Title: Patient perceptions of innovative longitudinal integrated clerkships based in regional, rural and remote primary care: a qualitative study

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Author’s response to reviews:

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Response to final review: Patient perceptions of innovative longitudinal integrated clerkships: Hudson JN, Knight PJ and Weston KM

Dear Editor,

Thank you for your and the positive reviewers’ responses to our modifications. Below, we have addressed the latest comments according to reviewer.

Editor’s comment:

1) We need to emphasise that the interviewer was NOT a leader in the programme. The programme was set up by another manager some years before this research and the interviewer was not this person. The interviewer was a temporary staff member while the initial manager was on short-term maternity leave. She did not know the students who provided the patients or the patients, and interviewed for the research sometime after her temporary position concluded. The ‘set-up’ manager had returned to her role and she had no role in the research at any time. The interviewer had assumed a research facilitator role, and had no role in the programme or its outcomes, at the time of the research.

2) Re selection of patients: This paper is specifically about how patients view long-term rather than short-term GP placements. Thus for this research, purposeful sampling was needed to recruit patients because of who they were and what they knew, i.e. those who had seen the student several times and have the student involved in a level of continuity of care (the aim of the educational format). To identify this category of patients we had to ask the students themselves (given they hadn’t recorded their log satisfactorily). As for any health care professional, the patient needs to see the student more than once to allow active involvement and to be able to comment on their contribution. Please also note that while the patients were sourced by students on placement at the time of the research, the patients talked about students who had been there in the preceding year and these students were not involved in patient selection at all.
Both concerns re sampling have been addressed in the Methods, Sampling section (p.8 of paper).

3) A further statement about data saturation from 13 interviews has been added, i.e.
Data saturation was achieved as the transcripts were analysed—Methods (p.9).

4) The phrase in the last paragraph on page 17 (previously page 15) has been modified to clarify, as requested.

5) The wording has been improved or typos corrected as requested:
• Page 7, Methods first para, line 2: region changed to hubs
• Page 7, first line: `While an attempt
• Page 10, last quotation: `more follow-through [than] with
We are not able to add the [than] as the patient said what was quoted. As students followed the patient from GP practice to the hospital in the community, they were able to have follow-through to the hospital.
• Page 11: The doctor-patient-student relationship: this is what the patient said and they meant that when seeing the student alone, the student may have said something about the patient’s health/treatment etc that was not what the patient had been told or knew before, so they would check with the doctor when the doctor joined the consultation, or just questioned the student directly about what was correct. We believe the reviewers have understood this.
• Page 13: Community engagement: `and the students’ adaptation
• Page 19: first paragraph, 3rd last line: `considerably less structured. This was not changed as considerable was used to indicate quantity of data rather than qualifying less structured. It was altered to say a considerable amount of less-structured……..
• Page 20, Conclusions: Changed to `assistant physicians’

6) I do understand the concerns of the reviewer Bates as Prytowsky and Bordage were calling for medical education research that reported on health outcomes for patients rather than just outcomes for learners.. However, their wording related to a lack of `patient perspectives’ which included satisfaction, quality of life etc., so we agree with your comment that you feel that our approach does contribute to this debate.

Response to Reviewer Bates:
1. ‘The authors have addressed most of the comments of my previous review’.
2. Given the editor has expressed satisfaction with referencing of the Prytowsky and Bordage paper this has been maintained. I believe the patient description of how the students have improved their health care does contribute to understandings of any outcomes of this educational initiative for patients.

Response to Reviewer Hays:
This reviewer commented that the manuscript is now much improved, and that most of the issues raised have been dealt with appropriately.

As explained in the response to the editor comments, the data were NOT collected by a staff member who set up the initiative.

Response to reviewer Coventry:
Reviewer advised: Concerns addressed. He was particularly impressed by the reworking of the description of the methodology and requested no further revisions.