

- If this report is about a different client group, or a different community, are the general ideas relevant to the community within which I work? This is a question about theoretical generalisability.

As for any research design, a well conducted study should demonstrate the sound application of methodological principles and well grounded interpretation. The following criteria are a useful checklist for readers in judging the quality of a qualitative study:

- **A clear sampling strategy.**

If not randomly chosen, how were the interviewees selected? Were they chosen to represent the range of patients with this eye problem, or were new people interviewed until new conclusions could not be determined from the interviews? (This is often called *saturation*).

- **Steps taken to reduce threats to reliability and validity.**

This might include taping and transcribing interviews to ensure accuracy; using more than one researcher to analyse data to reduce researcher bias; including some basic counts of responses.

- **Some account of the context.**

In qualitative research, it is important to

understand how the context of the study might have affected the data collected: who did the interviews, and might this have affected respondents? Were interviews done in the home or in the clinic? In focus groups, were some participants (such as women, or elders) less able to give their opinions? A summary of this context helps the reader assess the validity and generalisability of the findings.

- **How 'deviant cases' were accounted for.**

One key way to strengthen faith in conclusions is deliberately to 'test' emerging ideas against negative cases, in order to try to falsify them. The researchers should demonstrate how they looked for cases which disproved their conclusions.⁵

- **Theoretical context.**

Although 'theory' may seem irrelevant to practical health research, good qualitative studies will account for health behaviour in the context of a theoretical account of social behaviour. They will make some reference to how a body of theory as well as other research in the area has contributed to the current research question and the interpretation of results.⁵

In summary, well conducted qualitative

research can provide invaluable insight into eye care related health behaviours and the use of services. Together with other study designs, qualitative studies can improve our understanding of how eye care is managed in the context of everyday life.

Acknowledgement

Many thanks to Martine Donoghue for drawing my attention to some of the qualitative work on eye care.

References

- 1 Mays N, Pope C, (eds). *Qualitative research in health care*. London: British Medical Journal Publishing Group, 1996.
- 2 Donoghue M. People Who Don't Use Eye Services: Making the Invisible Visible. *J Comm Eye Health* 1999; **12**: 36-38
- 3 Christian P, Bentley E, Pradhan R, West KP. An ethnographic study of night blindness 'ratauni' among women in the Terai of Nepal. *Soc Sci Med* 1998; **46**: 879-89
- 4 Mabey DCW, Downes RM, Downes B, Bailey RL, Dunn DT. (1991) The impact of medical services on trachoma in a Gambian village: antibiotics alone are not the answer. *Ann Trop Paediatr* 1991; **11**: 295-300
- 5 Green J. Commentary: grounded theory and the constant comparative method. *BMJ* 1998; **316**: 1064-5

☆ ☆ ☆

International Assessment for Ophthalmologists

Two tests of knowledge related to Ophthalmology will be carried out in the candidates own country on
6 April 2000 (Closing date for applications is: 31 January 2000)

International Council of
Ophthalmology

Basic Science

Test will consist of a multiple choice question paper:

Part I

A two-hour question paper to include questions on Anatomy, Physiology, Pathology, Pharmacology

Part II

A one-hour question paper on Optics and Refraction

These are usually taken concurrently but can be taken separately

Those who achieve pass standard or above will receive a certificate confirming the standard achieved. This certificate is now accepted as equivalent to the basic science sections of the ophthalmology examinations of several countries.

The Test Regulations, Syllabus and Candidate Guide giving details of the criteria for entry and the test fee, are available from:

The Examination Secretary

The International Council of Ophthalmology, 2 Wort's Causeway, Cambridge CB1 8RN, England

Telephone +44 (0)1223 244101 Fax +44 (0)1223 244079

Clinical Sciences

Test will consist of 200 multiple choice questions on:

- 1 General medicine
- 2 Ophthalmic pathology and intraocular tumours
- 3 Neuro-ophthalmology
- 4 Paediatric ophthalmology and strabismus
- 5 Orbit, eyelids and lacrimal system
- 6 External disease and cornea
- 7 Intraocular inflammation and uveitis
- 8 Glaucoma
- 9 Lens and cataract
- 10 Retina and vitreous

Candidates must have passed the International Council's Basic Science Assessment or an equivalent recognised Basic Science examination.

Those who achieve pass standard or above will receive a certificate confirming the standard achieved.