

## AIMVTiny Talks Case Report transcript

15:03:45 Hi, everybody. We are finishing out our AIMVTiny talks for part two application going over case reports now. I think case reports are kind of the, in my opinion, bread and butter of the application where you get to really put your personalized touch on this and where you really get to prove to the reviewers that you

15:04:12 Are an excellent candidate for VTS that you know your stuff. So the basics of the case report, we require four case reports.

15:04:22 Each with a minimum of five pages, a maximum of 10. We do allow the reference page is not counted in the page count and we do allow appendices for any additional information that, you know.

15:04:39 Blood work, images, anything that might just take up bulk in your case report, but you still don't want to leave it out entirely.

15:04:49 These should be written in third person. Again, part two is anonymous to the reviewers. So kind of try your hardest not to put in your hospital's name. Definitely don't put your name phrasing things like the applicant placed a catheter.

15:05:07 The patient showed up at the emergency facility or the specialty hospital.

15:05:12 Things like that. We'll know what you mean. And then this is just what we look for in this is that you have a solid understanding of the disease process. You've demonstrated you as the technician on this case, your involvement.

15:05:31 That you can review the basics of the disease process. And you can break it down as how the standard of care is influenced by you being so involved in the case.

15:05:46 So one of the things I like to emphasize with case reports is not to pick the unique case.

15:05:52 Don't pick the case that you and your Diplomate had to pull out textbooks and Google journal articles on. You want something that you know forward and backwards and it might be the most common thing you see it could be like feline lymphoma. Everyone sees it, but you know it solidly enough to write

15:06:11 10 pages and document your knowledge. The other thing that's important, it has to be within your specialty.

15:06:20 We allow that 10% variance in the case census. Do not under any circumstances pick one of those variations for your case reports. That will be an automatic disqualification. You don't want to lose all of the points for a case report.

15:06:37 Attention to detail is very important with this. We have some pretty specific guidelines of font size, margins, what we want included in the header, what we want included in everything. So just it's very frustrating on the back end.

15:06:56 To see people not following the explicit directions of Times New Roman 12 font and you send something in in Arial. It's just, it's frustrating. Another thing we noticed this past year I know everything's on the computer. You have to correspond your case report to a case census. So if you submit case report number one, linking it to case census number 13,

15:07:24 And then right before submission, you switch out a couple of case census and it's no longer case 13. You need to go back and switch that and make sure that the case report corresponds to the correct case census that you're referencing.

15:07:42 So yeah, I also highly recommend not using just the five page minimum.

15:07:48 Take advantage of that space. If you come up to five pages, just go back and see where you can add more detail, where you can advanced, you know.

15:07:59 All of your knowledge there. I like to think of this as where you get to defend your choices. So your essential skills, you're just kind of giving us the facts. Here's where you can say we did this and didn't do that. And this is why we needed this diagnostic. So, you know, if you have extra space, go back and see where you can kind of add in those missing details.

15:08:22 So we have outlined everything that we want to see within these case reports. Do you have to go line by line, paragraph by paragraph following this outline? No, but it might make things easier for you to make sure you're covering everything that needs to be covered. If going by history, presentation, following it that way. But this is a checklist. This is what we're looking for. So make sure you're covering

15:08:49 All of these topics. In your case reports.

15:08:57 There are also, again, going back to the follow directions carefully for anything that you're doing medications with, we have very detailed descriptions of what needs to be included. This also goes for the essential skills as well.

15:09:12 Make sure it's generic and includes all of the information, the dose, the dosage, the final route, how many times you've administered it.

15:09:20 And again, for the oncology applicants, they need a little bit more information. They need to put in milliliters, mgs per mLs.

15:09:27 And volume. So just good thing to do is every time you write a medication, just go back in your report and make sure Just little checklist, like I said, check off that you did everything easy enough to do it that way.

15:09:44 The references, much like for the exam questions, we require a minimum of four One must be a journal article within the past 10 years. The other must be a textbook within the past 10 years.

15:09:58 I would say try and make everything more current if possible.

15:10:03 But at least have two sources that are more current. Again, the plagiarism, that's a big thing, especially with AI coming up. So we're really tightening everything around that.

15:10:16 So just make sure if you're referencing something, even if you think you're paraphrasing it enough, just double check.

15:10:23 When in doubt, put a source in there, cite it. Anything to add, Liz?

15:10:33 I think one... One thing that we see pretty often. And it's a big uh point of contention, I think, among the reviewers and among us as an Academy is that a lot sometimes applicants submit a case report where they just have a general discussion of the disease process

15:10:58 That impacted the patient who's the subject of the report. And that is something that we really don't want to see. We can all read a textbook and see how this disease process is expected to to present and how it's expected to go through treatment. But what we want to know is how

15:11:26 The disease process impacted the specific patient that you're writing about.

15:11:32 And not only that, but how your advanced knowledge of that disease process or about diagnostic testing available or about the advanced skills and interventions that you're performing on the patient How did that impact that patient's course of treatment? That is really what we want to see. And we want to know if your doctor decided to do something that is outside of the gold standard

15:12:00 Treatment for that particular disease. We want to know, we want to see your ability to recognize that, to point that out, to explain why the doctor made that decision, what other options might have been available, and what outcome, how that might have changed the outcome if you did a different diagnostic test or a different intervention or did an intervention in a different way.

15:12:26 This is not the time to be like worried about hurting your doctor's feelings. This is the time for you to show us what you know and to say, hey, we in this case, you know.

15:12:40 This probably would have been a good case to use this particular diagnostic. We don't have it available.

15:12:48 Yeah.

15:12:47 Or the clients couldn't afford it or whatever. And then we want to know, well, why would that diagnostic have been of use? How could an MRI have changed your course of treatment? How could a pacemaker installation if they had agreed to go through the, you know, to the cath lab, how would that have altered the outcome for that patient? Those are the things we want to know. So really.

15:13:12 That's why we've expanded the size of these reports to 10 pages to allow applicants to really delve into all of that detail to really give us the picture of not only their overall and general knowledge of internal medicine and in their specialty specifically.

15:13:32 But also how all of those things are impacting that specific patient.

15:13:38 And just a little housekeeping, each individual case report is its own document.

15:13:45 So if you expand it on a term in case report one, you need to expand on it in case report two unlike the essential skills, you cannot reference a different, you can't say, as I said in case report one.

15:13:58 Totally different. We're not looking back and forth between them. You have to write it out here.

15:14:04 Yes.

15:14:04 Yeah, there's no cross-referencing in the reports.

15:14:09 Yes. I want to pull up also, I'm going to find it here.

15:14:14 The way that's scaled.

15:14:15 The scoring, the weighted scale that we use to score the case reports and i don't

15:14:27 It was at the top?

15:14:26 Well, I'll find it but i'll find it Is it at the top? So I want to pull out the there's the checklist, there's the specific five pages.

15:14:40 I'm going to pull it up. But while I was going through looking for that also, I want to make sure that everyone reads these expectations around anesthesia and anesthesia reporting in your report.

15:14:59 We feel very strongly as an academy and as a committee of the academy that technicians Every patient deserves to have a dedicated anesthetist on their case. So we really discourage you from using a case where you were expected to both monitor anesthesia and perform other advanced skills during the course of that case. So if

15:15:26 That happened for that patient, I would choose a different patient for a case report because what we really want to see is that your attention is able to be devoted entirely to the advanced skill or diagnostic or whatever it is that you're doing that required anesthesia or sedation in the first place. So we want to uphold that kind of gold standard medicine where each patient has their own dedicated

15:15:56 Monitoring person for anesthesia and sedation. Purposes.

15:16:02 So I just want to emphasize that. And then I'm going to pull up the weighted scale.

15:16:11 And while you're pulling that up, I will mention if you're discussing blood values within the case report.

15:16:18 You can pick and choose. You don't need to go through everything. If you just want to say like the BUN was elevated, give a reference range so we know what is elevated. Don't just give their value. Let us know what should be normal.

15:16:35 Yes.

15:16:34 And again, what you include and what you leave out or what you put in the additional appendix is up to you.

15:16:52 It is.

15:16:42 Yes, judgment. So we do have a weighted scale. This is linked I believe it is linked somewhere in the instructions. I don't know why I couldn't afford it just now. But there are four areas that we're going to evaluate the case reports on. They're listed here and you can see exactly how the scoring works by clicking on this.

15:17:05 And this is, we have taken this and we have created a review form for our reviewers and they follow this exactly. So you're going to get a zero to three score on each of these four parameters around your report. So you really want to make sure that you're getting

15:17:25 Twos and threes in each of these areas and you can read exactly what's required of that by looking at this scale. And then I suggest... you give this scale to anyone you ask to proofread your reports. So your doctors, your mentor, hopefully if it's an AIMBT mentor, they have this already.

15:17:46 Your parents, your English major, neighbor, whoever, make sure that they get a copy of this criteria so they know exactly what's expected when when we're going to score these reports.

15:18:03 Submission form for this is very simple. You're going to fill in your information in the top. You're going to acknowledge that you did sign the plagiarism affidavit. It's linked here. And then we have exactly how we want those documents to be named.

15:18:20 So please, again, follow that naming convention and you can upload your cases just very easily. And then this is also when you submit your case reports, that's when you'll pay your Part 2 application fee. If you have any financial barrier to your application, you have the option here to choose a subsidy or a waiver for your application fee. And we do, we're fortunate to have members of AIMVT who've donated

15:18:52 To the academy to help cover folks who may have a shortfall when it comes to that.

15:18:57 Hopefully your practice is paying for your application fee. And if they're not, we can talk about ways to convince them that they should.

15:19:07 Anything else on case reports?

15:19:10 Just proofread, proofread, proofread and You know.

15:19:14 Follow the instructions, follow that checklist, go through the weighted criteria and yeah, proofread I mean, infinity times up till...

15:19:24 Yeah, case reports are not where you want to be timid. This is where you want to show that you're the badass tech that you are. So, you know, have some confidence, write with confidence and show off Straw off all your knowledge and skills.