:07 So if you have mastered the scale, one signature is enough, you can have up to 4 people attest to different skills on your skills list.

17:21:15 And that's because we recognize that mastery is a career long process and you may have doctors you've worked with previously.

17:21:23 Who can attest to your master of a scale and perhaps you're not using that scale on a regular basis at your current practice and so folks can't sign off.

17:21:30 On the skill now because they just haven't you haven't had an opportunity to demonstrate your mastery in practice.

17:21:38 But you can use one attestant. There's not it's not a requirement to use multiple testants.

17:21:47 It's just available if it if you need it. The attestant needs to sign off on each skill that you have mastered.

17:21:51 If you work more than 75% of your time in your specialty, then any veterinarian or any diplomat or a VTS member of AMVT, the, the, the, the, Academy, Surgery Academy, clinical practice, or ECC can attest to your mastery of the scale.

17:22:14 I believe that we also require that they have also mastered the skill in order to sign off on your.

17:22:21 If you if you work less than 75% of your time in your specialty, then you need a diplomat or a VTS in your specific specialty to sign off on the mastery of the advanced skill.

17:22:36 Any questions on the, the, the attesting to mastery?

17:22:43 Okay, so staff is applying for, internal medicine, VTS, but most of the skills have done through ER and not internal medicines.

17:22:52 Okay. Yeah, let's find how you mastered the skill is doesn't doesn't matter in what practice environment you mastered the skill.

17:23:02 As long as if you have to do it in IM. You, you've mastered

it and you're able to do it then.

17:23:07 Mastery is mastery. It doesn't matter if you learned it at a GP or learned it in ECC.

17:23:12 And you're now applying it in IM. That's totally fine. So Michelle, as, as I said here, if you work more than 75% of your time in your specialty.

17:23:25 So if you only work in IM. Then you can have any DVM diplomat or any DVM or diplomat sign off or a VTS member of AMBT.

17:23:35 The anesthesia academy surgery clinical practice or ECC. If you work less than 75% of your time in your specialty then it has to be a diplomat or a VTS in your specific specialty.

17:23:50 No, Deidre the or D. I think you go by D, right? I'm trying to remember all the nicknames from, from the forms.

17:24:00 You don't have to, I think it's impossible to to ask anyone to master all the skills in one year.

17:24:09 Mastery is a career long process. And so you have been working in your specialty for a minimum of 3 years or you wouldn't have passed part one.

17:24:18 So I expect you have taken that time plus the time before you became credentialed or the time before you started working in specialty after you were credentialed to master those skills.

17:24:30 So this is truly a career long process.

17:24:34 Unless you're talking about citing them in the case logs, which we'll get to that later.

17:24:37 Right, that's a different web talk. Yeah. Yeah, yeah, yeah, yeah. Skills need to be demonstrated during your application year, but mastery can happen any at any point in your career.

17:24:50 Leading up to your application.

17:24:55 Okay, so a minimum of 75% of the fundamental advanced skills and 75% of the essential advanced skills must be mastered.

17:25:05 Of your master's skills you have to cross reference or cite a minimum of 50% of those in your case logs.

17:25:17 I don't know how many of you have seen the case log form already. If you started filling it out, you can see that you have, she'll have checkboxes for the universal skills, the fundamental advanced skills for your specialty and the essential advanced skills for your specialty.

17:25:32 And you have the option to check off whether you performed or assisted with any of those skills. In that specific case.

17:25:42 This is what the reviewers are gonna look at when they get your, completed application form. They're gonna go through and make sure that you have cited at least 50% of your mastered skills universal, essential, fundamental, all 3 skills list.

17:26:02 50% of all of your master skills in your case locks. So this is a requirement. We know we only require 50% because we know that you may not have the opportunity for example to put a patient on a mechanical ventilator during your application year.

17:26:19 You may not have the opportunity to perform. What's another, what, give me a cardio scale.

17:26:28 That somebody might not do.

17:26:30 Heartwarm extractions.

17:26:37 Forever.

17:26:31 Great, you might not have the opportunity to do heartwarm extraction in your application year. So these, right, yeah, exactly, or ever.

17:26:42 And so, so you may have mastered that skill, but if you don't have the opportunity to demonstrate it during your application year, we don't want you to be penalized for that because we know it's going to depend on what patients present, what clients are willing to do, all of those things.

17:26:58 So that's why we require only 50% of your master skills be cited at least once in your case logs.

17:27:10 I know it says here site skills enough to demonstrate proficiency, but the minimum requirement is that you cited at least.

17:27:17 In one in at least one case log. But again, only 50% of your mastered skills.

17:27:25 Okay. Csf for neurology. I know there are some places texts are allowed to do so.

17:27:32 I can only assist or position. Is that only assist or does account as perform? I believe that the way that skill is worded, it is it assist with.

17:27:41 Or perform. So you can. I think it's assisted with imposition as part of the skill.

17:27:48 So I believe you can check that as performed.

17:27:52 Correct.

17:27:55 Yes.

17:27:53 Thank you. Is that Becca? Thank you. Stella asks in the universal skills list can still number 5 proposed and in the universal skills list can still number 5 proposed and implemented and still number 5 proposed and implemented in Seesia apply to sedated nope sedated nope sedation in the universal skills list can still number 5, propose and implemented in seizure. Apply the sedated. Nope, sedated. Sedation is sedation.

17:28:15 Anesthesia is anesthesia. So, implementing anesthesia is for anesthetic procedures, not for sedated procedures.

17:28:19 Okay.

17:28:22 Any other questions about? Citing. We're gonna talk about case logs in in a second, but.

17:28:30 Okay, so as I said before, regardless of whether the essential skill has been mastered, you have to submit the required documentation for a hundred percent of the essential skills in your specialty.

17:28:43 And all when you start filling out that form, you will see, it's populated with the, exactly the documents that we expect that we require you to upload in order to satisfy those requirements.

17:28:58 Ariel asked for the universal skills. There's a section for placing male urinary catheters, but what about females?

17:29:04 Can they count 2? A female urinary catheter placement is a fundamental advanced scale for internal medicine.

17:29:11 But I don't know if it's a skill for other specialties. I



have to go back and.

17:29:18 Review. I don't think it is. I think female urinary catheter replacement is, only a fundamental advanced skill for.

17:29:26 Oh yeah.

17:29:25 I am. Yeah, I mean cardiologists aren't doing that. It might be a requirement for NURO, but I don't think so.

17:29:37 I don't think that it is.

17:29:36 I'll have to go back and look. It's not, yeah. Okay, thanks.

17:29:41 Is the mechanical vent and surgical event the same thing?

Hmm. In neurology, it's

17:29:53 I mean, I think you're okay, you saying you've used it. If you're using then a ventilator for surgery.

17:30:01 Yeah, so I say for neurology that if you use a mechanical ventilator for, you know, like a craniotomy because you're intentionally trying to control and title c 0 2.

17:30:15 Or you're using, in like MRI, things like that. So I count mechanical ventilation as a skill for neurology if you use it in surgery or in MRI.

17:30:28 Thank you. Yes, that was exactly my thinking. So. We're on the same page.

17:30:34 Good. Cardio ECG can ECG recordings be taken from a holder report that the applicant has placed?

17:30:41 Yes.

17:30:41 Sure can, yep.

17:30:43 For sure. Okay. Oh, I. I went backward. Did I go backwards?

17:30:48 No. I did. Okay, so the essential advanced skills list all of the submission requirements. And the list themselves are on our website.

17:30:57 And, so please. If you if you can't access those, let me know. And then any questions you have about that and we've already had some questions in the in the Facebook internal.

17:31:12 A I MVT applicants group and that's great. I think asking questions there is perfect because every if you have the question somebody else has the question too but you can also always reach out to us with those questions.

17:31:24 Okay, each specialty is gonna have different requirements for those essential advanced skills list. Some specialties are going to require documentation that's linked to one of your case logs.

17:31:37 For cardiology and it I think it's spelled out in the in the submission documents but in case it's unclear you can submit images that you acquired prior to the application year even so we know it might be hard.

17:31:51 You may not see. An ECG that demonstrates, you know, a 3rd degree AV block in your application year.

17:32:00 So we want you to we want to know that it's okay for you to use an image to submit an image is part of your essential skills write up that you've got, you've, you've obtained in a previous year.

17:32:11 For neurology, there's an essential skill section that talks about Tiva and IPPV.

17:32:17 Does the count does the event count as IPPV? Becca.

17:32:27 That's a great question. I need to clarify that.

17:32:30 For I would say an internal medicine, it would not because it's not intermittent. It's regular.

17:32:36 Positive pressure ventilation.

17:32:36 Yeah, that was my initial. A reaction to that? Cause obviously, is not going to account for that, but.

17:32:43 Right.

17:32:44 Yeah, it's only intermittent, so I don't believe that it should.

17:32:47 Yeah. Yeah. We'll get back to you, Ariel. If you don't mind, if you're in the in the group on Facebook, can you post the question there?

17:32:58 Yeah. I mean, the I in IPPV is intermittent. So.

17:33:04 So we're looking for intermittent positive pressure.

17:33:09 Stella, about the cardio images if they were obtained during the application year. Do we have to reference that patient in our case log?

17:33:18 If you're obtaining Images. And they're images that are that are required. Write ups for like the essential skills and this is something that you have mastered.

17:33:33 Anyway, then I would expect you to check the box. On on your case logs.

17:33:46 That's right.

17:33:39 But on their essential advanced skills write up it won't have the box to say which case is this So you want in that aspect, you won't have to reference which case log that image corresponds to.

17:33:54 That's correct. There are some specialties. Where they actually have to pull a patient from their case logs to provide the documentation that's required.

17:34:05 But that's spelled out in the essential scales requirement.

17:34:11 Okay, our policy on plagiarism applies to the essential advanced skills list. It applies to the exam questions.

17:34:23 It applies to your case reports. It basically applies across the board. So be sure that you look at our policy.

17:34:28 It's on our website and it will if we detect plagiarism it does mean immediate disqualification of the application.

17:34:37 And no appeal with that. If you've plagiarized. Another point is to be sure you're paying very close attention to the requirements for the medication details.

17:34:49 You have to use generic names only. You have to include the dosage, the dose, the route, the frequency, every drug every time.

17:34:58 And oncology applicants have to also include the concentration of the medication that they're delivering.

17:35:03 D ask for, oncology essential skills number 3. Do we have to submit pictures of lymph node mass measurements for every case log we submit.

17:35:12 No, you don't. It's spelled out in the essential skills requirements that there's I think you have to submit a picture and then you have to say which case log it came from or with yeah, which case, which patient in your case logs it came from, but not for every

case log.

17:35:28 No.

17:35:30 Don't submit 75 pictures of lymph node measurements, please. Okay.

17:35:33 Yeah. Yeah, part of the changes were to kind of trim down the case log requirements and everything you're including.

17:35:42 So we want one good example of each skill required and one good example. Is what we need and then in the case logs you just reference.

17:35:50 Which skills you use.

17:35:53 Perfectly said. And here we are speaking about case logs. So those of you who are. Repeat applicants, those of you who have mentored applicants over the years and thank you very much to our mentors.

17:36:06 Those of you who have talked to people who submitted applications before were not doing big case presentations before. We're not doing big case presentations, case histories, big write-ups for case logs.

17:36:17 Anymore. So it's gonna be more like a census where you're gonna provide the treatment date.

17:36:25 Usually if it, if you see, if you're seeing a patient over a period of time.

17:36:28 It's the date that treatment started. The signalment, the diagnosis or the differential diagnosis list if you don't have a clear diagnosis.

17:36:40 The final diagnosis if available, you can say open if the case if you don't have a diagnosis on the case, I would hope that cases you saw in you know, September by the time you get ready to submit your application or in October by the time you get ready to submit your application in September that you will have a diagnosis over the course of a year.

17:37:02 I know I am can be a little, you know. It can take a while to get to a diagnosis, but hopefully with in your year your application, you are able to come to a final diagnosis at some point.

17:37:14 But if you have a case maybe that you're seeing in August at some point. But if you have a case maybe that you're seeing in August of this year and you're using it in your logs, you may not have a diagnosis by the time the application is due.

17:37:25 So you can put open for final diagnosis. But we really like to see a diagnosis because we're because where I am folks, we really want that diagnosis.

17:37:38 The outcome, the outcome is actually a pull down, but you can fill in if it none of the pull down items match and if it's other it pulls up the fill in box for you you're gonna check off the skills you performed and you're gonna check off the skills you assisted with and the form is set so you assisted with and the form is set so you cannot check both assisted

17:37:58 with and perform. So you cannot check both assisted with and performed. So pick which one you did. So, pick which one you did.

17:38:07 Whether you did the thing or you assisted with the thing.

Rebecca asked about the oncology staging.

17:38:11 We're just doing the diagnostics that are needed, not the stage of the disease. I'm not sure if you're talking about the essential skills.

17:38:18 Submission. If you're talking about what's required for the essential skills, yeah, okay.

17:38:25 So yeah, it's just the diagnostics that you're doing 1st aging, not the stage of the disease.

17:38:29 That's right.

17:38:33 Steph asked what if the final diagnosis is cancer and my specialties internal medicine? Great question.

17:38:41 We do.

17:38:39 I don't know if we have a slide on our on our, okay, so we do have a slide on it probably.

17:38:46 I think so.

17:38:47 Okay, it'll be it'll be in a couple of slides, but basically we have a variance allowed that I think is 10% So we allow you to submit 10% of cases outside of your specialty.

17:39:00 But check, we also, that's in our application instructions and I think we have a slide on it.

17:39:06 Aaron wants to know, can you use patients that started treatment prior to the application year that are still being treated in the application year?

17:39:13 Yeah, this is a big one for Onco. And yes, if you're doing essential skills in your in your or any advanced skills in your application year.

17:39:24 Even if the client was the patient was diagnosed in, let's say, you know, June of 2023, but you have you have continued to see them you are seeing them in you know, you are seeing them in, you know, May of 2,024, you can definitely use that.

17:39:42 As a as a in your case log.

17:39:45 Okay, okay, so your K logs, we definitely want to see a diversity of cases we don't want to see for I you know for cardio we don't want to see 50 holder placements or you know 50 cath lab procedures even if each cath lab procedure is different.

17:40:03 I don't we want to see a variety of your cardio practice. In IMI don't want to see, you know.

17:40:08 50, kidney failure cats, right? So we definitely want to diversity of cases. We know you can't control what's presented to you.

17:40:19 You can't control what the doctor orders you to do. But we want you to make every attempt to collect a wide range of cases.

17:40:25 So for some people what they did, what I did when I applied is I had a spreadsheet, what they did, what I did when I applied is I had a spreadsheet with, you know, the diagnosis, the skills I did when I applied is I had a spreadsheet with, you know, the diagnosis, the skills I did, blah, blah, blah.

17:40:38 I think I ended up submitting like 70. The the strongest cases that had a good diversity so I had a good balance between dogs and cats for example and different disease processes.

17:40:53 Jen for ask, do we need to site to scale at least 5 times or

if we only site it once does it count?

17:41:00 No, every time you cited it counts. In previous years we had a limit of the number of times you could cite an advanced skill and when we don't have a limit this year so check it if you did it or you assisted with it check it off.

17:41:14 So yeah, cited as many times as you as you did it. How will we be evaluating diversity of cases when there is now no write-up?

17:41:25 We're going to be looking at disease processes, species that you treated, diagnosis, that's how we're gonna determine our diversity.

17:41:34 Cause all of that should be present. In the census. And Rebecca asked for the client education essential scale.

17:41:43 I think Rebecca, are you applying for oncology? Oh yeah, cause Kima, yeah, she says chemotherapy.

17:41:50 I didn't finish reading the question. Oh, can you, Rebecca, can you send that to us and an email?

17:42:00 Cause that's something I'll want our director, can you send that to us in an email, cause that's something I'll want our, director at large and I know that this is, it has been kind of.

17:42:09 It's an ongoing question. In oncology. So something we definitely want to get a definitive answer on.

17:42:16 Or you can post it in the group. You can either email me or posted in the applicants group.

17:42:21 Okay, the cases do have to be seen between October 1st and September 30th if you have a patient that as I said you diagnose before your application year starts but you're continuing care you're seeing them again you're doing advanced skills on those patients in your application here you can definitely use them.

17:42:40 And the, the case you have must be within the specialty. I bet it's the next slide, Kate.

17:42:47 I think it.

17:42:47 Do we list the treatment start date as 1123 no Shane for if you if the patient has been diagnosed before, but you're continuing care, then list the.

17:43:00 The 1st time in the application year that you have seen that patient.

17:43:06 It is okay if cases are not submitted in chronological order. We prefer chronological order, but because of the way the new form that or the new form the form we've been using for the last few years because of the just the technical limitations of the form.

17:43:23 It's not required that your cases be submitted in chronological order. Okay. Yes, here's the consensus statement.

17:43:32 So you can submit up to 10% maximum of 10% of your submitted logs can be outside of your specialty but that has very specific requirements for it to be acceptable, but that has very specific requirements for it to be acceptable.

17:43:47 So. For example, if you have a patient that presents to you because they have vomiting and diarrhea, it looks like a chronic GI thing and you do all the stuff you do you do the endoscopy you do the colonoscopy you do all the blood testing you submit the blood testing

you submit the samples and it turns out to be cancer, you submit the samples and it turns out to be

17:44:06 cancer and it turns out to be cancer. That's a case that that would definitely be cancer. That's a case that that would definitely be allowed.

17:44:10 We would not disqualify that case that that would definitely be allowed. We would not disqualify that case.

17:44:13 That's the very 1st example here. Or for example, a patient presents genrology because it's a seizure, but actually it wasn't seizures.

17:44:21 It was sink a piece of the final diagnosis is in cardiology. If you saw that patient did all the initial diagnostic work up really applied your advanced skills, your advanced knowledge, and it just turned out the diagnosis was outside of your specialty.

17:44:39 That's okay, but we will only allow 10% of your total submitted cases to be out with the final diagnosis outside of your specialty.

17:44:44 And no matter how cool that case is, do not use one of those 10% for your case reports.

17:44:51 Yeah.

17:44:49 Do not. Absolutely do not.

17:44:55 Ariel asked if it's the same patient but has come multiple times for like cyberstar injections.

17:45:01 Yeah, this is a very common also for an oncology. They are not separate case log entries if it's the same patient being same seen for the same diagnosis.

17:45:10 It's 1 case log entry. No matter how many times they've come in. But if that same patient comes in, so they're getting, you know, Sitosar, cytosin, whatever it is that the neuro chemo, they're getting that and then they develop another neurological condition separate from the reason they're getting the the injection, then

17:45:35 it would be a different case log, a new case log. Megan says CNS lymphoma is under the neuro knowledge list.

17:45:44 Does this count as a neuro case or part of the 10% outliers. Becca?

17:45:50 DNS lymphoma is CNS disease.

17:45:53 That's what I would say too. Even though it's cancer, it's still a neurological disease.

17:46:00 And it's 1 of the most commonly treated and seen ones. So if we take that off of our, yeah.

17:46:07 Let's not do that. Let's not do that to people. Let's not do that to people.

17:46:06 We're left with nothing for cats then.

17:46:11 I'm also, but I think that would be one too that if an if an oncology person included that in theirs, I also think it would count as a cancer diagnosis.

17:46:21 So I think that's 1 that is probably across 2 specialties, it would be acceptable. K Kennedy ass. I have a polycythemia case.

17:46:32 We've worked up now sees us and cardio. I mean, I think it's only seeing cardio because It has a tendency to to throw clots but

really polycythemia is an IM case.

17:46:46 Kate and I are gonna argue about this.

17:46:46 Yeah, well, I mean, if it's probably, from a shot.

17:46:50 Oh, well, hey, very good question. Yeah. That's a good point.

17:46:55 It really does depend on the underlying cause of the polycythemia. Yeah. But they're seeing you and Cardio both.

17:47:05 I would I would assume it's gonna be in the 10% variance. That way you'll definitely be safe.

17:47:15 What if all the diagnoses are related? So you have MMVD with secondary Phd and atrial fibrillation.

17:47:22 We miss that as the final diagnosis. Those are all. So M MVD, if the Phd and atrial A Fib are secondary, they're not.

17:47:32 There are other diagnoses. They're secondary diagnosis. The primary diagnosis is the MMVD.

17:47:38 Does that make sense? Steph says, what if we have a diabetic cat that we've seen for years develop lymphoma with that canonus oncology.

17:47:50 I mean It didn't, it probably didn't. Develop lymphoma secondary to its diabetes.

17:47:57 So those are really 2 separate. Disease processes. Even though they will inform each other.

17:48:08 If in doubt. Just assume that that case is going to fall in your 10% variance if it's not clearly in your specialty, if there's an overlap or something like that, and just don't include more than 10% of those types of cases.

17:48:22 Okay.

17:48:23 And these are all great things to bounce off your mentors. If you, find that you're feeling like you're coming close to that 10%.

17:48:32 Send it off to your mentor and have them kinda. Weed out which ones are in in that 10% for you.

17:48:39 I also can you can look at it also from the point of view of how many advanced skills in your specialty.

17:48:47 Did you perform or assist with in that case? Because the ones you did more of your specialty advanced skills on, you know, those are ones that are gonna be, good for you to include.

17:48:57 And if you didn't, if you did one, advanced skill, then maybe that's 1 that you leave out in place of another.

17:49:07 Okay, any other questions about the case logs? We've had really great questions. You all are fantastic.

17:49:13 I appreciate it. And before we move into the reports.

17:49:22 Okay. Let's talk about the reports. So if the case logs demonstrate like the what of you that you're doing and showing us your mastery of your clinical skills.

17:49:36 The reports are really showing us that you know the why. These are going to demonstrate your advanced knowledge. You have to submit 4.

17:49:41 Don't submit 5, don't submit 3. 4 is the number. We don't look at extra.

17:49:48 So don't try and submit an extra case report. If you want to write 5 and you know have you and your mentor or your doctor or

whatever go through and pick the best for.

17:49:57 Fantastic. But you can only submit for. They have to be patients from your case logs.

17:50:04 As Kate said, you don't want to pick. A case no matter how cool it is. That is gonna fall in that 10% variant.

17:50:13 Don't do that. Pick a case solidly in your specialty to write your case report on.

17:50:18 We do want these written in the 3rd person and you can find case reports in journals in the NAFTA journal in the Journal of Internal Medicine in JVX.

17:50:30 You can find case reports and see what that 3rd person writing looks like if you're not used to doing that kind of writing.

17:50:37 To make it clear what you do versus what anyone else in the in your practice did on that case. Pick a term.

17:50:48 With which to refer to yourself in the report. So I think I said like this technician. Did XYZ.

17:50:57 This technician induced anesthesia, blah, as opposed to a technician or another technician or a veterinary assistant or the DVM or whatever.

17:51:05 I think I did the applicant.

17:51:07 The app, even better, the applicant is great. Yeah, that's even better, probably.

17:51:16 Oh, good question, Meagan. I think, yes, I think it's better to have a case with a definitive diagnosis because you really do want to use the discussion section to talk about.

17:51:29 That diagnosis, how it manifested in that specific patient, how your knowledge, your advanced knowledge of that disease process and and your advanced skills in diagnostics and other patient care skills really influence the case.

17:51:48 And I think having a definitive diagnosis is makes that a little more clear. And gives you should give you plenty to write about rather than speculating around what a diagnosis might be.

17:52:01 5 pages minimum minimum is under link here. We get really, really crabby if you, if you submit just the minimum, I know minimums are there for a reason and that is the minimum.

17:52:16 But we really do expect folks to do more than the minimum. So 10 pages maximum. Use this space to really shine, to show off your advanced knowledge.

17:52:30 Especially in regards to the specific patient you're writing about. And I think most of us can easily fill that space, you know, 8 to 9 to 10 pages with that.

17:52:42 And I think, you know, focus on, being very clear and including as much information as possible, particularly around your knowledge of the specific patient that you were working on.

17:52:54 That's the subject of the report. If you include dependencies and references, they don't count towards your page count.

17:53:01 So your reference page can be a whole separate page, separate from the 10 pages or 9 pages or whatever that you submit and if you wanted to submit images or lab reports or anything like that, that those are also just as you attach as a appendices and they don't count



towards your page count.

17:53:21 We have a lab result sheet that you can download from the website if you want to use that to track.

17:53:27 To track lab results as or as you're reporting them in your case report. How I will say however that you do want to include lab results directly in the body of the report.

17:53:40 Don't just say refer to for to see lab results. Especially any lab results that are pertinent to the disease process or the case that you're talking about.

17:53:51 So don't Don't relegate any mention of lab reports to an appendix. You'll definitely want to include those in your report.

17:54:01 Jennifer asks how many sources do you have to cite per case report says there needs to be 4, but I wasn't sure if that were cumulative or per That is per report.

17:54:12 So a minimum of 4 references per case report. Rebecca asked if she can write a case report for an exotic animal for unconscious, cardiology, neurology.

17:54:30 Sure did.

17:54:24 Yes, you can use an exotic. I think we had someone do a penguin last year, Yeah, for, that's allowed.

17:54:36 For a small animal internal medicine, that is not allowed. It must be a dog or cat. Products must be a dog or cat.

17:54:46 Michele asks if I'm reporting the abnormal from diagnostics like a chemistry.

17:54:51 Do I need to have the laboratory sheet at the end of all the blood results or is it okay to have only my abnormal value with the reference range?

17:54:57 This is really a judgment call for you in reporting. Also like how much room do you have?

17:55:05 I think most of the time when you read case reports, you know, that are published in journals, they really just focus on the abnormal values, the values that are pertinent.

17:55:15 To the the the underlying diagnosis of the patient that they're talking about. You could have a really interesting case let's say where you have elevated or maybe you have normal liver values but the patient has a disease process that should impact liver values, in which case it would be important to include that the liver values were normal, but we would have expected the liver values to be whatever.

17:55:42 Because of this disease process. And so this was really interesting. It threw us off the diagnostic path or whatever.

17:55:49 That is a really nice way to demonstrate your advanced knowledge, to say, hey, this is what we expected and it's not what we found.

17:55:57 And here are maybe the reasons why that was the case. That can be super interesting. How do you refer to mixed breed dogs?

17:56:04 It is okay to write. Yes, it's okay to write mixed breed. I prefer something that includes at least one of the recognizable breeds like you said Labrador mix.

17:56:17 That is also acceptable. Janine asks, is it better to keep all the discussion of the disease process to the discussion section or

is it okay to have some discussion of the passive physiology in the case management section?

17:56:29 Yeah, I think it's acceptable to have it in the case. Management section, especially if things related to the path of physiology of the disease process are impacting your treatment decisions and the skills that you're going to apply and like your knowledge of the disease process, let you recognize something that came up that you were then able to apply some of your advanced knowledge for to impact the outcome.

17:56:56 That is something you you may want to revisit again in the discussion section, you know, to kind of remind the reader that, oh, you know, on day 3 when this happened with the patient, you know, we did this and here are all of my, here's all of my advanced knowledge as to why that thing happened.

17:57:13 And why we did what we did and what other treatment options were and why we didn't pursue those.

17:57:19 You're getting maybe the picture, the kinds of things we expect. When reporting abnormal lab work results, do we need to include that something like all other values were found to be within normal limits.

17:57:32 I think that's smart. If you're only gonna report on your abnormals and everything else truly was normal, then I think that is a smart.

17:57:41 Thing to mention.

17:57:45 Also, it makes it, you know, it reminds the reader that you didn't forget about all the other blood values.

17:57:51 Like you looked at them, right? So they'll want to know that. Yeah, you want them to be diverse, different disease processes, different species processes, different species for, you know, small animal internal medicine, different disease processes, different species, for, you know, small animal internal medicine, they have to be cats and dogs, but I would encourage you to not submit for cat case reports or for dog case

17:58:15 reports. If you have a Fox. Awesome, exciting if you get to treat zoo animals. Awesome, include them.

17:58:22 That's always fun to read about, but don't feel like you have to. I think sometimes the most basic disease conditions that we deal with in internal medicine.

17:58:31 Give you a really good opportunity to write a really great report. Where you can really dive into that.

17:58:38 That. Disease process, show your understanding of what it is, really talk in depth about it. And I think that can be a great report.

17:58:47 What do you think, Kate?

17:58:49 Yeah, I think sometimes when you get kind of the unique cases the ones that you have to as you're working on them like research It kind of shows that it's not something that you have super advanced knowledge of.

17:59:02 You don't know it inside and out. So you want something that you can write that shows that like you know this disease process back and forward and you're advanced at this.

17:59:13 Yeah. But you know, at the same time, don't give us for, you know, if you're internal medicine, don't give us 4 kidney.

17:59:21 Failure cases. If you're in cardio, don't do for DCM cases. If you're in Onco, you know, please don't submit for lymphoma cases, right?

17:59:32 You definitely want to spread it out. Oh, no, don't do just all like hemi lamps, right?

17:59:37 Or or all CNS lymphoma or whatever. You definitely want to mix it up.

17:59:46 We need to see a detailed discussion of the disease process, the diagnostics, the treatments, the goals of therapy, your role in the case management.

17:59:55 Really? Important to bring everything back to the patient that is the subject of the report. So you can write a, you know, a textbook chapter in your diet in your discussion section all about the path of physiology of this disease in the abstract as it happens in, you know, the picture perfect patient or whatever.

18:00:18 But I want to know how did it impact the patient that you had in front of you. And what did you see in that patient?

18:00:27 Did you see what you expected? Were there unexpected things? Did you make? Did your doctor make treatment decisions that maybe aren't the gold standard of care and would you have made a different decision now that you know more about the disease process?

18:00:44 We want to see that in the report if that's the case. If everything went according to the textbook, we want to see that too.

18:00:50 We want you to say. Hey, this was really, you know, this patient really followed the algorithm in terms of this disease process.

18:00:58 And everything we expected, such as this symptom such as this clinical sign, all of those things manifested exactly on schedule and because I am super knowledgeable about this I knew exactly what to expect at every stage of the treatment process.

18:01:13 That of course saying in the 3rd person. And I think that it would make a really good report.

18:01:20 Jennifer asked if the patient was transferred to your service for another service like ER and I know this happens a lot with our specialties with all of our specialties.

18:01:30 We are we do end up kind of being the dumping ground from the ER. Should your history start when it came to your service or should you include from when it was presented?

18:01:40 I think in the report, what I usually see is the patient was brought to the ER on this day.

18:01:49 Here's what they did in the ER and then they transferred it to us. Or here's what they did at the referring DVM and then they transferred it to us and then here's what happened after we took over.

18:02:06 Any other questions about?

18:02:09 Like case selection.

18:02:15 So minimum of 4 required references for each report. A minimum of one journal article within the last 10 years and a minimum of one textbook within the last 10 years.

18:02:28 The other 2 references can be as old as you want. Again, as long as the information is still good, I will tell you I give a presentation on wound healing and I cite a study from 1992.

18:02:43 I just can't find anyone who is. Done a study that refutes it yet. So that's some old research but sometimes The old stuff is still good.

18:02:52 I know that the cardio Bible, the new edition hasn't come out. That's from, what's his name?

18:03:01 So Fox.

18:03:02 Yeah, but then there's a cardiology out there's a cardiologist out here who wrote.

18:03:06 Like the Bible. I can't remember his name, but. He hasn't done another edition.

18:03:13 I don't know if he's going to. So, yeah, but there are some things that you're, you're, you're, you're diplomats are always gonna reference and they might be 20 years old.

18:03:25 But like Kate said, if nothing has come out to refute any of that, those findings, that's fine.

18:03:27 But for your case report, we're going to want you to find at least 2 references that are more current within the last 10 years.

18:03:37 This gives you, just a layout of how to format your references. I think we ask, we recommend APA, but you can use any reference scheme that you like as long as you're consistent.

18:03:51 Of your references should look the same.

18:03:55 We got we grade your report on a weighted scale and this is not a secret the scale is available on our website.

18:04:02 It's linked in our application instructions. This is what this is the scale. So we have the Criteria, the 4 parameters that the reviewers are looking at when they review your case report and then they're gonna grade you on a scale from 0 to 3.

18:04:19 On each on each a parameter of the report. So the writing is very important, but it's not more important or less important than your understanding of the disease process.

18:04:32 The diagnostic tests and procedures and your the nursing care and therapy. It is really important and I think I've said really important many many times in this webinar already I'll have to go back and listen and count hopefully nobody's playing a drinking game with that but You really need to make it very clear how your skills and knowledge.

18:04:56 Impacted the outcome for the patient. One way or the other maybe didn't have an outcome because the patient was going to die anyway, but your how your nursing care specifically, not a broad discussion of the disease generally, but what you did with the patient while it was in your care.

18:05:18 This is that of that 4th parameter on our weighted scale. And the reviewers want to see your involvement.

18:05:28 They want to know what you did. Or what you delegated to other people to do because of your advanced knowledge, you knew that this patient needed this, but because you are in high demand in your practice, you couldn't do it, this person did it.

18:05:45 But you directed it and I think that sort of involvement in the care of the patients that you're seeing and the patients that you're writing your report about is really important.

18:05:57 Kate, and I'm thinking about the the denial letters we wrote last year. And like that is a point.

18:06:05 That is a big point.

18:06:02 Yeah Yeah, I would say just look at the 4 4 criteria here and make sure that you're hitting everything.

18:06:14 You're truly writing about the disease. The why and what you're doing to work it up, that's important not just to say like I took chest sexaries but to explain why that was important.

18:06:24 And then again, as was hit home, your role in everything throughout the report.

18:06:33 We're at an hour. Can't believe we got it done in an hour. Happy to answer any questions you have.

18:06:43 I'm gonna go ahead and stop sharing. We do have the Yeah, applicants group.

18:06:52 Hopefully you guys have. Mentors if you don't and you would like one you know reach out to us and we'll get you connected with the mentor committee.

18:07:01 Erin asked for the essential skills procedure if you talk about patients using sedation, do you need to include what medications you would use?

18:07:09 Oh for oncology Good question. I think for the essential, if it's an essential skills right up, you'll want to include all the drugs you're going to use or at least the the few drugs that you would normally choose and the dosage ranges.

18:07:28 And then in your reports though, when you write your reports, that all has to be exact. So if you do, whether you do the anesthesia or sedation or someone else's administering those medications.

18:07:40 That all needs to be included in the report. So whether you're monitoring anesthesia or not I expect if you're involved with the patient you know exactly what drugs the patient is on and at what doses and all of that so that should all be included in your report.

18:07:55 Yeah, Michelle, I hope you guys all have more questions. As this goes along, we and that's what we're here for and we are.

18:08:04 Almost exactly 6 months, 5 months from the due date. Almost exactly 5 months, so it's a it's a Hopefully you have maybe a few patients that you're thinking about for case reports.

18:08:20 Maybe you're starting some 1st drafts as an inveterate and constant procrastinator.

18:08:24 I don't blame you if you're not, but it's not a bad idea to think about starting to draft a couple of those now.

18:08:35 Great way.

18:08:32 That's also a good way to study if you're not sure which one you're gonna write up write up a bunch of them and then that'll kind of help you study for the exam.

18:08:41 Great way. And if you're coming to ACBI M forum, hopefully you all are coming to the forum, hopefully you all are coming to the forum this year to get some RCE.

18:08:53 Hopefully all are coming to the forum this year to get some more CE, not that you need more CE now, but, You know, come, we will be having a bunch of events that applicants are also invited to and the big thing that we have in person is our applicant Q&A.

18:09:08 It does happen very early in the morning, but we will have coffee and pastries. So coffee most importantly.

18:09:15 Okay.

18:09:18 But we really would love to meet you in person and answer your questions. In person. So please if you're coming to the forum that we do the technician case reports on Wednesday, which is always a good time.

18:09:27 And that Q&A is the 1st thing Thursday morning. So we'd love to see you there.

18:09:33 Michelle. Oh, go ahead. No.

18:09:33 One thing we didn't touch on. Everything this year part 2 is anonymous. When you passed your part one you were given an application number so please when you're writing up everything reference that number and especially in any of your case reports.

18:09:54 Try not to write your hospital name, your name, anything in there that would make it less anonymous for us.

18:09:57 That's such a good point. Thank you. Yeah, yeah. We're doing that.

18:10:03 We've done that now last year and we're doing it again this year just to see. If it makes a difference, honestly, in our exceptions rates or not, and to make it maybe more fair, but we don't know.

18:10:15 We're gonna take a look and see it's good, data to find out. Michelle wants to know is it best to use the Facebook group or email?

18:10:23 You know, for me. I'm big on transparency and as I said before, I think if you have the question, somebody else has the question.

18:10:33 So I think using the Facebook group is a really great. Avenue. There are tons of members in there.

18:10:40 The all the directors at large are in there. There a bunch of other members in there and then people who just did their application last year.

18:10:48 You know, and are sitting for their exam this year and some other folks who maybe passed a year before.

18:10:55 So I think it's fantastic to use the Facebook group. Just so everybody can have the benefit of your of the answers that we that we provide.

18:11:05 Yeah, happy, happy to provide this information, Michelle. Thank you for all your questions. Thank you everybody for being here for your questions.