

ABVP - Is It For Me?

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In this rounds...

- Although ABVP diplomates have a higher median income than non-boarded veterinarians, most certify simply because they want to improve their knowledge base and practice skills.
- The process of ABVP certification includes completing 6 years of practice experience, 90 hours of CE, collecting three recommendations from veterinarians, submitting two case reports or one case report and one publication, and passing an examination.
- ABVP certification is only valid for 10 years. There are several options for recertifying.
- There are resources available to ABVP applicants, such as study groups and mentors, to help throughout the certification process.

Moderator: Welcome everyone! Thanks for attending *ABVP - Is It For Me?* Tonight's speakers are Craig Datz DVM DABVP; Kimberlee Buck DVM DABVP; Tracey Jensen DVM DABVP; Ed Loebach DVM DAVPB; Asaf Dagan DVM ABVP; Sean Penn DVM DABVP; Steve Bailey DVM DABVP; and Lorraine Jarboe DVM DABVP!

Welcome to all of you!

Craig Datz: Good evening, and welcome! We're happy you stopped by tonight. Our session is all about ABVP, and we're fortunate to have a number of ABVP diplomates on hand to answer your questions. But before the introductions, we would like to ask you a couple of questions.

What does ABVP certification mean?

Kimberlee Buck: Excellence in practice

VIN Member: Commitment to continuing education

VIN Member: Improved standard of practice, lifelong learning

Ed Loebach: Setting your personal bar higher

VIN Member: Certified in a general veterinary practice area

VIN Member: Commitment to quality and current medicine

VIN Member: Extra certification while practicing

VIN Member: Quality care

VIN Member: Standards in an area of practice

VIN Member: Being up to date

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VIN Member: Commitment to my patients

VIN Member: Constant learning

VIN Member: Setting yourself apart from other general practitioners and keeping up with the most advanced medicine.

VIN Member: Objective review/certification of one's skills in regard to a particular species

VIN Member: Committed to practice; up-to-date quality care

Craig Datz: *What is the main reason you are considering certification?*

VIN Member: Don't want to stagnate - want to keep learning.

VIN Member: A more organized way to learn.

VIN Member: To believe I have more to offer my patients and clients.

VIN Member: Challenge myself and perhaps open opportunities for the future.

VIN Member: Professional growth.

VIN Member: A challenge and to improve my skills/knowledge.

VIN Member: Wanting to improve my personal standards and skills.

VIN Member: Thorough review and updating my knowledge.

VIN Member: Additional expertise - want to be better.

VIN Member: Desire to be the best I can be.

VIN Member: To keep as current as possible; broaden knowledge.

VIN Member: Wanting to be more knowledgeable in my field; offer the best to my clients and patients.

VIN Member: I like to set goals to constantly improve.

VIN Member: To better treat my patients.

VIN Member: Challenge myself; improve service for my patients

VIN Member: Advanced study while working.

VIN Member: Way to set goals for learning more; advancing my knowledge base.

VIN Member: Better myself.

VIN Member: Want to be certified to a higher standard of small animal practice.

Craig Datz: Thanks! Here are some of the typical reasons that folks choose certification:

1. Self-improvement – to become a better veterinarian.
2. Enjoy challenges, and setting and reaching goals.
3. Know of or admire an ABVP Diplomate.
4. Employers, teachers, or mentors encourage it.
5. Open up career opportunities.

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6. Become a referral practice.
7. Financial compensation.

You'll notice that we listed "finances" last, as a higher income is rarely the goal of those seeking certification. But if you look at Slide 2: Median Professional Income, you'll see ABVP diplomates have a median income about halfway between non-boarded veterinarians and internists or surgeons (and higher than theriogeniologists).

Most of our diplomates become certified simply because they wanted to improve their knowledge base and practice skills, and ABVP provides a pathway to achieve that goal.

Let's review what ABVP certification means. When veterinarians are board certified, they are called diplomates of that specialty, such as internal medicine, surgery, ophthalmology, pathology, etc. For ABVP, you become a diplomate in one of our ten practice categories, or species specialties. Your title is Diplomate, ABVP, certified in xxx Practice. All ABVP diplomates have the same rights, privileges, and responsibilities of all other veterinary specialty colleges and boards.

Do you know how many different specialties that AVMA currently recognizes?

VIN Members: Various answers ranging from 8 to 20.

Craig Datz: The answer is 21. Within the 21 categories, some groups have further specialization, such as ABVP's ten species; ACVIM having small animal, large animal, neurology, cardiology, oncology; ACVR with radiology and radiation oncology, etc. When you count all these, there are over 40 specializations. The newest one is Sports Medicine and Rehabilitation.

There are also two proposed specialties: animal welfare and parasitology.

All of these organizations are governed by the American Board of Veterinary Specialties (ABVS), which is a committee of the AVMA.

Getting back to ABVP, our ten practice categories are listed in Slide 3: History of ABVP, and our current numbers of diplomates are in Slide 4: ABVP Diplomates.

Which of these are you interested in (can choose more than one)?

Responses: Canine/feline (21), Feline (8), Avian (4), Dairy (1), Exotics (1)

Craig Datz: Now we'll introduce the diplomates who are here tonight. I'll start with my background. I graduated in 1987 and was in private practice until 2001 when I joined the faculty of the University of Missouri. I certified in Canine and Feline Practice in 1994 and also in Feline Practice in 2006. The only reason I was interested in ABVP was self-improvement. But because of my ABVP credentials, my career has gone in many different directions that I never dreamed of. It's an amazing privilege to be able to teach veterinary students and help colleagues on VIN. I've also been invited to speak at conferences and have been able to do scientific research and write papers, review articles, and book chapters. None of this would have been possible without ABVP certification.

Let's continue the introductions of members of our Outreach Committee starting with Kim Buck, who is the chair.

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Kimberlee Buck: I graduated in 1989 and certified in Canine and Feline Practice in 1997 and in Avian Practice in 2007. I own a solo practice in a small town in Michigan. I too certified as a way of testing myself. But ABVP has taken my life in directions I never could have imagined. As a result of being certified, my husband and I were invited to go to South Africa and have since traveled to several countries, most recently Grenada, to speak to the vet students there about ABVP. For me, ABVP has allowed an isolated, small town vet to build relationships with colleagues all over the world and has introduced me to some of my best friends.

Tracey Jensen: I am Tracey Jensen and I graduated from Colorado State University in 1996. I completed an NIH-funded post-doctoral fellowship at the University of Colorado Health Sciences Center in neurology while also practicing part time until 1999. In May of 1999 I, along with my husband, who is also a veterinarian, opened the Wellington Veterinary Clinic in Wellington, Colorado. It is a 1.5 doctor small animal general practice just north of Ft. Collins. Due to the proximity to Colorado State, many of my colleagues and friends are veterinary specialists in a wide variety of fields. We share a passion for continued learning, advancing research and providing the very best care possible for each patient. Pursuing ABVP certification has been a great way for me to 'raise the bar' for my practice and collaborate better with those friends and colleagues. I now participate in the education of veterinary students and clinical research. As an added bonus, I have met great general practitioners of a variety of species through ABVP. The camaraderie of the annual ABVP symposium truly makes this a unique organization – one I am very proud to be a part of.

Ed Loebach: I'm Ed Loebach. I graduated from ISU in 1997 and practiced small animal medicine in Portland, OR, for 11 years. I left practice in 2004 to work as a medical consultant for Banfield, the Pet Hospital for four years. Medical consulting gave me a chance to work with veterinarians all across the U.S. and help them deal with ongoing cases. It was during that time that I worked on my ABVP application and I certified in canine/feline medicine in 2007. Currently, I am a Technical Services Veterinarian for Merial in the Chicago and Wisconsin area. Certification with the ABVP gave me credibility as a veterinary specialist while working as a consultant and opened opportunities for me when I decided to move into industry. If you are even thinking about certification, I suggest you start collecting a list of cases now. Talk to an ABVP vet to get your questions answered and come to the symposium to learn more.

Asaf Dagan: I'm a small animal practitioner in one of Israel's busiest private practices. I certified in canine/feline in 2010. The certification process was a great learning opportunity and I believe I'm practicing better medicine now. The ABVP certification has opened teaching opportunities for me, as well as helping me market my services in a general practice setting.

Steven Bailey: I transitioned to feline practice in 1992 after many years in emergency medicine. I started the ABVP process in 1993, then stopped. I started again in November 2008 (with a mentor) and certified in 2011. Three months of effort, 2.5 years of stress. Throughout the process I became a VIN editor, and now a consultant. I practice differently, I think differently. Our practice residency program started on June 1.

Craig Datz: So now let's walk through the process of becoming ABVP certified. We'll stop for questions along the way.

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First is eligibility. We require that you have a valid diploma from an accredited veterinary college, ECFVG certificate, or a license to practice in any country. While most diplomates are in the U.S., we are starting to get more international veterinarians.

Second is experience. You need to have six years of high-quality practice in your species category. If you graduated in 2006 or earlier, then you're eligible. If 2007, your first opportunity to apply will be in 2013. The first year of your experience does not need to be in the category. For example, if you did mixed practice your first year, then canine and feline practice the next five years, that's ok.

ABVP also has residency programs at universities and some private practices. They require a one-year internship or high-quality practice, then the residency itself is a minimum of two years.

VIN Member: What about part time working - how do you count that?

Kimberlee Buck: Sign up for a study group and we can look at your situation. It's five years of practice, so part time depends on the number of hours. It may take more than 5 years.

VIN Member: How is high-quality practice defined?

Tracey Jensen: High quality would certainly be AAHA certified. But otherwise, a practice that works up cases to the best of clients' ability, develops DDx lists, and follows through.

VIN Member: Do you have to work in an exclusively feline practice to be eligible for certification in that species or will a canine and feline practice be okay?

Craig Datz: C/F practice is usually okay for feline only, but cats should be greater 50% of your caseload.

Kimberlee Buck: The percentage dedicated to that species is what is important.

VIN Member: Do you have to be AAHA certified?

Kimberlee Buck: Nope.

Tracey Jensen: No, you do not - that was just a general benchmark. I wasn't AAHA when I certified.

Craig Datz: Other questions about eligibility?

VIN Member: These study groups, are they a VIN group?

Kimberlee Buck: The study groups are currently on Yahoo. Email me and I will set you up.

VIN Member: Do the five years need to be at the same practice?

Craig Datz: No. Most people end up working in multiple practices.

Craig Datz: This process is called "credentialing," by the way. ABVP certification requires that you successfully pass all of the credentialing requirements and pass an examination.

The third qualification is that you have to submit proof of high-quality continuing education in the species category. We require a minimum of 90 hours over the most recent 5-year period. No more than 10% (9 hours) can be in management, communication, or other nonscientific topics. These CE hours need to show that you are actively pursuing self-improvement. We generally don't accept after-dinner talks sponsored by drug companies,

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for example. Instead, we're looking for CE talks at national meetings or high-quality regional or state meetings. And we do accept VIN and other electronic or distance CE as long as it is approved by RACE or your state for licensing requirements.

We'll hold off on questions about CE for now, but feel free to ask later.

VIN Member: Still on experience: Is a residency required or optional?

Kimberlee Buck: Optional.

Tracey Jensen: No, that is the beautiful part. What you do every day is experience.

VIN Member: What did you mean earlier about a 2-year residency?

Kimberlee Buck: There is a residency track. It is the alternative to the practice track.

Craig Datz: **Fourth, you need three recommendations** from veterinarians who know you and are familiar with your competence and ability as a high-quality practitioner. One of these three must be from a specialist from any of the 21 ABVS-approved groups. If you haven't worked closely with a specialist, you'll need to start cultivating a relationship!

Fifth, you'll fill out some forms documenting your practice experience (where you've worked, types of practices, etc.) and the types of procedures and cases you've seen. These are standardized forms but you'll need to write a short description of each job or practice activity. We also require a curriculum vitae (CV), and we have a format for you to follow.

Before moving on, any quick questions on credentials?

VIN Member: Can we count medical research as experience?

Kimberlee Buck: That one is tough.

VIN Member: Is there a requirement for how many years the specialist has practiced?

Kimberlee Buck: No.

VIN Member: Is there a specific format for your references to follow, or do they submit a document as they see fit?

Kimberlee Buck: There is a form on the website and in the applicant handbook.

VIN Member: How do we cultivate a relationship with a specialist in general practice?

Kimberlee Buck: Pick up the phone. Ask questions about cases you refer.

Tracey Jensen: Referrals after you have worked a case up thoroughly. Specialists love clinicians fired up about cases and eager to be 'a part'.

Asaf Dagan: Through normal everyday work, referrals etc.

Ed Loebach: Just contact them and ask for additional help on cases. They love to get to know their referral vets.

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VIN Member: What if the specialists I work with are boarded in ACVIM or other specialties but not AVBP?

Kimberlee Buck: Can be any specialty.

Steven Bailey: For references? That is fine.

Ed Loebach: That's OK. Your referrals can be from any specialty.

Craig Datz: Great questions so far. We'll have time for more later.

The last step in credentialing is to submit two case reports, or one case report and one publication. This step is the stumbling block for most of our applicants. It's pretty straightforward to assemble the documents we've just described. But it's quite another thing to write high-quality case reports and publications!

Let's start with publications, as those are easier to describe. If you have authored a scientific publication in the most recent 5 years before application, or plan to, it can count for credentialing. The basic requirements are in Slide 5: Publication Requirements

ABVP has always required publications from our residents, and we recently expanded the option to all of our applicants. Keep in mind that not all publications will be acceptable. We will read them carefully and see if they reflect ABVP-quality work and meet all of the criteria. ABVP does not accept letters to the editor, short communications, clinical vignettes, "What is your diagnosis?", "ECG of the month" columns, short case reports, or review articles or book chapters that simply review the literature. Some review articles may be accepted if they introduce new information – for example, if you have a series of cases you want to write up and include a literature review, that may be acceptable.

Any questions about publications?

VIN Member: Which journals are accepted for publications?

Kimberlee Buck: That depends on the species.

Craig Datz: They have to be high-quality, peer-reviewed journals.

VIN Member: If I apply, via the requirements I cannot do so for a number of years. Can I start submitting cases now?

Kimberlee Buck: You can start working on them now, but the entire application packet is sent in at once.

Ed Loebach: No. However, I definitely recommend you start collecting possible cases now so you have some to choose from later.

Steven Bailey: You can try and get a paper accepted for publication, any time, and then submit that as part of the packet later.

VIN Member: So, we send you the cases and you choose if they are acceptable? Or they must be accepted by a journal first?

Steven Bailey: For a publication, a journal has to accept it, then ABVP.

Kimberlee Buck: Case reports are not the same as publications. All are sent in at one time to be reviewed.

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VIN Member: It says original research. How do we get this done in general practice?

Kimberlee Buck: You don't have to. You can do two case reports.

Craig Datz: Most of our applicants submit two case reports. The purpose is NOT to describe something unique, or unusual, or bizarre. Instead, the purpose is to demonstrate your professional expertise and clinical abilities. We want you to "paint a picture" about how you go about working up and managing in-depth, challenging cases. We're looking for evidence that you know how to take a good history, do a thorough physical exam, generate a problem list and differentials, systematically rule in and rule out the possibilities, choose appropriate diagnostics, interpret the findings, treat and manage the patient correctly and in an up-to-date manner, and follow up on the outcome. Additionally, we require a review of the literature for the disease(s) or problem(s) you found in your patient.

All of this must be written up in excellent, flawless English. We believe that the ability to communicate scientifically in understandable prose is a characteristic of an ABVP-certified specialist. Therefore, we do not accept papers with misspellings, poor grammar, typos, disorganization, or anything that suggests sloppiness or hurried preparation.

Each case report is reviewed by at least three diplomates in the practice category who evaluate and score it using a form (which is available to you for review). At least two of the three reviewers must give it a passing grade for acceptance. If a case report or publication fails, you will get a summary of the deficiencies so that you can learn what went wrong and get ideas for how to improve the paper or how to do a better job with another case.

Let's pause for questions about case reports, then we'll finish up with a brief description of the examination process.

VIN Member: Do the cases reviewed have to begin with me and end with me or can they see specialists in between?

Kimberlee Buck: You have to direct the care. We don't want "gate-keeper" cases.

Tracey Jensen: As long as you are the primary decision maker, specialists are great - shows your excellence in practice.

VIN Member: Can you do something like a blocked cat or bloat dog? Not a lot of rule outs...

Kimberlee Buck: The case needs to be complex enough to show off your abilities, but yes, if it meets that.

Ed Loebach: Cases like that can work as long as you show a thorough knowledge and workup.

Steven Bailey: A simple case really doesn't show off your mind and ability to rule out, assess, and diagnose.

VIN Member: So a 'roving ultrasound doctor' would be acceptable with a case?

Tracey Jensen: One of my case reports went between me and ER for a week. I utilized multiple specialists (radiologist, internal med, critical care), but it was ultimately my case.

Kimberlee Buck: Yes, if you use a specialist, see if you can assist on the procedure.

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Asaf Dagan: Absolutely.

Tracey Jensen: If you have a case that you used specialists to help with, just run it past any ABVP mentor and get their opinion. Also, the study groups are another great place to get case feedback.

VIN Member: Does the patient have to survive, or can it include necropsy results?

Kimberlee Buck: Necropsy is fine -- well, not for the patient.

Tracey Jensen: One of mine died (with necropsy), one lived.

Ed Loebach: Good question. The patient doesn't have to survive but the death should be an expected outcome.

Asaf Dagan: Euthanasia or death are acceptable end results as long as you did a thorough work-up beforehand.

Ed Loebach: In other words, writing up an osteosarcoma after death is okay but a blocked cat...not so much.

Steven Bailey: (Unless that blocked cat has prolonged care, and some strange complications to be managed.)

VIN Member: Rough guess, how many cases are rejected? And if that happens, do you resubmit or submit another case?

Ed Loebach: I think about 50%.

Kimberlee Buck: 50%. You may or may not be able to revise a case.

Ed Loebach: Your reviewers will give you an idea if the case can be fixed or not.

VIN Member: So some cases may not be complex enough...

Kimberlee Buck: Right.

Asaf Dagan: One of my cases started as a blocked cat, but then got a nice plot with twists and turns.

VIN Member: So that is why you suggested earlier to 'bank' several cases to consider using?

Kimberlee Buck: Study groups are good for letting you know if a case has a chance. We look at your list of possibles and help you weed them out.

Tracey Jensen: Correct. You need to find cases that showcase your practice ability, not some weird, rare diagnosis.

Steven Bailey: As did one of mine. :)

Asaf Dagan: You need to plan ahead so you work the case up nicely from the start.

VIN Member: So generally, if one has a mentor and uses the study group, is the case more likely to be able to be used, assuming the write-up is adequate?

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Steven Bailey: Used or accepted?

Kimberlee Buck: We will help you not submit one that has zero chance. We do not have the secret code to credentials though.

Steven Bailey: You choose your cases.

Ed Loebach: Well, there are no guarantees but it should improve your chances.

Asaf Dagan: I think it helps getting feedback and comments from people who had been through that.

VIN Member: Do you suggest getting an ABVP mentor over study group?

Kimberlee Buck: You need both.

VIN Member: If your case doesn't pass, do you need to sit out that year, or do you have time to fix and resubmit before the examination?

Kimberlee Buck: You resubmit the next year.

Asaf Dagan: Sorry, you'll have to wait a year.

Ed Loebach: Submission is once a year. You take the rest of that year to fix your case or find a new one to submit.

Tracey Jensen: While painful (I know) it is still so worth it.

VIN Member: Did the case need to have occurred within a certain time before applying?

Kimberlee Buck: 5 years.

Craig Datz: We'll finish the prepared text now and take more questions at the end.

The last step in becoming board-certified is to pass an examination that tests your knowledge base in the species category. Exams are given only once a year. Currently we offer them the first or second weekend of November in Chicago at a hotel near the O'Hare airport. The exams are scheduled for Saturday all day and Sunday morning, so you would fly in Friday and leave Sunday afternoon. Exams are multiple choice and are designed to ask clinically-oriented questions rather than obscure trivia. Most of the exams have 300 questions for Saturday's specialty exam and 100 for Sunday's practical exam. The difference is that the practical exam has slides of images that you look at to answer the question.

A passing score on the exam is 70%. We occasionally reduce the passing point based on several statistical criteria, but we never raise it. If you score at or above the passing point on both sections of the exam, then you've made it! You are now a board-certified diplomate!

Any questions about the exam?

VIN Member: Is there a limit to the number of times you may take the exam? If you do not pass, must you resubmit the next year or can you just take the test?

Kimberlee Buck: You have three years to pass. After that you start over.

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Steven Bailey: You get three attempts to pass.

Tracey Jensen: Maybe someone should tell them about Montana Bob.

VIN Member: Does the exam cover medicine, surgery, dentistry and/or clinical oncology?

Ed Loebach: It covers everything.

Steven Bailey: Yes.

Kimberlee Buck: All of the above and more.

Asaf Dagan: All of the above and more!

Tracey Jensen: All of the above.

VIN Member: If a case started more than 5 years before applying but was managed until patient died less than 5 years before applying, is it acceptable?

Craig Datz: No. Cases must be "first seen" within 5 years.

VIN Member: Is there practice management on it as well?

Craig Datz: Nope.

Steven Bailey: No.

Asaf Dagan: Nope.

VIN Member: Thank the lord.

Craig Datz: If you are interested in figuring out how much all of this will cost, we have our current fees (subject to change) in Slide 6: ABVP Fees

Another feature of ABVP's certification is that it is only valid for 10 years. All diplomates have to recertify every 10 years to prove that they are still practicing at a specialist level and have kept up-to-date. There are several options for recertification including taking and passing the specialty exam, submitting new case reports or publications, documenting CE hours, and other methods.

ABVP is committed to helping applicants throughout the process. We have online study groups set up that you can join right away or later on when you're ready to start preparing for certification. The groups can help you with everything from case selection to exam preparation. To enroll in one, just email Kim at dogedorite@aol.com. We also have a list of mentors that you can contact for help.

We'll continue to answer questions on the message boards and any of us would be happy to respond to private emails. Check out our website, www.abvp.com, which has comprehensive information for everyone.

Any final thoughts?

VIN Member: Where can we find examples of case reports and/or templates?

Ed Loebach: The website has it all.

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VIN Member: How do you find a diplomate if one on the list is not close by geographically?

Asaf Dagan: ABVP website.

Steven Bailey: Mine was 1,000 miles away!!

VIN Member: For CE, do you count "skills courses" like ultrasound, dentistry, etc?

Kimberlee Buck: You can.

Steven Bailey: Mentors are also listed on the website.

VIN Member: What's the average time it takes for certification from first packet submission to passing the test?

Kimberlee Buck: They have to be in your species. Most people do not get through on the first try.

Ed Loebach: Good question. Mine took 4 years but I'm not sure of an average.

VIN Member: Thanks for the info - it is nice to know this support is there.

VIN Member: I assume giving CE on relief (management type) and Excel classes (geekdom) are not acceptable, correct?

Kimberlee Buck: No more than 10%.

Steven Bailey: Getting, or giving?

VIN Member: Giving the CE.

VIN Member: Is it best to get a mentor now or within the year before certification? I don't think I'll be ready for all this for another year.

Kimberlee Buck: Now!!!!!!!!!!!!!!!!!!!!!!

Asaf Dagan: Start early.

Tracey Jensen: Get a mentor now.

VIN Member: Can you join a study group now even if you don't plan to write for a few years?

Ed Loebach: Absolutely now. Might as well start forming a relationship.

Kimberlee Buck: Absolutely.

Steven Bailey: Good question.

VIN Member: From your vantage points, is it tougher/more difficult to become certified as a private practitioner or through a residency?

Asaf Dagan: I did it through private practice only.

Kimberlee Buck: I think they are just different.

Tracey Jensen: I did it through private practice only as well.

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Steven Bailey: There have been very few feline residents. Most go private practice.

Ed Loebach: I think the main benefit of the residency is that you get to speed up the process of seeing the types of cases you need.

VIN Member: Which part of the certification takes the most time? From your experience.

Asaf Dagan: Writing case reports.

Kimberlee Buck: Writing the papers is the hardest part.

Tracey Jensen: Case reports were definitely difficult.

VIN Member: Can the mentor write the letter of recommendation or is that not encouraged?

Kimberlee Buck: They can.

Craig Datz: In most years, less than 50% of case reports pass the first time.

Ed Loebach: My case reports took me three years...the test took one.

Craig Datz: I think a lot of applicants, including me, take 2 or 3 years to get both case reports accepted.

Kimberlee Buck: So don't get discouraged.

VIN Member: I have not seen the template, and I feel a bit like the kid in school asking - but in general, how many pages is a case report? Or is that a fair question to ask?

Craig Datz: 100. Actually around 25-50 on average.

Kimberlee Buck: Can be quite long.

Ed Loebach: My shortest was 18 pages...my longest was 32.

Asaf Dagan: Mine were around 80 pages each.

Tracey Jensen: I felt the pain of rejection but all is not lost - I learned a ton on my failed report and isn't that the point?

VIN Member: Is that due to subject matter or the way it is written in regards to not getting accepted?

Craig Datz: Both are common reasons for failure.

Kimberlee Buck: Both can fail a paper.

Craig Datz: Poor case selection is a problem.

Ed Loebach: I think most of the bulk comes from the initial review of the pathophysiology. So a case that requires a lot of up-front review will be longer.

Craig Datz: Poor write up is probably just as common a problem.

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Kimberlee Buck: Spelling!

Ed Loebach: I agree with Kim. Format and spelling are important.

Asaf Dagan: Be sure to follow up on the instructions carefully.

VIN Member: Is it important to have a lot of surgical experience to become certified?

Kimberlee Buck: You need to have a broad range of skills - but I hate surgery.

Craig Datz: Some, but not daily. I never did much orthopedics in practice but that didn't disqualify me.

Ed Loebach: It's not necessary beyond what you would normally see in private practice.

Craig Datz: Ok - great interaction, group! Thanks so much for attending! We hope to see all of you in our study groups. Kim Buck's email is earlier in the transcript, or check our website, <http://www.abvp.com/>

Moderator: Thanks all for attending this evening. And a special thanks to the speakers for sharing their experiences!

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