Report on the CTR review group

Purpose of the group

A small group of experienced examiners met on the 22nd March. The purpose of the day was to discuss the marking scheme for the written component of the Clinical topic review. This involved reviewing a small number of CTRs, marking them individually and then gaining consensus on the standard. The group then made recommendations to the Dean which will be discussed and changes incorporated in the new FCEM Regulations for 2008.

This report is intended to help trainees (and trainers) in preparing the written material for the CTR viva.

Members

John Bache, Henry Guly, Susan Robinson, Robin Illingworth, Ruth Brown

Mark sheet

We utilised a standard evaluation sheet, which we amended during the day in the light of our experience. Reviewers were asked to comment on the quality of the written CTR submitted for the April 2007 FCEM examination. Reviewers commented on several areas derived from the FCEM Regulations, which included the following:

- Title – appropriate, short, relevant
- Presentation and layout including spelling and formatting
- Clinical dilemma clearly identified and right question asked to solve the dilemma
- Reason for choosing stated
- Literature review – correct papers and well referenced
- Appraisal of literature - critique
- Synthesis of evidence –short relevant summary
- Additional other work – value and standard
- Conclusion from review of the literature and other work if relevant
- Makes suggestions for how changes affect personal practice
- Other comments on the written CTR

Having made comments on each area, the reviewers also awarded a mark out of 8 for each CTR, reproducing the allocation of marks for the written component that is employed in the current regulations.

Results
12 CTRs were reviewed in this way. Marks out of 8 were collected and averaged from the members of the panel. The average mark ranged from 2.5 – 5.8. No CTR scored higher than 6/8 by any reviewer. Comments were collected from each reviewer in each area. There was general agreement, both on qualitative comments and on numerical score; the range of reviewers' numerical scores did not differ by more than 2 marks for any individual CTR.

The view of the panel was that the overall standard was disappointing, both in the content and presentation of the work completed.

Key problems were:

Spelling was poor throughout
Grammar was frequently incorrect
There were multiple formatting mistakes with bold, or capitals used inappropriately
References were not formatted properly – Vancouver style is requested – this was not followed
References were frequently misnumbered in the reference list, or misquoted when checked by reviewers.

Most of the original work completed was superficial and did not enhance the value of the CTR.
The majority of the pieces of original work were in the form of surveys, and generally the questionnaires were of poor quality.
Candidates are reminded that questionnaire design is a complex and special skill.

Other comments from the reviewers.
The choice of topic is crucial – poor topics give the candidate a disadvantage.
In particular – it is difficult to score well on a "management" or organisational design topic. Topics reviewing health education, implementation of guidelines, or training in softer interpersonal skills often require a higher degree of original work to support what is often a paucity of medical literature to review. In addition candidates would need to have additional skills and knowledge in areas outside of Emergency Medicine (social sciences, psychology etc) in order to be able to critically review such topics.

Choosing a topic that has an extensive literature base creates problems, but similarly, focussing on a very small topic may mean that related literature is missed. For example, looking at common conditions but only in children will not allow relevant adult literature to be examined.

Candidates are reminded that the aims of the CTR are:

- to demonstrate expert knowledge in an area
- to summarise and critique the evidence
- to provide some original work /thoughts
- make recommendations for improving clinical care

The word count should be carefully applied – and excessive tables and appendices should not be added; if it is not in the main text then it is not relevant. It is likely that the regulations will change to stipulate a maximum number of tables and figures, similar to the EMJ stipulations for publications.

The title should be short, punchy and arresting – it does not have to describe the whole content of the CTR

Well performed original work should gain more marks.

The written should carry at least 50% if not 60% of the total marks; some areas should be weighted within the evaluation of the written paper.

Final recommendations from the reviewers

Candidates should seek advice on the written CTR submission from a trainer, preferably a member of the Regional Training committee or FCEM examiner. This does not break the “all own work” rule providing the trainer does not rewrite the CTR, but gives an external view on the result of what should be many months of work.

We also recommend that trainees should have chosen the topic by year 2, and completed the CTR at least six months before the exam and have shown it to at least 2 trainers for comment on content, spelling, format and main message.

We believe it is essential for candidates to undergo a mock viva, as the current allocation of marks is only 40% for the written component.

The review panel have made recommendations for changes to the regulations that will be discussed by the Education and Examination committee.

Start early

Choose wisely

Write clearly

Seek advice