Author’s response to reviews

Title: Introducing an online community into a clinical education setting: a pilot study of student and staff engagement and outcomes using blended learning

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Author’s response to reviews: see over
Dear Colleagues:

RE: Authors’ responses to reviewer's report re MS ID 1732890524301184

Title: Introducing an online community into a clinical education setting: a pilot study of student and staff engagement and outcomes using blended learning
Version: 3 Date: 30 November 2009 Reviewer: Linda Lewin

Please find below the 7 points in this reviewer report, and our response to each (>>). We have made every effort to revise the manuscript so as to address each item.

1. In several places in the introduction and methods sections the authors refer to information in their references by just using the reference number (for example on page 4 they write, "The importance of the communication components of e-learning in clinical settings is highlighted by (4)). This is found again on page 5 in the first paragraph and on page 10. It would be better to refer to use the names of the authors of those references (example: ... is highlighted in work by DeWever, et al (4)). These are minor revisions related to style, not substance.

>>Revised as suggested.

2. In the Methods section the online resource described is referred to as "the research site;" it would be nice to state what it was actually called. This is a minor revision.

>>Revised as suggested.

3. In the Methods section there is no list of the topics included in the lectures that this online resource was enhancing. Any interested reader would want to know the content of this course. This is a compulsory revision.

>>Revised as suggested.

4. In the Methods section the authors say that they wanted to address whether the online portion of the course enhanced, compromised, or had no effect on the students learning, but they don't say what questions they were asked or how the analysis was done. This is compulsory.

>>Investigation of the research questions did not exclusively involve asking questions of students, rather it was done using mixed methods as described in the following three paragraphs of the manuscript, the second and third of which do indeed describe how analysis was done. We have inserted additional text (underlined here) for extra clarification, and revised the final sentences of earlier paragraphs beginning “The pedagogical rationale” and “There was also a logistical rationale” to strengthen the connection. The intervening paragraphs appear to have made it hard for the reviewer to make this link. However, these paragraphs are essential to describe the design features of this
design-based research study and they appear here in response to previous reviewer feedback.

Participants’ experiences in the online community were captured in the form of quantitative and qualitative data to answer the research questions about the impact of blended learning in terms of effects on learning and user acceptance. The researchers kept written records of their own involvement and elicited the observations of the clinical school administrator who gave routine support to the project. They collected evaluation data from surveys of student and staff participants. They harvested further data from the ‘community statistics’ tool in the LMS at the end of the semester. They drew upon the final results data for these students and the other half of the clinical school cohort, which was not included in the pilot project, to form a comparative view of students’ academic performance.

Analysis of the experiences of students and staff ...

As in studies of similar scale and scope, ...

5. On page 18 there is some information about how groups were compared on their standard evaluation measures; this is methods not results. Describing this should be in the methods section. Compulsory.

>> The following information has been relocated from results to methods:

“Quantitative data measuring quality were analysed in two ways: the marks of the 43 students participating in the project (P) were statistically compared with those of a cohort of 45 non-participating students (NP) in the same semester in the same clinical sub-school; and participating students’ ratings of the quality of teaching were analysed descriptively.”

6. There are too many tables and figures that don’t really tell the reader anything important. Only include those that present information that is critical to understanding the results and that are better understood from a table/figure than from text. Compulsory.
7. Overall, this is much better organized than the first version, but some problems with the methods section remain as detailed above. My take on the lesson from this paper is that it is difficult to implement an online learning community for a course like this and that the usage and acceptability were only fair. The usefulness in reading this for others would be in understanding what the challenges were and what the authors would recommend to make it work better for others who want to do the same thing. This paper is too long and gives too much detail for the amount of impact; I want to know what kind of course this was to start with, how the online community was supposed to work, how much it was used, how the users felt about it, and if there are any educational outcomes that could be reported. Then I would want a list of things to keep in mind if I wanted to do the same thing.

>> The conclusions section now includes a list to introduce the four paragraphs where we have written about “things to keep in mind”.

We very much appreciate the constructive feedback of the reviewer.

Regards,
Kathleen Gray & Jacinta Tobin