Author's response to reviews

Title: Teaching evidence based medicine literature searching skills to medical students during the clinical years - a protocol for a randomised controlled trial

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

MS: 7668651351048784
Teaching evidence based medicine literature searching skills to medical students during the clinical years – a protocol for a randomised controlled trial

We thank the reviewer and editors for comments on our above titled protocol. We have read through the comments provided by the reviewer and have amended our manuscript accordingly.

We believe that this revised version reflects the changes requested, and has further strengthened the manuscript for publishing in BMC Medical Education. We have provided a point-by-point summary to the comments as requested.

We look forward to your favourable response.

Please feel free to contact me should you require anything further.

Kind regards,

[Signature]

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Reviewer’s Report:
I appreciate the efforts made by the authors and the filled-out Consort statement. I am afraid I am still confused between the goal (“to identify the optimum time for educating medical students in evidence based medicine literature searching skills – be it their preclinical years of the degree or when students are exposed to clinical practice,” as restated in the Discussion, and the design. If the goal really were to test whether having the workshop in the 3rd year or in the clinical years, the design would be: 3rd year: Workshop vs Control..(1)...Clinical year: Control vs Workshop..(2) (i.e., those given the workshop in year 3 get the Control in the clinical year), with the Fresno and EBPQ administered at least at point (2), if not at point (1) as well. The trial would not end until point (2). The Figure on p 8 suggests this design, but does not clarify the point at which the Fresno/EBPQ is given, and makes it sound like the workshop is given to everyone in the clinical years, "at the end of the trial." Generally, trials don't end until after the outcome has been assessed. (Perhaps the authors simply meant, "after the interventions"?)
We apologise for the lack of clarity. We have amended the aim (page 5), methodology (page 7) and Figure 1 to better express the aim of the study.

Second, with the sample sizes as calculated, there is not a lot of room for regressions (each confounder potentially double the sample size.) The authors themselves point out that country of origin is a possible confounder (even if the Malaysians speak English well)...There may be other confounders (prior exposure to EMB principles, prior research experience) that should be elicited and checked, at least, through 2x2 tables or t tests. If the sample size (and the effects) are large enough, regressions might be possible.

We have recalculated the sample sizes to account for regressions as suggested. These changes are highlighted on page 8.