Reviewer’s report

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

Version: 1 Date: 12 March 2012

Reviewer: Joanna Bates

Reviewer’s report:

This is an interesting paper that explores patient’s experience and perceptions of an LIC. While interesting, I had some difficulty following the thesis of the paper and would recommend that the authors address some significant difficulties prior to publication.

Major Compulsory Revisions

1. Background and Literature review: The authors situate this paper in the context of LIC’s and publications about the structure of LIC’s. However, much of the description of LIC’s could be shortened with references for those readers who are unfamiliar with the clerkship structure and findings to date. As well, the local context that is outlined in the background would be better situated as the context for the study in the methods, opening the way for a more detailed exploration of “patients as medical educators”, which I think is the focus of this work. The authors touch on this literature but don’t really explore it in any detail, so this work feels not securely linked to previous work on patients as participants in medical education. As the authors suggest, there is a significant body of literature, including theoretical frameworks and description of gaps to be addressed by research.

2. I had difficulty being clear about what this study is really about. The authors variously talk about the work being about patient perceptions of the LIC, or about patient outcomes. The authors link to Georges Bordages’ call for increased research into the effect of medical education on patient outcomes, but this call refers to patient outcomes from a health systems context. I did not find any data or themes in this paper addressing this gap. After reading the paper several times it appears to me that the paper is more about why the patient are satisfied with and accept the inclusion of students in their care.

3. Methods: I have some difficulty with the methods. Yin’s case study methodology is put forward as the method used, but case study methodology involved rigorous description and understanding of the context that each case takes place in. If the patient is the unit of analysis in a cross case comparison, then there should be a very detailed description of the context that the patient exists within. Describing the context as rural, regional, and remote does not satisfy the requirements for either case study methodology or for cross case analysis. As well, the authors put forward three hypotheses for testing, and yet the method used in the study is a qualitative method. This represents a mismatch between the research question and the methods selected.
4. Furthermore, there is no explanation in the methods as to why the researchers felt that there was an adequate sampling of patients. Was saturation reached, or was this a convenience sample of positive respondents, or of those who met the criteria? Given that the student was present in a remote or regional setting for an extended period of time, the reader would anticipate that there were many patients who could be interviewed. What was the rationale at stopping at 13 total? As well, it is very difficult to imagine that there was saturation of each case to the degree to allow a cross case comparison.

5. Finally, in neither the methods section nor in the discussion do the authors discuss the inherent bias in their sampling process. Because they recruited patients who had been followed by the students for at least 3 consultations, they inevitably recruited those patients who agreed to be seen by the students, biasing their sample towards those who felt positively about the clerkship and about student involvement. As well, the students put forward the names of the patients they had seen, rather than the patients being recruited from a roster. Again, what is the bias inherent in that process – for me as a reader I would expect that the students put forward the names of patients with whom they had had a positive experience. While it can still be worthwhile to explore patient perceptions, the authors need to address the issue of bias in their sample, or modify the research question. It would also be helpful for the reader for the researchers to situate themselves in the research – i.e. what perspectives do they bring to the data?

6. In the results section, I felt that the interpretation sometimes went well beyond what I could see in the data, raising questions for me about the integrity of the data analysis. For example, Theme 4 – the patients describing professional identity formation does not see to be described to me in the data presented. Perhaps these more theoretical interpretations should be saved for the discussion rather than interpreted in results.

7. In the end, I was not at all sure what insights I had gained from the paper. The conclusions reached in the Discussion sometimes seemed well beyond the results presented in the paper - for example the conclusion that the student guided the patients' choices for their care.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.