Author's response to reviews

Title: Students' perceptions about the transition to the clinical phase of a medical curriculum with preclinical patient contacts; a focus group study.

Authors:

Merijn B Godefrooij (Merijn.Godefrooij@hag.unimaas.nl)
Agnes D Diemers (A.Diemers@sk.unimaas.nl)
Albert JJA Scherpbier (A.Scherpbier@oifdg.unimaas.nl)

Version: 2 Date: 19 February 2010

Author's response to reviews: see over
Dear editor,

We are very pleased to learn that you would be willing to reconsider our manuscript “The effect of preclinical patient contacts on the "shock of practice": a focus group study” (9267408883054832) should we be prepared to incorporate revisions. We would like to thank the reviewers for their detailed suggestions and comments which were very helpful to improve the paper.

Below we explain how we have addressed the reviewers’ comments. We are looking forward to your response.

Yours sincerely,
Agnes Diemers
Response to the comments made by the reviewers- Revised version manuscript
9267408883054832- “The effect of preclinical patient contacts on the “shock of practice”: a focus group study”.

Brief descriptions of the reviewers’ comments are given in italics followed by an explanation how we have addressed each comment and any text we have changed substantially or added.

Reviewer 1

*You either need to change the title AND your research question (which is not the same in the abstract and full text) or you need to remove the rest of the data. This could be published in a separate paper.*

We agree that the title did only point to the second part of our original research question. Therefore, we changed the title of the paper into:

“Students’ perceptions about the transition to the clinical phase of a medical curriculum with preclinical patient contacts; a focus group study.”

The research questions described in the abstract and the full text are adjusted in such a way that they are the same now and that they cover the reported results.

The research question in both the abstract and full text is now changed into:

“We studied how students who have had preclinical patient contacts perceive the transition from preclinical to clinical training and, more specifically, how they value these early patient contacts as preparation for learning in clinical practice”

*Remember those who took part were likely to be the most keen, enthusiastic students - this should be reflected in the paper.*

This is added as a limitation of the study, p. 26, lines 16 and 17:

“It has to be taken into account that the students who reacted on the invitation to participate in this study were probably the most enthusiastic ones.”
Reviewer 2

The authors should describe more clearly the amount and nature of patient contact in the ‘pre-clinical’ component of the course.
This is described now on p. 6, lines 3-5:
“During those first two years students only occasionally see real patients during lectures, or on videos during tutorial group meetings.”

and on p. 7, lines 8-11:
“During the above described curriculum, students follow a longitudinal skills training programme in the skills laboratory from year 1-5. During the programme they practise skills (including communication skills) on models, manikins, each other and simulated patients.”

It is also not clear what degree of responsibility third and fourth year students hold for patient care in the study setting, as opposed to roles as observers or in clerking patients.
The degree of responsibility for patient care of third year students is now described on p. 6, lines 12 and 13:
“The attending physician remains responsible for the treatment and management of the patients’ disease.”

In consequence, the authors should identify local variations in the amount of patient contact in the early years (or indeed in later years) as being one of the limitations of their study.
This is added as a limitation of the study on p. 26, lines 7-10:
“One of the limitations of this study is that, although the amount of patient contacts during Years 1-3 is the same for all students, the amount of patient contacts during the start of Year 4 may differ and thus may influence students’ experiences with the transition phase.”

Further information on the role of the first moderator (AS) would be helpful. Is Professor Scherpber known to the students as a senior member of staff for instance? Is there likely to be any interaction between his role in the medical school and his role as moderator, in a way which may influence the willingness of students to bring forward opinions?
More information about the first moderator (AS) is added to “Authors Contributions”. The influence his role may have on the results of the study is added as a limitations of the study on p. 26, lines 11-15:
“Another limitation is that the students might have known the main moderator as the head of the Institute for Medical Education. This may have withheld students from fully sharing their ideas and opinions. On the other hand, it may as well have encouraged them to express their feelings and ideas in order to suggest improvements to be made about the curriculum.”
Reviewer 3

Title:
I would change the title – “The effect of” is terminology you might see in a more quantitative study. Perhaps consider changing it to “Do preclinical patient contacts reduce the ‘shock of practice’ for students entering their clinical years?
A focus group study” or perhaps a title that reflects the results.
The title has been changed, also according to comments of another reviewer.

The reviewer suggested some grammatical improvements and corrections as well in the abstract as in the full text.

Abstract
Results, final sentence: Remove the first “in”
This is done as suggested.

Background:
P4, 3rd sentence: Rewording suggestion “Boshuizen [6] highlighted that the “shock of practice”, a crisis experienced by many medical students on first entering the clinical workplace, is marked by a.....”
This is done as suggested.

P4, 2nd paragraph, 1st sentence: I wouldn’t start the sentence of with “Because...” Reword.
This sentence is reworded into:
“The ability to use theoretical knowledge to solve clinical problems is claimed to be enhanced by Problem-Based Learning (PBL) [7].”

P4, 2nd paragraph, 2nd sentence: This sentence is unclear – please make it more explicit/clarify. Are you arguing that it is not the PBL aspect per se that reduces ‘shock of practice’ but early contacts and a vertically integrated curriculum? (not necessarily compulsory in a PBL curriculum?).
We discuss the fact that despite the use of PBL students still find difficulties in applying the learned theory into practice which might contribute to the shock of practice. Amongst others, early patient contacts are considered as one way to reduce the shock of practice. The sentence is adjusted to the reviewer’s comment into:
“However, both Van de Wiel et al. [8] and Prince et al. [9] discovered that, despite the use of PBL, students from a PBL-based medical school experienced difficulties that were similar to those reported by students from more traditional curricula. Early patient contacts are advocated as a way to improve students’ preparedness for clerkships and hence overcome the “shock of practice” [9-12].”

P4, 2nd paragraph, last sentence: Move “however” from the end to the start of the sentence e.g. “However, there is as.....”
This is done as suggested.

Methods:
Directly below your heading, please put in a summary sentence or two about
your overall design e.g. The design for the current study was qualitative using focus groups.
The section “research method” has been moved directly below the METHOD heading. So now, the reader will know immediately what design was used for the study.

Context of the study:
2nd sentence: Comma after 2001: “In 2001,” This is done as suggested.

Research method:
1st sentence: I would restructure a little “We explored students’ perceptions of the transition from ........clinical phase through focus groups.” This is done as suggested.

Participants:
How many students are there in fourth year?
This is added on p. 7, line 13: “At the start of the academic year 2006-2007 all 294 fourth-year students were invited by email to voluntarily participate in focus groups.”

What was the incentive for participation that students received?
This is added on p. 8, line 8: “The students received a financial incentive of 30 euros for participation and for critically commenting on the summary of the first interview and the final report.”

As there is no word limit on the article, it would be nice to see a Prompt Sheet as an appendix.
The questions used for the focus group interviews are described on p. 9, lines 1-8 (subheading “instruments”).
“For the first session a set of open-ended questions was prepared relating to the following topics:
1. Students’ experiences during their first clerkship week.
2. Perceived differences between preclinical and clinical training.
3. The role of the preclinical patient encounters in the students’ overall preparation for clinical training.
4. Recommendations to further ease the transition from preclinical to clinical training.”

I would also like you to expand on the second session – how it worked, how much new ground was covered (compared to 1st session) and how much new discussion there was.
This was added on p.9, lines 9-12: “During the second session the findings of the first session were verified and clarified and the participants were asked to comment on a written report of the first session, that was send to them in advance of the second session. Additionally, the role of Year 3 as preparation on the clinical phase was elaborated upon.”
Were the students given the written reports before the second session?
Yes. This is now added on p. 9, lines 10 and 11:
“…..the participants were asked to comment on a written report of the first session, that was send to them in advance of the second session.”

Results:
*General comment. Perhaps consider using text boxes for quotes and then refer to the text boxes within the text?*
When the quotes are placed in text boxes, the reader has to read forwards and backwards through the text, which to our opinion is not improving the readability of the paper. That’s why we chose to leave the quotes as they were.

*Experiences:*
*P11, paragraph 1 (not quotes), 3rd sentence: Move “However,” to the start of the sentence rather than have it at the end.*
This is done as suggested.

*Knowledge and skills:*
*P14, paragraph 2. Split the sentence in two to help with clarity. E.g. “In general, students felt well prepared with regard to clinical skills, communication skills in particular. However, it was confusing for the students when different doctors......”*
The sentence is split in two as is suggested.

Discussion
*P25 final sentence in the discussion. Can you expand on how you would do this?*
*I wonder if future studies could do some comparison between students who have preclinical contact with patients and those who do not.*
The final sentence does not say we would like to compare between students who had preclinical patient contacts and those who didn’t, but it states that the representativeness of the study has to be investigated through quantitative studies. For reasons of clarity we added:
“through a quantitative survey amongst fourth-year students.”
So the final sentence is changed into:
“How representative the positive results are for the entire student population will have to be investigated by larger, quantitative studies, for example through a questionnaire survey amongst fourth-year students”
Reviewer 4

1) I think the readers should know the stance from which the focus group moderators approached their task; we are told that MG was a 6th year student, but not the professional role of AS, nor of the third author who assisted in the analysis. Perhaps this information could be added to the authorship paragraph rather than in the text.

All information about the researchers has been moved from the text to the authorship paragraph, and more information is added on the professional role of AS and the third author:

“Authors’ contributions

MG (MD) was a sixth year medical student in the previous Maastricht curriculum, at the Faculty of Health, Medicine and Life Sciences at Maastricht University at the time of the study. He conceived and designed the study, participated in the data collection and analyses and drafted the original manuscript.

AD (MD) works at the skills lab of the Faculty of Health, Life Sciences and Medicine at Maastricht University. She holds a Master of Health Profession Education. She made important contributions to the study design, participated in the data analyses and critically revised the original manuscript.

AS (MD, PhD) is professor of Medical Education and Scientific Director of the institute for Medical Education, Faculty of Health, Medicine and Life Sciences at Maastricht University. He made important contributions to the study design, participated in the data collection and analyses, and gave critical comments to the manuscript.“

2) the procedure for data analysis is adequately described but I think it is customary to add the type of analysis, for the benefit of those who are not fully familiar with the techniques used - is this grounded theory?

The type of analysis is added, including a reference, on p. 9, lines 15 and 16:
“…..coding of text fragments based on content was done through multiple coding by three researchers (MG, AD and AS) independently [17].”

3) much of the first paragraph of the Participants (p7) should be more correctly placed in the Results section.

For reasons of clarity we chose to leave the paragraph of the participants in the Methods section.

It would also be good to know how many students were emailed.

This is added on p. 7, lines 13-15:
“At the start of the academic year 2006-2007 all fourth-year students (N= 294) were invited by email to voluntarily participate in focus groups. A reminder was sent by email after one week.”

4) it is customary for research studies to include a statement of whether ethical permission was required, and if so, which body granted this permission.

A section about ethical approval is added on p. 10, lines 1-5
“At the time of the study, educational research studies reporting students’ opinions did not require approval from the ethics committee in the Netherlands. However, relevant ethical issues were carefully considered by the Chair of the Department of Educational Development and Research at Maastricht University. “
Just one discretionary revision - could the actual text of the invitation email be added at the end, or as a supplementary file? The wording could affect the type of student who responded, eg whether a student with particularly strong views might have been encouraged or discouraged from participating.

One of the other reviewers also commented on the type of students who responded, possibly being the most enthusiastic ones. We agree that the invitational text could have affected the type of students who responded. Therefore we added a sentence acknowledging this potential influencing factor as a limitation of the study, on p. 26, lines 16-17:

“It has to be taken into account that the students who reacted on the invitation to participate in this study were probably the most enthusiastic ones.”