

BMedSc Intercalated Awards Application Guidance

Example Project

In order to be considered for an award, students must submit a document which contains the following two sections:

1. A statement explaining why you wish to intercalate (Max 200 words)
2. An outline of a hypothetical research proposal. More details and an example of this section are provided below. (Max 500 words)

Hypothetical Research Proposal:

This may or may not be something you would like to pursue during your intercalation – however it is important that you have thought carefully about the scale of the work you propose. The proposed project should be something which is achievable during your intercalation and it is important that you therefore consider cost, time, access to materials or participants and ethical issues. This section should describe the background to the problem, your research aims or objectives and a methods section describing how you would fulfil your aims. You should use sub-headings as relevant to your proposal.

Example:

Background and Aims:

Sub-clinical hypothyroidism is characterised by abnormal serum thyrotropin (TSH) in association with normal thyroid hormone concentrations. Development of sensitive assays and widespread use means GPs are increasingly having to manage sub-clinical findings. Current guidelines indicate to treat only where symptoms are present. However a proportion of these patients will progress to overt disease.ⁱⁱⁱ General practitioners managing sub-clinical patients are faced with management options for which an evidence base is lacking.ⁱⁱⁱ Anecdotal evidence suggests some commence low dose therapy, others treat as a normal result and many initiate a monitoring process resulting in repeated tests. Little is known about the numbers of thyroid function tests undertaken as part of this process or the frequency with which repeat tests are conducted. This study aims to present a snapshot of the current management of subclinical hypothyroidism in primary care and explore the information GPs use to determine a management plan. Such information will determine whether this is a training need amongst practitioners and if so inform GP training.

Methods:

A two phase study using both quantitative and qualitative approaches. NRES approval will be required prior to commencing this project.

Phase one: Three practices will be recruited to participate in this study and searches of practice systems undertaken to identify patients who had a sub-clinical hypothyroid test result during 2003 (to enable a full 5 year case note review to be undertaken). After checking patients status and address with the practice patients will be contacted by letter and consent for a review of their records sought. Primary care records will be accessed and data relating to all thyroid function tests since the original sub-clinical result will be recorded. Recording will include date of test, and specified reason for test and results. Patients will be ceased at the point a clinical result is obtained. The numbers of tests conducted, mean frequency of testing and reasons for tests will be presented. Subject to sufficient data being obtained analyses will be undertaken to identify any patient characteristics e.g. gender, age, baseline TSH level) which might predict frequent retesting.

Phase two: Interviews with GPs will be undertaken to provide data on the issues of consideration when deciding management strategy for a sub-clinical result. A topic guide will be developed once a literature review has been undertaken and will explore issues such as age, gender, patient pressure, co-morbidity, guidelines and financial constraint. All interviews will be taped and transcribed in full. Interviews should continue until data saturation is achieved and no new themes are emerging, however it is acknowledged that this may not be possible within the limited time available. A thematic analysis will be undertaken and key themes emerging from the data presented with supporting quotes.

Word count: 450

ⁱ Parle JV, Franklyn JA, Cross KW,, Jones SC, Sheppard MC. Prevalence and follow-up of abnormal thyrotrophin (TSH) concentrations in the elderly in the United Kingdom. Clin Endocrinol 1991; 34:77-83

ⁱⁱ Vanderpump MP, Tunbridge WM, French JM, Appleton D, Bates D, Clark F et al. The incidence of thyroid disorders in the community: a twenty-year follow-up of the Wickham survey. Clin Endocrinol 1995; 43:55-68

ⁱⁱⁱ Surks MI, Ortiz E, Daniels GH, Sawin CT, Col NF, Cobin RH et al. Subclinical thyroid disease: scientific review and guidelines for diagnosis and management. JAMA 2004; 291:228-38