Author's response to reviews

Title: Undergraduate Educational Environment, Perceived Preparedness for Postgraduate Clinical Training, and Pass Rate on the National Medical Licensure Examination in Japan

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Author's response to reviews: see over
Responses to reviewers’ comments

Dear Editors,

Thank you very much for review of our revised manuscript. We would like to submit the revised version of the manuscript with responses to the comments. We have highlighted the revised or inserted text by using blue-coloring in this revised manuscript.

Reviewer: DR Edward Krupat

I believe that Dr. Tokuda and colleagues have been quite responsive to the reviewers’ comments in their revision of their manuscript (Undergraduate educational environment....). The paper reads well, and most of the problems identified with the manuscripts have been corrected. However, I still have one serious reservation remaining. The publication of the findings of this national survey could very well have policy-level implications in Japan, and therefore the conclusions drawn should be totally warranted. Although this should be triple-checked with a statistician, it is my understanding that when a variable has a limited range (such as the results of the NMLE, which the authors tell us is reported as pass-fail and has an 85% pass rate), the likelihood of finding strong correlations using this variable is lowered significantly (there is little variance to account for). Although there may be many reasons to be dissatisfied with the NMLE (I don’t know the contents of the exam, but it is likely to test factual knowledge rather than ability to apply it), and there are also many reasons to argue that other forms of exam should be added (such as clinical skills testing), the lack of association between NMLE scores as an outcome and DREEM or perceived preparedness is not in itself to be taken as strong evidence for changing the NMLE. As the authors imply in their cover letter, numerical NMLE scores exist but are not available, but until such a time as the authors can convince those who hold the scores to make them available for research purposes, I am uncomfortable with the last sentence of the introduction (poor association between the pass rate and self-perceived preparedness might suggest a need to consider a national policy change...."
Responses: We agree with the comments. Thus, we have deleted the last sentences and have revised the following paragraph of the discussion section as follows:

“If our results would be confirmed using actual scores of the NMLE, a change of the contents and assessment method of the NMLE, such as introduction of clinical skills assessment or an OSCE-type test, could be considered for improving preparedness by helping schools to focus their training on this aspect. Another possibility for a change of the exam would be to administer the cognitive domain tests of the exam prior to entry into the clinical clerkship period in the last two years of medical school, similar to the United States Medical Licensing Exam (USMLE) Step 1.”

I should note that in response to my comments on the first draft the authors did add a sentence in the Discussion about the lack of association: “This may reflect relative insensitivity for identifying any association between the NMLE and perceived preparedness when using data about pass rate.” However, this one sentence never explains why the pass rate is likely to be an insensitive indicator, nor does it at all recognize that if it is an insensitive indicator then the weight behind those conclusions is limited. The bottom line is that I still think that this can and should be published. Most of the conclusions, about perceived preparedness, about the educational environment, etc are well justified by the data, and are important. However, given their potential importance, its conclusions about the utility of the NMLE should be expressed with greater detail and moderation because they rely on NMLE pass-fail rates.

Responses: We agree with the comments. Thus, we have added the following sentence into the discussion section:

“Thus, this result should be cautiously interpreted and there would be a need for further investigations such as a study using actual scores of the exam rather than pass-fail rates.”


**Associate Editor’s comments**

The abbreviations used for the various medical schools in table 1 need to be changed so individual schools are completely anonymous? as it stands, it may be that the abbreviations are identifiable to people in Japan.

**Responses:** We have revised the table by deleting the abbreviations.

I would also like the last paragraph of the introduction removed completely, and the same information integrated into the discussion. The introduction reads better if it finishes with what is currently the 2nd last paragraph, and by moving this information, it can be put into the more appropriate context of a discussion rather than a sweeping statement.

**Responses:** We have completely removed the last paragraph of the introduction and have revised the discussion section accordingly.

Finally we appreciate the valuable comments by the reviewers.

Sincerely,

**Corresponding author**

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