Author's response to reviews

Title: Satellite clinics in academic ophthalmology programs: an exploratory study of successes and challenges

Authors:

irene c kuo (ickuo@jhmi.edu)

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Dear Editorial Board:

Thank you for the thoughtful reviews and the opportunity to revise my manuscript, which I have renamed per reviewer recommendation, “Survey of satellite clinics in academic ophthalmology programs: an exploratory study of successes and challenges.” I find very little peer-reviewed literature on this topic in academic medicine—and none in ophthalmology. I have cut one page of text by deleting and/or placing information in Table 3, per Dr. Chen’s comment.

Point-by-point description of changes made on this revision and/or my response:

Dr. Lawrenson’s points:

1. Aims of the study were in manuscript (“The purpose of this survey was to offer an exploratory, descriptive first glimpse into satellite practices of academic ophthalmology departments by ascertaining the views of department leaders—to discern common themes of successful satellite practices at various programs and common programmatic issues that need to be addressed”) but title was changed to the one suggested by reviewer.

2. As Dr. Lawrenson states, this study was exploratory in nature and I reiterate this point in the discussion along with his suggestion that other studies that are “more comprehensive and systematic” and encompassing faculty and staff could be launched. The Discussion has been revised (in length, in level of emphasis given to the points, and in the order in which they are discussed) to reflect his suggestions.

3. Hitherto using only the RATS guideline for qualitative research, I understand the limitations of this paper vis a vis Consolidated Criteria for Reporting Qualitative Research (COREQ). I did, however, address some points in the original manuscript, such as the fact I was the author and interviewer, the number of programs I approached and which program was omitted and why, and who the department leaders were (chairs, vice-chairs, chief executive officers). New are the issue of data saturation (though this was an exploratory study) and identification of myself in the Introduction as a faculty member and satellite division chief at one institution surveyed. As such, I would have interest in this topic. Ophthalmology is a small field, and as such I am acquainted or somewhat familiar with the people I interviewed. I did not interview my boss.

I doubt any chairman/department representative would have consented to an audio recording. This topic has not been studied/published in ophthalmology and there is some sensitivity surrounding this topic—both inside and outside academic centers. People may have not been as candid in their discussion had they been recorded. In addition, having written for the MIT newspaper as a student (and high school paper before that), I approached this topic more as a journalist: I came up with questions I thought readers would want to ask; felt I had to protect my sources (therefore the anonymity); analyzed the information (and saw where there were holes); and then tried to get the story out. Having this background, I trusted that I took an accurate transcript with each interview.

I developed the questions based on my experience as medical director of a satellite and wanting to know how other departments operate their satellites and whether there was a “right way” to operate satellites.
Reviewer Dr. Chen’s points:

1. I put some quotations in Table 3 and thereby was able to shorten the text by one page. I did not put all questions in table format like Table 2 for fear that such information would identify the programs I studied. I believe answers to my questions would not have been candid had I identified program and program leaders.

2. Followed suggestion to put “N” in boxes in Table 3

3. I considered going through the websites of each program to determine # of faculty who were junior level or on tenure track. However, I was concerned that including such data would identify the programs. The general impression was that satellite faculty are junior level and non-tenure track. Dr. Chen is correct in saying that the results I report are the impressions of the department leaders I interviewed, and as such impressions may be quite different from reality. For this reason, I included points that were not emphasized by all department leaders but may deserve their attention as a minority voiced concern—namely, academic rank and progress of satellite faculty, faculty integration, and “brand” preservation.

4. The numbers were either provided by department leaders or published in Ophthalmology Times (I’ve now included this information in the text), and one program did not feel comfortable providing revenue or patient visit information even after attempts to follow up.

I hope that this manuscript is of interest to your readership.

Sincerely,

Irene C. Kuo, MD

Associate Professor of Ophthalmology

Cornea, Refractive Surgery Divisions

Wilmer Eye Institute

Medical Director, Wilmer Eye Institute at White Marsh

Johns Hopkins University School of Medicine