CLINICAL AUDIT SUBMISSION

Thank you for your interest in writing and submitting a Clinical Audit to the *Veterinary Evidence* journal. If you have any queries throughout the publication process, please contact the [Editorial Office](mailto:editor@veterinaryevidence.org).

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Please download a new template for each submission, as it may have been updated since you last used it.

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| CLINICAL AUDIT RECOURCES |

What article type is this?

There are a number of differences between clinical audit and clinical research which will inform whether ethical approval is needed. If you are unsure please contact us.

See RCVS Guidance for further information:Routine veterinary practice and clinical veterinary [research](https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/routine-veterinary-practice/)

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Please visit our Author Hub before you write and submit your paper: [https:// veterinaryevidence.org/index.php/ve/author-hub](https://production.veterinaryevidence.org/index.php/ve/author-hub)

Clinical audit resources

RCVS Knowledge has developed [quality improvement resources and tools](https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/clinical-audit/) for busy veterinary teams to make a start with continuous quality improvement in their practice.

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| SUBMISSION |

Title of article

In 15 words or fewer, provide a title that a) clearly states this is a clinical audit and b) describes what is being audited. Put keywords and phrases that both represent your audit, and which are attractive to your intended audience at the beginning. A well-written title is an invaluable tool to ensure your paper is as discoverable as possible.

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One-sentence summary

A brief summary of the main result of your paper, without jargon.

**[Please amend or delete sections and subsections below as necessary, while retaining the format and structure of the form as much as possible.]**

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| ABSTRACT |

[Please keep the structured abstract to 250 words maximum. Include keywords and/or phrases. Place essential findings first.]

Aims and Objectives: [Summarise the aim of the audit. Be clear what topic the clinical audit focuses on. The aim describes what you want to achieve. The objectives describe what you are going to measure to show that your aim has been met.]

Background: [Identification of the problem. What did you want to improve? What criteria and target / standards were selected against which to judge performance? What was your target for improvement?]

Methods: [Briefly explain how you measured improvement and how the audit was carried out. Describe what data was collected, how it was collected and how it was analysed.]

Results: [What did your initial audit find, what recommendations were made as a result of the initial audit. Describe what the data tells you about current practice.]

Implementation of changes (Team discussion & changes made): [How have the results been acted on?]

Re-audit: [The audit cycle is not complete without a re-audit.]

* Were any changes made to the criteria or data collection / analysis?
* What were the findings of the re-audit?

Application: [How have the results of this audit been applied in the practices audited? Are there any take-away messages that may be applicable for consideration in other practices?]

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| INTRODUCTION |

Explain why the audit was undertaken.

Outline the aims and objectives of the audit.

Identification of the problem: What did you want to improve? What criteria and target/standards were selected against which to judge performance? What was your target for improvement? Provide rationale for topic selection and include background information that is essential to understanding a process or problem.

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| METHODS |

Briefly explain how the audit was carried out and how you measured improvement. Describe what data was collected, how it was collected and how it was analysed.

This section should include enough detail to allow anyone performing the same audit to use the same approach and methodology.

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| RESULTS |

What did your initial audit find? What recommendations were made as a result of the initial audit? Describe what the data tells you about current practice.

Recommendations: Describe any suggestions for improvement.

Action plan: Make an action plan from the recommendations with responsibilities for action and a timescale for implementation. Identify who will implement the action plan and provide a re-audit date.

Tables and figures

If you include tables, figures and descriptive statistics readers should be able to understand all titles without referring to the text (see below).

Ensure you make comparisons with the target values and criteria.

*Subhead 1: Brief phrase, not a sentence*

Subheadings must be in italics. Use 10 words or fewer if possible. Do not end subheadings with a full-stop. Your paper may have as many subheadings as are necessary.

*Subhead 2: All figures and tables cited in order*

Include figures and tables in the results section near, but below, the first reference to the figure or table. If tables or figures are too large to fit in the text, include them immediately before the supplements (see below).

**Figure 1**. Short title of the first figure. Begin the figure caption with a title (an overall descriptive statement of the figure), followed by additional text. **Help your readers – make sure the figures and tables make sense on their own**. Place the legends immediately after each figure.

**Figure 2.** Short title of the second figure. Indicate figure parts with bold capital letters (**A**), (**B**). If you prefer, you can place both the actual figures and captions logically through the text near where they are cited rather than at the end of the file (but not both).

**Table 1.** Short title of the first table. Start table captions with a title (short description of the table). Format tables using the Word Table commands and structures. Do not create tables using spaces or tab characters.

You must present all figures, figure panels and tables in order. For example, the description of panel A of figure 3 cannot come before the description of panel B of figure 2. You must also present the supplementary figures (for example, fig. S1) and tables (table S1) in order. You may include page breaks.

*Subhead 3: All data presented first in the Results*

You should present all data in the Results. Do not present data for the first time in the Discussion. Data (such as from Western blots) should be appropriately quantified.

*Subhead 4: Formatting in-text reference callouts*

If any of the images (figures, tables and photographs) have been previously published or are owned by someone else, the authors must ensure that they have the appropriate permission from the copyright holder for publication in *Veterinary Evidence* and the caption must include a credit line giving the source.

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| IMPLEMENTATION OF CHANGES (TEAM DISCUSSION & CHANGES MADE) |

How have the results been acted on?

Highlight recommendations for change, for example, better documentation, training requirements, or change of practice. Make your recommendations realistic and achievable. Suggest areas for further work and plans for re-audit if appropriate. Discuss potential barriers to change.

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| RE-AUDIT RESULTS |

The audit cycle is not complete without a re-audit.

* Were any changes made to the criteria or data collection/ analysis
* What were the findings of the re-audit

Please do not submit your Clinical Audit to the *Veterinary Evidence* journal if a reaudit has not been carried out.

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| CONCLUSION |

Review and reflect on the audit process - have there been any problems or points learnt from the process. Is there a plan for further changes or further audits?

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| APPLICATION |

How have the results of this audit been applied in the practices audited? Are there any take-away messages that may be applicable for consideration in other practices? Who will use these results and how should they use them? Is there a plan for further changes or further audits?

Remember the results of clinical audits are not generalisable and there may be many reasons why processes and outcomes differ between practices.

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| ETHICAL APPROVAL AND INFORMED CONSENT |

Authors are required to confirm that the appropriate ethical approval and informed consent have been obtained.

It is important to consider potential ethical concerns, such as the identification of clients, animals or staff and whether any aspects of your audit fall outside routine veterinary practice. Reporting a clinical audit does not automatically mean ethical approval is not required.

RCVS Guidance: [Routine veterinary practice and clinical veterinary research](https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/routine-veterinary-practice/)

Ethical Approval

Where ethical approval has been obtained, please state the name of the approving body and the approval number / ID:

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Where ethical approval is not required, please specify why it was not required, cite the relevant guidelines or legislation where applicable.

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| Ethical approval was not required because… |

Informed consent

Authors must state that written informed consent was obtained for publication from anyone who may be identifiable (directly or indirectly) in this paper.

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| Informed consent was obtained / not required for this clinical audit |

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| COMPETING INTERESTS AND DECLARATION FORMS |

Conflict of Interest and Author Acknowledgement documents need to be completed and uploaded to Editorial Manager alongside every submission. You will not be able to progress with any submission unless these documents are uploaded. You will be asked for this as a required document at the point you upload your manuscript, these are separate to the submission as our peer review process is double-blind and they may identify you as an author.

You can download the documents here:

<https://veterinaryevidence.org/index.php/ve/forms>

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| SUPPLEMENTARY MATERIALS |

[Present a list of the titles of the Supplementary Materials, in the following order: Supplementary materials and methods, supplementary figures, supplementary tables, other supplementary files (such as movies, data, interactive images, or database files). Submit all Supplementary Materials with the manuscript. The actual supplements go after the reference section.]

Materials and Methods

Fig. S1. Title of the first supplementary figure.

Fig. S2. Title of the second supplementary figure.

Table S1. Title of the first supplementary table.

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| FOOTNOTES |

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| REFERENCES |

Always use the author-date system, otherwise known as Harvard system of referencing. This relies on brief parenthetical citations in the text that take the reader to the appropriate entry in the reference list. The reference list only contains those sources cited in the text. All references included in the reference list should exclusively be cited within the article.

The text citation should consist of just the author’s last name and year of publication. If the paper contains citations to works by different authors sharing the same last name, then their initials should be used to distinguish between them.

(Smith, 2021)

(Smith & Jones, 2021)

(Smith et al., 2021) – do not italicise et al. where there are three authors or more

If the author’s last name appears in open text, it need not be repeated in parentheses, the date alone will suffice – According to Smith et al. (2021) dogs in…

Several references may be included within the same parentheses separated by a semi colon – (Smith et al., 2021; Jones & Morris, 1988; and Baker, 1984)

If there is more than one work by an author in a single year they are distinguished by lower-case letters appended to the year – (Smith, 2021a), (Smith, 2021b)

Citation of a work produced by a corporate body may use the name of the body, followed by the publication date. After the first citation instance, where the corporate body’s name should appear in full, subsequent citations to the same body may be abbreviated.

Citations to an anonymous work may use anon. followed by the publication date. Reference list entries are listed alphabetically. Authors initials should follow their last names. The year of publication should follow the author name(s). Journal titles should be in full and italicised. Please provide a DOI number where possible.

Journals:

Last name, First initial. (Year published). Article title. *Journal*. Volume(Issue), Page(s). DOI: DOI identifier

Examples –

Poole, A. (2021). ‘Don’t pee on that!’ Comparing environmental modification and medical management in cats with FIC. *Veterinary Evidence*. 6(1), 1–20. DOI: <https://doi.org/10.18849/ve.v6i1.337>

Thomas, J., Marshall, S., Gormley, K., Conway, G. & Borgeat, K. (2021). Does medical or surgical treatment for aortic stenosis improve outcome in dogs? *Veterinary Evidence*. 6(2), 1–13. DOI: <https://doi.org/10.18849/ve.v6i2.368>

Chapters in edited books:

Last name, First initial. (Year published). Chapter title. In: First initial. Last name, ed., *Book title,* 1st ed. City: Publisher, Page(s).

Websites:

Last name, First initial. (Year published). Page title. Available at: URL [Accessed Day Mo. Year].

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If authors decide to withdraw a paper, they should provide the editorial office with an explicit request to remove the manuscript from the system no later than after the first round of peer review. All authors must sign this letter and it should include detailed reasons for withdrawal.

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| SUBMISSION |

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[**Guidance on Scientific Writing**](http://knowledge.rcvs.org.uk/evidence-based-veterinary-medicine/ebvm-resources/tools-guidelines-and-checklists/#guidance)

[**Reporting guidelines**](http://knowledge.rcvs.org.uk/evidence-based-veterinary-medicine/ebvm-resources/tools-guidelines-and-checklists/#reporting)

[**Clinical audit - RCVS Knowledge**](https://knowledge.rcvs.org.uk/quality-improvement/tools-and-resources/clinical-audit/)

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