Author's response to reviews

Title: Residents' views about family medicine specialty education in Turkey

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Author's response to reviews: see over
To the editorial board of the BMC Medical Education journal 14.12.2009

As the contact author of the manuscript entitled as “RESIDENTS’ VIEWS ABOUT FAMILY MEDICINE SPECIALTY EDUCATION IN TURKEY” I want to thank all of the reviewers for their precious comments and for spending their time for us.

We revised our manuscript according to their views and recommendations.

Third reviewer: Amanda Barnard

1. At the end of the first paragraph some explanatory sentences were added according to the content for the questionnaire and the question types. The word sub-specialty has been corrected as subspecialty.

2. Tables are revised, the changes are marked by red. An explanatory note is placed under the table. In tables 3, 5, and 6 total numbers and the percentages are shown adding a new column at the right side. Table 4 was not suitable for a change except one of the total numbers, n=103.

3. As the exact total number of the residents can not be reached by asking university departments and the state training hospitals, it was more reliable to make an estimation based on the data-2005 of the Ministry of Health. In this case 191/664=28.76%=28.8% of respondents could be mentioned.

4. The word “affiliated” used in educational methods section of the results and in the discussion were removed and were not replaced by any other word since it was used to mention university residents and state residents. In the abstract the word “affiliation” was used to mention for an educational facility within the category of courses and congress. In this sende the definition of the “affiliation” is revised in the discussion. As the abstract was too long we omitted the result according to the affiliation.

5. The infrastructure needs also has been explained.

6. The method in the abstract is changed and essential topics of the questionnaire are added. In the “Results” of the text, the place of the paragraph “Practice in a primary care center” is changed and placed before the subspecialties. No change has been done in the content of the paragraph.

7. Similarly in the “discussion” the paragraph related to the subspecialties beginning with “Nearly ..” is placed after the paragraph discussing primary care rotation. (in the EU….). No change has been done in the content.

8. Minor essential revisions for inquiring/enquired, seminars have been done. The word “cumulated” is changed with the word “located”.

Second Reviewer: Tarun Sen Gupta

1. Typographical, punctuation errors are checked or corrected. All the corrections are marked with red colour.

2. For the Discretionary Revisions:
• response rate is explained in the 3rd item of the third reviewer and also in the text.

• participation in courses and congresses were thought to be other educational facilities but not educational methods like the items in the table 4, since we decided to cite their results in the text.

• The explanation about the term affiliation is mentioned in the 4th item of the third reviewer.

• In the background we gave information about the training in our country, and all the references about the length of the training were discussed in the “discussion” session. Therefore we could not move the literature into the background with the paragraph about UEMO according to the recommendations of the second reviewer; but we shortened the discussion part according to the recommendations of the third reviewer.

“The Advisory Committee on Medical Training (ACMT) (14) accepted this argument and advised the European Commission (EC) to revise the Directive accordingly. This recommendation has not been accepted yet. has been removed.

The reference 12 has become 14, 13 and 14. References became 12 and 13. Reference list has been revised.

• limitations of the study has been mentioned in the “methods” section.

• Implications for further studies have been mention in the conclusion part of the manuscript.

First reviewer: Marjan Kljakovic

• The word “in Turkey” has been added to the title of the article.

• For the sample size, it is true that the participant number is limited. This is mentioned in the “methods” part of the manuscript as a limitation of the study. In fact we wanted to reach the majority (%70) of the residents, but the response rate remained very stricted.

The ratio (29%) 28.8% was calculated upon an estimation based on the data of Ministry of Health related to the residency positions since it was not practically possible to reach the exact number of residents at that time.

Questionnaires were sent to 27 FM departmets (to the head of the departments) and to 11 research hospitals (to the coordinators). A total of 664 residents were estimated to work in these institutions. A total of 191 questionnaires were returned from 9 State Hospitals and 10 university departments of family medicine (methods).

The response rate was 28.8% (191/664) which was a very low response rate. Even though the reviewer is completely right about the sampling size and the method for sampling, this was the best result that we could reach, as the Board was looking for reliable data or evidence while designing our curriculum. Other investigations for evidence were mentioned in the last paragraph of the “background”.
As we realized that the names of the cities do not give important data beside they can cause confusion we omitted this data.

- An explanation for the statistical analysis method used in the study is added at the end of the “methods” part.

- Comparisons between university residents and Ministr of Health hospital are reformulated according to the recommendations of the reviewer and the terminology is revised.

- We added a suggestion for qualitative methodology to the limitations of the study.

- Table 3 is about the duration of practice in a primary care center. Although “private” and “state” are not the same with university and MoH, “state” PCC are called as “MoH health center”. The word “public” is changed with word “MoH Health center” which is supposed to be more understandable.

- The discussion is shortened.

- The abstract is revised and shortened.

If you think there are still language problem we can also ask for additional help for native English, dor such revision we will need some additional time such as one week or ten days.

We are thankful to the editorial Board and to all of our reviewers for spending their time for our manuscript. Even it is not a high quality and technically perfect manuscript, it includes data that can be interest our colleagues from the field of Family Medicine specialty training.

I wish our manuscript to be accepted and could be shared by the colleagues. If the revisions are not complete or in case of any inconvenience we can revise our manuscript with pleasure.

With my best regards

Arzu Uzuner