Author's response to reviews

Title: A near-peer teaching program designed, developed and delivered exclusively by foundation doctors for final year medical students sitting the final objective structured clinical examination (OSCE).

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Author's response to reviews: see over
Dear Sir / Madam,

Many thanks for your detailed feedback on our article ‘A near-peer teaching program designed, developed and delivered exclusively by recent medical graduates for final year medical students sitting the final objective structured clinical examination (OSCE)’. It is clear that you have thoroughly read our paper and we appreciate your clear constructive feedback and responses.

We have read through your comments in detail and have prepared a point-by-point response as requested in the editorial email, included below.

Please feel free to contact us should you have any further queries or questions.

Comments made by Dr. Matthias Knobe

“The concept of peer assisted learning is an important and topical issue but the paper does not advance the concept any further than already published work”

During our literature review we found many instances of peer assisted learning employed in small groups, however no instances of its use in large groups. We feel this is a strength of our study that we did not express coherently in our first draft. We have edited our manuscript to reflect this. (paragraph 6 of the Background section).
“A comparison group for teachers is missing. A group of consultants, for instance, could serve as the rule”.

We agree entirely that this would be ideal; however it would be exceptionally difficult due to consultant time constraints and potentially the ethics of randomisation of students into consultant vs peer groups. This is an area we are keen to explore however with our senior colleagues. With regards to a near-peer revision program focused on the final examinations we feel this approach would not be tolerated by many students as well as by the medical school. We are also looking at conducting a randomised controlled trial comparing junior doctor vs consultant teaching in a different situation i.e. 3rd year medical students and arterial blood gas interpretation.

“...with respect to the target group, the OSCE results would be very interesting, in comparison to students without such an OSCE preparation. In addition, the fact that there is only a qualitative evaluation diminished the strength of the study”.

We agree entirely and have edited our discussion to represent the limitation that our study relies solely on qualitative data (paragraph 8 in the Discussion section). OSCE results would be ideal however when we considered this encountered a problem as we do not have ethical approval or consent from the students or the medical school to use their examination results. However we plan to incorporate this analysis into future work.

“The question is why should one expect different results from junior doctors acting as near-peer tutors? I would like to see an argument for that in the introduction and perhaps further in the discussion section.”

This is a very valid point that we did not fully address in the original manuscript. In our revision we have expanded on this argument in the introduction and the discussion sections.

“In the discussion, the authors argue that there is limited research into the effectiveness of near-peer led teaching programs for large groups. This hypothetical theme could be more succinctly written as a
basis for a more convincing study concept. Therefore, the introduction and the discussion should be focused on the peer-teaching of large student groups and should include a well-designed hypothesis”.

We agree with this comment and also feel that there is limited research investigating how effectively near-peers can plan teaching programmes. We have therefore incorporated both of these themes into our hypothesis (paragraph 7 in Background section). This allows us to focus on the importance of diversity of roles that a near-peer tutor can have as outlined by Bulte et al.

“There is a lack of form regarding the style of quotation, and regarding the table legends. The cases should be show in the table, not only percentages”.

As is evident later in this covering letter we have removed the tables as per Dr Ten Cate’s suggestion and we feel that this works well without compromising the results. We would value your feedback again on this matter.

Comments made by Dr. Olle Ten Cate:

“As a research report, aiming to draw conclusions, it is not a very strong design. The outcome measures are limited to self-administered questionnaires; the participation was voluntary (without information on the representativeness of the sample) and the teaching was supplementary to regular teaching, and meant for those who had to take an OSCE exam”.

We agree with the above comments and have drawn attention to these limitations in our discussion (paragraph 7), including information about the representativeness of our sample population.

“Naturally, students about to take a heavy exam welcome additional, targeted teaching, probably no matter if near peers or staff would provide this. The major conclusion is therefore a feasibility one: recent graduates can successfully organise and deliver such a two-day course. It is a result worth publishing, but this has been done before. So the addition to the literature is limited”.
Despite a detailed literature search we were unable to find an example or case where an event had been organised or undertaken before with similar numbers or where recent medical graduates had planned and delivered such a course from start to finish and have altered our introduction to express this more coherently. We also acknowledge that our sample group would welcome any teaching input and have incorporated this into our discussion as a limitation.

“*There is also a limitations to the generalisability: the authors designed and organised the course and recruited the near-peer teachers and carried out the evaluation and wrote the paper. Will this all be just as successful elsewhere or depend on the particular motivation and vision of a few students/graduates? I think these limitations should be recognised in the discussion section, maybe with more explicit elaboration of the conditions for success*."

Many thanks again, we have included this as a limitation and have added a paragraph on our perceived conditions for success in our discussion (paragraph 10).

“*On page 4, last paragraph the question/aim for this paper combines the aims of the project (“..to design .. etc”); “..to create a platform..”) with he aims of the report (“...to show that...”). Please disentangle*”

This section has been entirely re-written. On reflection we appreciate that this was previously confusing but now that it has been re-written it is much clearer and reflects the aims of the study (Page 5, paragraph 1).

“*The authors should stipulate more details of the organisation of the project: who planned / co-ordinated the course? Who recruited near-peer teachers? - to weigh the results, readers should know how representative the group of participants was: how many students were approached to participate to yield*"
This has been incorporated in detail. We have attempted to emphasise the fact that recent medical graduates can plan, deliver and run a revision course from start to finish, organising and coordinate everything. We have discussed the representativeness of the group of participants and discussed this as a limitation (as above).

“Please add when the post course evaluation was administered. Directly or after a while?”

This has been addressed in the revision (last paragraph of Methods section).

“In addition, the authors should realise that evaluation directly after a training or condensed course are usually very favourable; it would be helpful to evaluatate after a while, as participants look back”.

We have included this – it was during and immediately after the course and we have identified this as a limitation in our discussion.

“Data are sound, but the results section has some redundancy. My proposal is to summarize the data in a few text lines per table and leave out all tables. This will reduce the paper length without any loss of message and increase the chances to be read. Readers do not need (or want) to read about all these details”.

We have removed the tables and feel that this works well. Thank you for this incredibly useful suggestion. The revision is more concise as a result.

“Another limitation is that I would have liked to see is any effect of on OSCE results. This would not have been easy to investigate in the current design, but it should be mentioned as a limitation that is worth investigating in the future”.

We agree entirely and have reflected our discussion to represent the limitation that our study relies solely on qualitative data. OSCE results would be ideal however when we considered this we faced data protection issues. We plan to incorporate this analysis into future work and have mentioned this in our discussion.

“The whole section “future plans” should be left out of this journal article – nice that these plans exist but not relevant in this report. This also hold for the information that the authors have been friends for a long time and what their career plans are”.

These sections have been removed.

“...foundation doctors” may not be understood in most countries outside UK. I would suggest ‘recent medical graduates’.

Many thanks for this excellent suggestion. We have made this change.

We would like to thank both the reviewers again for the time and effort taken to review our manuscript. It is a real honour to have two very respected and knowledgeable individuals provide such detailed feedback and we value all the advice you have offered us. Thank you also to the editor who has taken the time to consider our manuscript for publication. We have amended the methods section to address your query over the ethical approval and we have again discussed with our local Research and Ethics Committee (REC) representative to ensure that our study is conducted within the proper ethical consideration. If you have any further questions regarding this we will aim to answer them to the best of our ability. In conclusion we hope that our revision satisfies the suggestions of both reviewers fully. We feel that our revised manuscript reflects a well-conducted study that adds value to this field and your journal as well as being of interest to a wide audience.

Yours sincerely,

Drs. Rashid, Gore and Sobowale.