

**From:** [SMS MD Project](#)  
**To:** [Llew Mills](#)  
**Subject:** MD Project Final Report - Your Student Results 2019 cohort  
**Date:** Monday, 23 May 2022 11:52:53 AM

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Dear Llewellyn

We are pleased release the marking for **Peter Becker** MD Final Report that was submitted in 2021.

All students received this feedback last Monday, 16th May 2022.

Each report was graded by 2 or more academic staff. The overall cohort performance was: mean 72 +/- 10 (SD), median 74, max 92. The pass mark is 50.

All students will be invited to present their work at the Online MD Research Symposium to be held on 12<sup>th</sup> and 13th September 2022 (details announced soon). Supervisors are also invited to attend and especially encourage this if your student is chosen to give an Oral Presentation. Student attendance at the MD Research Symposium is compulsory for all Year 4 students as it is a requirement for MDMP5410.

### **Final Grade: 67**

Comments provided by the examiners are provided below.

#### **Marker 1 comments:**

Abstract - Overall well written. The aim could be better explained - It is unclear how this study is more likely to "bring clarity" to the relationship between secondary drug use and OST compared to the studies that precede it, nor what the hypothesis was (which is explained later but should be in the abstract). Context, rationale, study questions - Good review of the background, rationale and introduction of the hypothesis. As part of the literature review, a critique of pre-existing studies rather than just a statement of their findings would have improved this section. How is your study design more likely to provide clear answers where previous literature is inconsistent? Study/sampling size is important, but not detailed here. Methods - Overall the research methods are described adequately. It is unclear whether the sample size is adequately powered to demonstrate changes in secondary drug use changes. For clarity, Table 1 would be better expressed as a flow chart (similar to the CONSORT flow diagram used in trials), as is common in the literature to demonstrate the impact of inclusion/exclusion criteria on final sample size. Findings - The findings are presented reasonably well, with reference to tables and figures. Key data (indeed the key finding regarding cannabis use) is presented in the appendix, when sadly there are no marks for appendices. Synthesis and critical discussion - Apart from a less heterogeneous study population, the author could propose further study questions that address its limitations. Overall formatting is good. Some of the writing is written well in a prose style but in a less scientific manner which can lack clarity.

#### **Marker 2 comments:**

This report on "Patterns of Secondary Drug Use in Patients Enrolled in Opiate Substitution Therapy" is a clear pass standard and presented well. Abstract is clear, succinct summary of the rationale, methods, results and conclusion. Introduction illustrated the well-researched problem of concurrent other drug use in patients with opioid dependence, with possible mechanisms, and other major studies illustrating the secondary drug use

complicating the treatment outcomes of OST. Methods section should contain ethics approval details from the study the data was extracted from. Otherwise the section was written well, greatly assisted by the use of table to explain the reason for n=1000. Appendix was helpful in seeing what ATOP is, to someone not working in the field. I appreciate the efforts required by the candidate to understand statistical analysis details and gain software skills to carry out the data analysis work. Results were supplemented with appropriately labelled graphs, which illustrated the dataset with multiple complicating variables nicely. Discussion emphasized the main points from the study well, however in-depth interpretation and reasoning is lacking. Discussion of the limitations was superficial as well - how did the lack of the details affect the results of the study? how it could be improved in the future? are some of the details the could be added. Finally, there were sentences missing citations and obvious spelling errors or inappropriate words used (possibly arising from auto-correct) which could be improved with closer proof-reading and would improve the quality of the report.

Thank you for all your hard work.

Kind Regards

The MD Project Team

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**From:** [SMS MD Project](#)  
**To:** [Llew Mills](#)  
**Subject:** MD Project Final Report - Your Student Results 2019 cohort  
**Date:** Monday, 23 May 2022 11:55:34 AM

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Dear Llewellyn

We are pleased release the marking for **Michael O'Malley** MD Final Report that was submitted in 2021.

All students received this feedback last Monday, 16th May 2022.

Each report was graded by 2 or more academic staff. The overall cohort performance was: mean 72 +/- 10 (SD), median 74, max 92. The pass mark is 50.

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### **Final Grade: 76**

Comments provided by the examiners are provided below.

#### **Marker 1 comments:**

The abstract is concise, complete and well written. The student provides a clear understanding of the context, rationale and background to the study with respect to understanding risk factors for CUD for those who use medicinal cannabis. Within space limitations, there is a good summary of the existing literature. Use of the first person should be avoided in scientific writing (e.g. "I identified only two studies based on surveys..."). It would also have been helpful to discuss the strength of evidence in the field (e.g. how reliable was the survey data obtained on which published data is based). Methods Again use of the first person should be avoided in describing the methods. There are small errors in referencing (reference [6] on page 9 should be [16]). Although the survey methods have been previously published, more detail could be provided as relevant to this particular study. Sources of bias should be mentioned relative to the strength of data collection (e.g. sampling bias from an anonymous survey). Results The results are comprehensively described, with appropriate statistical analysis and a good summary of key findings. Discussion The author provides a clear and logical discussion with an appropriate interpretation of the findings and limitations.

#### **Marker 2 comments:**

Candidate's report on Correlates of Cannabis Use Disorder in Australian Medical Cannabis Users was easy to read. The amount of work that has gone into the literature review and gaining ability to use R to perform regression analysis was noticeable and is to be applauded. Few points to improve include: - Abstract was succinctly well written. Aim of the study however was missing. - Lots of original statistics (especially odds ratios) were presented without confidence intervals, which I thought was unusual. - There were a few sentences that should have had references but not presented. - Methods did not have ethics details of the original study. - Very good description of the literature search including the keywords used and database - Detailed description of the variables using table format and

similarly for the questions asked was good. - More in-depth explanation of potential bias and confounding would have improved quality of critical discussion - It is unusual to see 1st person pronoun in a scientific report. Well done on well-written report on an interesting topic.

Thank you for all your hard work.

Kind Regards

The MD Project Team

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**Date:** Monday, 23 May 2022 11:54:00 AM

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Dear Llewellyn

We are pleased release the marking for **Kieran Cook** MD Final Report that was submitted in 2021.

All students received this feedback last Monday, 16th May 2022.

Each report was graded by 2 or more academic staff. The overall cohort performance was: mean 72 +/- 10 (SD), median 74, max 92. The pass mark is 50.

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### **Final Grade: 55**

Comments provided by the examiners are provided below.

#### **Marker 1 comments:**

Abstract - Although the aim is stated, the rationale for doing so is not summarised in the abstract. Context, rationale, study questions, literature review - Although the author outlines the scope of the NMDS, the rationale for using the ATOP as a comparator is not explained, nor are alternative questionnaires explored as part of a literature review. The author could better explain the potential contribution of this research to existing knowledge. Methods - This section is very brief and insufficient. Although it is appreciated that a pre-existing data set was used, the author should have detailed what the data sets encompassed (ie study population, setting and criteria for inclusion). The aim here would be to provide sufficient detail to replicate or evaluate the work. Findings - The results are clearly and logically presented and address the study question. The use of two decimal places in proportional results for several table seems unnecessary. Synthesis and critical discussion - The discussion is logical with appropriate commentary to explain the results and limitations. It is interesting that Applications are outlined in the final paragraphs of the discussion. This would provide the much needed rationale in the abstract/introduction! Overall Multiple grammatical and spelling errors, inconsistent formatting of references The word count is already at the lower end, coupled with the title/date format used for references, it would be even lower.

#### **Marker 2 comments:**

This report on testing the validity of NMDS questions about additional drug of concern is of pass standard. I can appreciate the degree of statistical analysis the candidate would have learnt to do by participating in the project and it will serve him/her well in the future. Abstract was succinctly written but I would have liked to be able to see how NMDS was compared with ATOP. There were some grammatical errors and missing citations / references which could have been detected through thorough proof-reading. Rationale for the use of arbitrary cut-offs in methods could have been explained (through citing similar

studies or explanation of reasons). Given large dataset, sample size calculation could have been done and presented. Table 1 I feel could be broken down - demographic data in the top group and drug of concerns information probably belong on another table given they are the study variables. I can see there were many variables to deal with - tables and graphs greatly assisted understanding, although axis labelling in Figure 1 could improve. Overall Pass - more in-depth literature review, referencing, analysis and interpretation would improve the quality of this report, as well as proof-reading.

Thank you for all your hard work.

Kind Regards

The MD Project Team

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**From:** [SMS MD Project](#)  
**To:** [Llew Mills](#)  
**Subject:** MD Project Final Report - Your Student Results 2019 cohort  
**Date:** Monday, 23 May 2022 11:56:43 AM

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Dear Llewellyn

We are pleased release the marking for **India Cordony** MD Final Report that was submitted in 2021.

All students received this feedback last Monday, 16th May 2022.

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### **Final Grade: 79**

Comments provided by the examiners are provided below.

#### **Marker 1 comments:**

This is an excellent narrative review that is clearly set out, with a systematic approach to identifying relevant literature, with a structured and comprehensive review of existing work. The abstract is very clear, concise and well-presented addressing all areas expected of a high-quality abstract. Introduction/rationale/aims This paper provides an excellent concise but comprehensive review of the literature. A clear rationale is set out, linking the literature to the study question at hand with a justification for the current work. Methods Excellent, comprehensive and clear detail of the methods used. Standard methods and criteria have been applied for inclusion/exclusion. Findings A clear outline of all the eligible studies is provided with an excellent summary table. Discussion The author has provided a critical analysis of the findings and drawn appropriate conclusions. There is a good attempt at evaluating evidence quality, including randomisation methods. The author demonstrates good insight into the limitations of the study. References The reference list is accurate and without errors. I note that the author has exceeded the word limit, although no penalty is applied due to the small margin (297 words). However, it is important to consider that were the work submitted for publication, there would be strict word or character limits so the author would be forced to fit within those limits. Overall the student is to be congratulated for an excellent piece of work, that would stand alone even without the more limited time to changing projects. I encourage the student to continue developing research and writing skills, aiming for publication of this or future work.

#### **Marker 2 comments:**

The candidate's review on effective of routine outcome monitoring and feedback on client outcomes in drug and alcohol treatment was informative to someone who has no background knowledge on the topic. Abstract was well structured and clearly provided the summary. Introduction explained the rationale for the study well backed up by references. Candidate stated there were evidence supporting client outcome monitoring and feedback

from psychotherapy, counselling, and went on to explain the mechanisms for how this may improve treatment outcomes - exploring other dimensions may have enriched this report. Methods had a list of search terms and clear inclusion and exclusion criteria, with PRISMA flow chart - which makes the review high standard. One narrative review was excluded, rightfully so, but some explanation on what it was about would have been informative, given this report is also a narrative review. Summaries of the studies in results section was easy to read and covered all main points of the studies. Discussion was well written and good argument was made. I felt the positive evidence mostly emerged out of smaller RCTs or retrospective reviews of questionable methodology. Candidate's wording of the evidence quality was contradictory at times "quality of evidence in this review is quite strong" vs "several papers represented a low evidence level". Information on evidence quality can be presented as table - there are many examples of that in any Cochrane report, and I wondered why formal evaluation of the risk of bias could not be undertaken. Well done overall.

Thank you for all your hard work.

Kind Regards

The MD Project Team

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**Date:** Monday, 23 May 2022 11:54:20 AM

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Dear Llewellyn

We are pleased release the marking for **Aleksander Stadnicki** MD Final Report that was submitted in 2021.

All students received this feedback last Monday, 16th May 2022.

Each report was graded by 2 or more academic staff. The overall cohort performance was: mean 72 +/- 10 (SD), median 74, max 92. The pass mark is 50.

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### **Final Grade: 80**

Comments provided by the examiners are provided below.

#### **Marker 1 comments:**

**Abstract** The abstract provides a concise and clear summary of the research topic. A more detailed summary of the results could have been provided. Given the key limitation of a high dropout rate and other potential sources of bias, one ought to be careful about concluding that there is a "robust temporal relationship between QoL and cannabis use".  
**Introduction** A clear rationale is provided for this study, with a good attempt at explaining how the present study design would aid in answering the research question where other correlative studies have not. The Aims/hypothesis should be more concise and clear - As a paragraph/sentence it is rather wordy. It could be improved by removing non-essential statements (e.g. "using a variety of scales at multiple timepoints"). It is unclear how comprehensive the literature review is - a single longitudinal study is referenced (Hser and colleagues [16]). A more systematic analysis of the extant literature would provide the necessary background and justification for the present work. If indeed the existing published work is deficient, it could be spelled out in more detail.  
**Methods** The research and data analysis methods are adequately described. However, it would be helpful to attempt to identify sources of bias and how this could be minimised. Since this is a secondary analysis of data collected in an RCT, the population studied or indeed the intervention (whether placebo or study drug) could have affected the outcome (or there could be divergent outcomes depending on treatment allocation).  
**Results/Discussion** The results are well described and could be further improved with an analysis by intervention (i.e. does the treatment allocation group affect the outcome of the secondary analysis?). Discussion of this limitation would have been helpful, with an appropriately cautious interpretation of results.

#### **Marker 2 comments:**

It was a pleasure reading this candidate's excellent report on "Effects of Cannabis Use Reduction on Quality of Life Among People with Cannabis Dependence" Abstract was

succinctly written with all main points to understand the study covered. Paragraphs in introduction flow well and appropriately referenced. Correlational research vs concurrent argument in the introduction showed the depth of the candidate's understanding on the topic and related research. Methods section was written clearly with easy-to-understand description of the tools used. Given the data were obtained from already approved trial, it would be appropriate to include ethics approval details of the original trial. The actual survey included as appendix may be useful for some readers, although I recognise there may be potential copyright issues there. Presentation of results were visually appealing using appropriately labeled tables and graphs, and explanations were well-written. Discussion analyzed strengths and weaknesses of various tools used. Discussion of limitations was clearly marked, identifying most of the major weaknesses in a succinct manner. Adequate number of references used for the length and depth of the report. Not much to fault. Well done.

**Marker 3 comments:**

Abstract Clear overview of the project Introduction- Context, rationale and Lit review. This is a well written introduction that gives the background information on CUD and QoL. Easy and engaging to read. Well referenced and the aims and hypotheses are clearly stated. Methods Ethics statement is present. Study design is clearly articulated. Inclusion and exclusion criteria are clear. Data collection and analysis are appropriate. Statistical analysis is described well. Results Well written results section. Text flows well and is supported by the tables and figures. Tables and figures are clearly presented and appropriately labelled with clear legends. Figure 1 lacks n values. Discussion Well-structured discussion that covers the main issues arising from the results section. The findings are discussed in relation to current literature. Limitations are described and future studies are suggested. The concluding paragraph draws it all together and answers the aims. Referencing Appropriate formatting and suitable literature have been cited. Presentation. The report is presented well and appropriately formatted. Scientific writing style is well developed.

Thank you for all your hard work.

Kind Regards

The MD Project Team

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