

How to improve your chance of getting short-listed for the Finalmed Prize

Preamble:

This is a guide written to assist candidates preparing a case report for submission to the Finalmed Prize, a national competition for UK medical students (one prize) and junior doctors (one prize). Further information is at www.finalmedprize.com

Understand the process and the marking system.

The Process:

All submissions are received and acknowledged. Scripts are quickly checked to ensure there are no identifying features immediately apparent. If there are, the script is rejected and referred back to the author for correction; however, the deadline for submissions will not be extended. **N.B. this is not an in-depth reading of the entire paper, because on your covering email we ask you to declare that you have ensured there are no identifying features (patient / doctor / or institution) in your submission script.**

A copy is made of the “Word” document, and this copy is stripped of its file name and given a code – e.g. FY25. The “anonymiser” keeps the master files and a spreadsheet of which script matches up with which code. Once the deadline for submissions expires all anonymised scripts are passed to the members of the Finalmed Team who have agreed to do the short-listing.

It is still possible that some identifying feature may still slip through. If you notice this after submitting, and the closing date for submissions **has not yet passed** then please correct the problem, and resubmit with a covering email explaining what has happened. Once the closing date passes, however, the scripts will be handed to the “shortlisters”. If an identifying feature is noticed by a shortlister they are instructed to reject the script immediately and without marking it. Once a shortlister has spotted an indentifying feature, it is impossible to “re-anonymise” the same script for them. You will be notified as soon as this comes to light, but we cannot accept resubmission once the shortlisters have received the scripts. **Failure of the candidate to remove ALL possible identifying details is the commonest reason for rejection of submissions.**

The Marking System:

There are 5 categories against which your script is judged. No single category dominates, though there can be some overlap between them.

1. **Succinct and effective presentation of the case (4 marks).**

Try and save more words for the discussion. Describe exactly what is needed, eliminate padding, but do include relevant negatives. This is tricky, hence it is one of the criteria.

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2. Choice of case for a general audience (4 marks).

Will the medic or the psych or O&G follow your surgical case report? Can you hold the attention span of an “orthopod” to the end of your Paeds write up? The case report can be a rarity but be aware of your audience trying to follow it. Submissions are shortlisted by a cross section of specialties for this reason.

3. Clarity and Explanation of any diagnostic or management dilemma (4 marks).

So why is this not just another COPD or chest pain? What makes this one different? The answer to this will be partly in the presentation of the case and partly in the discussion, but either section could dominate. What have we learned from this case?

4. Quality of English used (4 marks).

This is a competition on presenting skills. It really does matter how good your English is. Most scripts will score 2 or 3. Spelling and grammar errors will cost you dearly – some scripts have scored 1 or 0. Spell-checker is ubiquitous, there is no excuse. Get somebody to read the report and ask them how easy was it to read. Did they read straight through desperate to know the outcome? Does it leave them saying “Wow”.

5. Overall Impression (4 marks)

Finally, there is a discretionary 4 marks for each shortlister. This is for the overall impression of the paper. Many scripts score poorly here because while the choice of case is amazing, the reader feels let down because the report could have been put together so much better. Remember that this is a competition so your script is judged against to other submissions in each category and it is these 4 marks that permit this. Each shortlister puts forward the papers they consider to be the best written & the most interesting. A shortlister may put forward more than 4 scripts in each category.

What happens next?

During the marking period the shortlisters are not permitted to discuss any of the cases between each other. Each must mark the scripts independently. Once they have marked all scripts, all marking sheets are collated. The totals are added up for each script and ranked. The highest scores go through to the final.

In the event of a tie the shortlisters hold a conference call and are entitled to discuss and argue among themselves as to which of the tied scripts should go through to make up the final 4 in each category. Following this discussion, a majority vote carries this decision.

The outcome of this process decides the successful scripts and this decision is final. The finalists are notified (by phone where possible, followed up by email) and their names are published on the website. All unsuccessful candidates are then notified. Feedback to the unsuccessful candidates is available upon request.

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(Far too) Common mistakes made when writing up Prize Submissions.

Don't put your name on it!

- Common sites – Header / Footer of the document.
- Next common is a cover page – totally unnecessary, you don't need one!
- Less obvious – Click on File – Properties – summary. Here your name or institution may well be listed as the author – please delete these, click ok. (If you are paranoid, check it!).

Don't name your hospital.

- Call it a DGH / Tertiary centre / Rehab unit etc.
- OK, it may be obvious that there is only one centre in the UK doing that particular procedure, but at least make some effort to hide the name. Furthermore, if the procedure / disease is THAT rare, are you sure it will be suitable for a General Audience (4 marks going for this – see above). Choose with care.

You only have 1000 Words

- Don't waste them – lose the Abstract. Make every word matter.
- Use all 1000 – don't stop your report at 500. This has happened, and while the write up is good, the reader comes away wishing the discussion had gone into a little more depth.
- Do NOT try and squeeze in an extra 500 words by verbose labelling of your pictures & diagrams and trying to disguise what you are doing by using italics or similar. It won't work.
- Do not include the references when tallying your word count.

This guide is not intended to be exhaustive, and further questions do arise. Please check the FAQ section of the Finalmed Prize website. If you still have a query, please get in touch.

**Dr Patrick Byrne
November 2011.**