

EXAMINATION FOR THE
FELLOWSHIP OF THE COLLEGE OF FAMILY PHYSICIANS OF SOUTH AFRICA
FCFP (SA) PART 1
SAMPLE PAPER
CRITICAL READING OF A JOURNAL ARTICLE (50 MARKS)

TOTAL TIME ALLOWED: (120 MINUTES)

EXAM NO:

INSTRUCTIONS

1. Write your **Examination Number** in the space provided above. Do not write your name anywhere on this paper or in the answer book.

2. Read the article provided and answer the questions related to the article in the booklet provided

NB: Your answers to the questions should be brief and relevant.
This paper forms 20% of the total score for the written papers

Critical review of a journal

Please read the journal article provided and answer the following questions

Burge SK, Schneider FD, Ivy L and Catala S. Patients' advice to physicians about intervening in family conflict. Ann Fam Med 2005 vol 3 no. 3: 248 – 254.

QUESTION 1 (4 marks)

In the introduction to the article the authors refer to other studies which have been done about patients' perspectives on intervention and screening for family violence. Critically discuss the authors' reasons for doing yet another study on this topic.

QUESTION 2 (2 marks)

Explain how the participating family physicians and patients were selected for the study.

- a. family physicians (1)
- b. patients (1)

QUESTION 3 (3 marks)

- a. Explain what an ambulatory research network is? (1)
- b. Explain what some of the advantages of ambulatory research networks such as STARNet are? (2)

QUESTION 4 (4 marks)

Comment critically on the patient response rate for participation in the study.

QUESTION 5 (3 marks)

Two scales are used in this study. Outline issues which must be taken into consideration before an existing scale can be used in a research project.

QUESTION 6 (6 marks)

Critically discuss the definitions of "Family Conflict" used in this study.

QUESTION 7 (17 marks)

- a. Identify the main ethical principle which underlies the process of obtaining informed

- consent for research (1)
- b. Discuss the 5 conditions which must be met in order for a person to give informed consent to participate in a research project? (10)
 - c. Discuss the management of ethical issues in this study. (6)

QUESTION 8 (12 marks)

Explain the meaning of the following terms.

- a. Likert-type scale (2)
- b. Student's t tests (2)
- c. Dependent variable (2)
- d. A codebook (2)
- e. Hawthorne effect (2)
- f. Halo effect (2)

QUESTION 9 (3 marks)

- a. Identify the design of this study. (1)
- b. Is this study a qualitative or quantitative design? Explain. (2)

QUESTION 10 (8 marks)

Respondents were asked: "What advice do you have for doctors who want to help patients with severe family problems?" On page 251, it is reported that the qualitative analysis of the responses to this question revealed 3 major themes. Critically explain how these three themes were derived.

QUESTION 11 (10 marks)

Discuss limitations and bias inherent in the design of this study and indicate how the researchers attempted to overcome these limitations.

QUESTION 12 (9 marks)

Briefly explain what the following statements mean:

- a. Clinic utilisation and physicians asking about family conflict were positively associated ($p = .002$). (pg 251) (3)
- b. Non-significant associations also indicated that physicians were somewhat more likely to refer women ($p=.085$) and younger respondents ($p= .078$) for help with family conflict. (pg 251) (3)

- c. This report includes descriptive statistics of all the major variables in the form of proportions and means. (pg 250) (3)

QUESTION 13 (6 marks)

At the end of the article the authors note that their research leaves a number of questions still unresolved. One of these questions is: How helpful is screening and referral in reducing somatic and mental health symptoms in victims of violence?"

Outline three study designs which could be used to explore this question. (6)

QUESTION 14 (3 marks)

The United States Preventive Task Force (USPTF) – the most evidence-based resource for screening and prevention– has found insufficient evidence to recommend for or against routine screening of women for intimate partner violence.

Explain from the perspective of the patient-centred clinical method, why the conclusion of this paper might prompt you as a family physician to screen for domestic violence in your practice, despite the findings of the USPTF cited above?

Suggested answers to journal critique

QUESTION 1 (4 marks)

In the introduction to the article the authors refer to other studies which have been done about patients' perspectives on intervention and screening for family violence. Critically discuss the authors' reasons for doing yet another study on this topic.

Answer

- i) looked for missing groups*
- ii) claims to be researching gaps in existing knowledge; sample is unique adults primary care patients, men & women, abused and non abused*
- iii) elicited patients own words*
- iv) could examine specific subsets*

QUESTION 2 (2 marks)

Explain how the participating family physicians and patients were selected for the study.

- a. family physicians (1)

Answer

The family physicians were existing members of the South Texas Ambulatory Research Network (STARNet) and volunteered to have their practices be part of the study.

- b. patients (1)

Answer

From each of the participating STARNet practices, 50 consecutive consenting adult patients aged 18-64 were sampled when they checked in with the receptionist for their appointments.

It is not clear from article whether consent was taken or whether it was taken to be implied if patients completed the questionnaire. Students should thus not be penalised if they leave out the word “consenting”

QUESTION 3 (3 marks)

- a. Explain what an ambulatory research network is? (1)

Answer

It is a collection of practices in a region or community that make their practices/patients available for clinical research projects

- b. Explain what some of the advantages of ambulatory research networks such as STARNet are? (2)

Answer

They involve community-based practitioners in primary care research projects that answer questions that are important to their daily practice.

It is usually research that would not be otherwise performed in traditional academic research environments.

QUESTION 4 (4 marks)

Comment critically on the patient response rate for participation in the study.

Answer

253/300 = 84.3%; 50 patients from 6 practices = 300. Two refused – where does that go – numerator or denominator? What happened to the other 47 – were there insufficient patients; was there a time limit?

QUESTION 5 (3 marks)

Two scales are used in this study. Outline issues which must be taken into consideration before an existing scale can be used in a research project.

Answer

Consent/ permission, cost, validation of scale/validated scale, appropriateness

QUESTION 6 (6 marks)

Critically discuss the definitions of “Family Conflict” used in this study.

Answer

No definition is provided in the article

no definition was provided for the patients (Above two = Information bias, so if students use these words = correct)

in the Conflict Tactic scale only physical violence is referred to

in the second part of the questionnaire, a more open ended term “family conflict/ family problems” is used.

It is possible that patients - like family physicians - might be using a limited definition ie mainly physical violence;

but included in survey packet were references to violence. (This assumes that patients actually looked at the information contained in the pack)

QUESTION 7 (17 marks)

- a. Identify the main ethical principle which underlies the process of obtaining informed consent for research (1)

Answer

Autonomy

- b. Discuss the 5 conditions which must be met in order for a person to give informed consent to participate in a research project? (10)

Answer

Competence, voluntariness, information, understanding, authorisation, intervention not harmful (Any five)

c. Discuss the management of ethical issues in this study. (6)

Answer

Study approved

agreement from the network

physicians concerned about offence to patients

anonymity

consent by participation

letter to patients (enrolment script in survey packet)

list of community programs, resources especially to create safety net for patients who possibly need more urgent intervention

No internal audit process to ensure no tampering with sealed envelopes or whether information was protected during entire process/confidentiality (Any six)

QUESTION 8 (12 marks)

Explain the meaning of the following terms.

a. Likert-type scale (2)

Answer

A scale of usually 5 items on which subject is asked to rate his/her strength of agreement with a given statement.

b. Student's t tests (2)

Answer

Assesses whether the means of two groups are statistically different from each other

c. Dependent variable (2)

Answer

The one that changes eg weight and diet (weight would depend on the diet)

- d. A codebook (2)

Answer

List of codes used for entering data into a database eg field names, variables

(Codebook can be called by different names eg “code scheme”)

- e. Hawthorne effect (2)

Answer

Positive effect of being observed

- f. Halo effect (2)

Answer

One good thing extends to everything

QUESTION 9 (3 marks)

- a. Identify the design of this study. (1)

Answer

Cross sectional, descriptive

- b. Is this study a qualitative or quantitative design? Explain. (2)

Answer

*Quantitative and qualitative, with open ended questions which were recoded ie quantified.
(Any reasonable explanation)*

QUESTION 10 (8 marks)

Respondents were asked: “What advice do you have for doctors who want to help patients with severe family problems?” On page 251, it is reported that the qualitative analysis of the responses to this question revealed 3 major themes. Critically explain how these three themes were derived.

Answer

4 researchers decided on central question – what do patients want family physicians to do with /for patients experiencing family conflict; then independently read all the answers; then sorted the answers into “meaningful categories that responded to the question; then met to get consensus on central issues emerging; constructed the codebook; then recoded each answer; differences settled by obtaining consensus; used a team with diverse perspectives; specifically looked at “unique perspective” subsets.

QUESTION 11 (10 marks)

Discuss limitations and bias inherent in the design of this study and indicate how the researchers attempted to overcome these limitations.

Answer

Very few family physicians volunteered to take part because of sensitivities around the term “family violence/ abuse - softer terms used in order to placate physician sensitivities but still only 6 participants

self selection of physicians – more comfortable with emotional/family conflict issues; use of the term family conflict rather than family violence may have influenced respondents views (but materials in survey packet referred to violence)

self selected “abuse” comfortable physicians may have attracted like-minded patients

clinic staff may have excluded with known strong objections to participating – but the high approval rating is in line with other studies (so?)

possibility of halo effect – but anonymity could have countered this; general

problems of self report.

Selection/sampling bias: of physicians and patients – covered above but terminology should be used?

Information bias: patients may have felt pressurised to participate as this was their regular doctor

Attrition bias: numbers do not tally? (These three should also be considered if given as answers)

QUESTION 12 (9 marks)

Briefly explain what the following statements mean:

- a. Clinic utilisation and physicians asking about family conflict were positively associated ($p = .002$). (pg 251) (3)

Answer

Clinic utilisation was greater where physicians asked about family conflict

- a. Non-significant associations also indicated that physicians were somewhat more likely to refer women ($p=.085$) and younger respondents ($p= .078$) for help with family conflict. (pg 251) (3)

Answer

There was no statistically significant relationship between referrals and gender (women) and age (younger) of patients

- b. This report includes descriptive statistics of all the major variables in the form of proportions and means. (pg 250) (3)

Answer

The report gives averages and percentages for all major variables.

QUESTION 13 (6 marks)

At the end of the article the authors note that their research leaves a number of questions still unresolved. One of these questions is: How helpful is screening and referral in reducing somatic and mental health symptoms in victims of violence?"

Outline three study designs which could be used to explore this question. (6)

Answer

Cross sectional analytic

Longitudinal (provided there is an active intervention for all the cohorts of the study if it is comparative in nature)

Qualitative, focus group – maybe

Case-control study (Any three)

QUESTION 14 (3 marks)

The United States Preventive Task Force (USPTF) – the most evidence-based resource for screening and prevention– has found insufficient evidence to recommend for or against routine screening of women for intimate partner violence.

Explain from the perspective of the patient-centred clinical method, why the conclusion of this paper might prompt you as a family physician to screen for domestic violence in your practice, despite the findings of the USPTF cited above?

Answer

The paper concludes that patients for the most part expect/want physicians to ask about family conflict, listen to their stories, and provide information and appropriate referrals.