Author’s response to reviews

Title: Key challenges in simulated patient programs: An international comparative case study

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Author’s response to reviews: see over
August 18, 2011

Journal Editorial Office
Miko Galeng

Dear Mr Galeng

Please find our responses to the editor and reviewers for our manuscript MS: 8765653855421582 Key challenges in simulated patient programs: An international comparative case study. Nestel et al

We first address the editor’s comments and then the reviewers.

We are happy to follow up on any further points.

Yours sincerely

Debra Nestel (for all authors)

Response to editor

We are grateful for the additional comments provided by the editor.

We have adjusted the title page to include all the relevant information for each author.

We believe the manuscript is in the correct structure for BMC Medical Education.

We have added ‘competing interests’.

We have provided authors’ contributions.

We have removed vertical lines from tables. Tables have been formatted using the Table function.

We have not included an acknowledgments section.

Response to reviewers

We were delighted that the reviewers paid so much attention to the manuscript and offered valuable advice. Below we respond to each item. We have put the reviewers’ comments in bold while our
responses are in regular font. Additionally, we have maintained track changes in the text document to simplify the reference to adjustments.

Version: 1 Date: 16 June 2011
Reviewer: Anne Hill
Reviewer’s report:
General comment
Thank you for the opportunity to review this paper. This paper adds important data to the body of information related to standardized patient programs throughout the world. The authors have contributed essential data relating to more practical aspects of SP use and have therefore greatly assisted current and new program developers/coordinators to review their own programs with these features/characteristics in mind. We appreciate this positive feedback.

Major Compulsory Revisions
Method
- need to know more about ‘multiple case study approach’ and the ‘analytic method of cross-case synthesis’ The references provide detailed insight to this type of case study methodology. Another reviewer considered the information on methodology ‘appropriate and well described’ so we have not made any adjustments here.
- I felt that there was not enough information about methodology As above, we believe there is sufficient methodology to describe this approach. Again, the references provide useful additional guidance.

Discussion
- More analysis of challenges is required – why they exist, ways forward We have made changes to the challenges. Like the other reviewers, this was a point for improvement. We have identified similarities and differences within each of the areas we reported. This is reported in the discussion as this reviewer has helpfully indicated.
- Further discussion of the concept of ‘culture’ is important – The scale of the program is important for the level of professionalism and the opportunities to improve and evolve. We have added a sentence to explain this influence on culture.
- No specific insights are offered into what should change or what would improve outcomes of SP programs. The authors have pointed out the developing SP programs may use the information within this paper to assist them but it would be a great opportunity to provide some guidance about managing the pitfalls/challenges. We struggled with this notion of making recommendations because of the highly contextual nature of each program. We have made this explicit in the text in the conclusion. We believe that others should take what they think will be most relevant for their program rather than us making that judgment on their behalf.
Minor Essential Revisions

General – some movement between tenses, present and past. Keep to consistent tense use. We have checked the paper and hope we have addressed this important point.

Abstract page 3

• Intro
  o ‘at the level of the program’ – do you mean practical implementation of SP methodology? -this term also used on page 15. Clarification would be useful. We are concerned with decisions about SP programs at the ‘level of the program’ rather than the individual SP. Although we refer to individual SPs breaching practice guidelines, the decisions about such breaches are made at the management/policy/program level.

  o This paper is about medical programs - this needs to be mentioned clearly in abstract and introduction The paper is about SP programs for different health professions. Although Gippsland and Imperial have a strong medical influence, Lausanne has almost none and Toronto has the widest scope of practice. We made this point several times through the paper so do not think we need to change this. It would be misleading to state as much.

• Results
  o ‘Programs shared challenges in SP methodology but also experienced differences’. Suggest a reword of this sentence to clarify. Is it that there are differences within the challenges or differences in other areas? We have added “although” to the beginning of the sentence, which we believe adds clarity.

Page 4

• ‘patient safety movement’ ???? remove ‘movement’ We are uncertain for the reason for removing ‘movement. This is a commonly used phrase in the patient safety literature (Google). It is indeed the ‘movement’ rather than patient safety per se that has been a driver for the uptake of simulation-based education since patient safety has been around forever!

• Use of ‘learner – centred’ and then ‘learner-centeredness’ – spelling? Adjusted.

• ‘It is not possible to be both patient- and learner-centred in the same space’. Rather than ‘not possible’, ‘more challenging’? Theoretically (and philosophically) it is not possible to be centred in two places so we have maintained our text.

• ‘patient perspectives being offered’ – add ‘to trainees’ We do not mean ‘to trainees’ specifically, but to content, methods and assessment of curriculum design. For example, the Royal College of Surgeons (England) has patient representation on their curricula boards. This is the case in many medical and health professional curricula too.

• ‘That is, from planning through development, implementation and evaluation.’ – not a sentence- needs to be joined with sentence before
We added the word curriculum before development but again we think our expression is satisfactory.

Page 5
o Line 6 – addition of comma after ‘real patients’ Okay.
o ‘reveals a gap in several aspects of SP methodology’ – is the gap in the understanding of this or a comparison of this or a discussion of this? о ‘This case study attempts to bridge these gaps’ - after referring to single ‘gap’ in line above Adjusted.
o Question 2 – what are the key challenges for faculty’ not ‘of’ – on page 10, this changes to ‘challenges associated with faculty’ – consistency required Adjusted.
o Bottom on page 5 – ‘secondary sources of data’?? To what does this refer? Explanation would be useful. Examples are provided (e.g. summary statistics from databases, policy and curriculum documents).
o ‘Over eighteen months in formal and informal rounds of discussion the authors met to report…..’ – could this sentence be reworded?

Page 6 The text is actually ‘Over eighteen months during a series of informal and formal interactions (focused meetings and conference presentations) we documented key characteristics of programs and drew on secondary document sources.’ We could reword but not sure why. We believe the statement is clear as it stands.

o Description of 4 SP programs is within the results section of the document. It should be in the introduction as the description itself is not the result of the study – the comparisons are? In this type of case study method with cross-case synthesis, the descriptions belong in the results. If we were studying an intervention then the description would be in the methods but that was not the study design we used.
o Unequal description of 4 programs. I found it difficult to make direct comparisons between the 4 programs as there were some comparative points but not all? We attempted to make equal comparisons and then highlighted features. We did not want to be too wordy or repetitive. Further, the newer programs obviously had less historical data to report. We would be happy to make additions but require further guidance.
o Databases are first mentioned here but not explained until page 14 – need to describe more here. This was an example of overlap between the questions.
o ‘Our experience with SP programs are summarized…..’ – grammar needs amending but also should ie be ‘characteristics and features’ rather than/as well as ‘experience’ We have adjusted the grammar.

Page 7
o 1990s – no apostrophe Adjusted
o Writing of numbers – ‘eighteen’ on top of page 7 but numerals later? We have used the convention that if a word is a single number then it is written in full (expect for percentages). Numbers that are more than one word are written numerically.
under-performing needs hyphen

bottom of page – ‘trainees’ – remove apostrophe

Page 10

‘SPs are more likely to have had formal actor training since London and Toronto have relatively large performing arts communities.’ – this needs to be more definitive. Can you make a statement about the current SP pool – have they had more actor training? We added ‘At Imperial and Toronto, most SPs have had formal actor training since London and Toronto have relatively large performing arts communities. Gippsland and Lausanne rely almost exclusively on SPs who have no performance studies or actor training, gain reflecting the communities in which they are located.’

‘…..use of structured protocols and rating forms. (new sentence). It may be…’ We started the second sentence with ‘Feedback…’

‘Training for assessments’ – do you mean training the SPs to assess – or just to take part in assessment OSCEs etc? We provided several examples to illustrate this point in the text and do not think this needs elaboration. The examples imply both (e.g. negotiating judgments – making assessments and staying in role – taking part in assessments).

‘calibration of performance’ – explain more in order to emphasise this important point of ‘standardisation’ We do not think this needs further explication.

Page 11

What is specifically meant by ‘faculty development’? We have added ‘That is, supporting faculty in developing expertise in their roles.’ But think this is superfluous.

The authors describe ‘conferences’ below but a further sentence here to clarify would assist.

‘Although the SP program is working toward full faculty appointments, this process is complicated by the union presence’ – explain further. Union members also mentioned on page 12 in relation to Toronto. Is this a relevant point of comparison with other programs? – if not, delete, if so, more needs to be explained re comparative circumstances for other programs We have elaborated this. It is an important point as the reviewer points out.

Page 12

‘Administration support activities have include maintenance’ – delete ‘have’ Adjusted

‘Private enterprise’ mentioned – what is involved here? This is of probable interest to developing programs so a further sentence of explanation would be useful We have added the word ‘commercial’ as an illustration.

Page 13

Mention of cost recovery and fee schedule for Toronto – who are fees paid by? We have added the sentence ‘SPs are provided to any programs within and outside of the University for which fees are paid.’
In conclusion – need to state that the programs are for medicine. The programs are not just for medicine and so it is inappropriate to include this statement.

References
- spelling error – ‘involvement’ Adjusted.

Table 1
- ‘Facilitates a systematic approach to curriculum activities’ - needs to be stated as noun We disagree

Table 2
- In first column – ‘numbers on register’ needs to be ‘numbers of SPs on register’ Adjusted.
- $ sign needs to be removed from Uni Toronto ‘hourly pay’ Adjusted.
- Exclamation marks removed from Uni Toronto recruitment strategy Adjusted.
- Training program – all should include range/mean number of hours of training required We have added ‘up to x hours’ for Gippsland and Imperial.

Table 3
- Table heading is ‘characteristics’ but there are numbers and percentages in table – need to clarify either in table heading or in row headings We have renamed the table - Table 3: Summary data of simulated patients on databases
- row heading of ‘range’ should be ‘age range’ - Adjusted

Table 4
- a,b,c,d etc headings under each of categories need to be consistent in expression e.g. all start with a noun or verb Adjusted
- ‘Categories of SPs’ is the heading - but then ‘SPs’ are one of the categories?????? This is an issue that we highlighted in the text. That is, issues with nomenclature. We are using the term that is most commonly used.

Version: 1 Date: 5 July 2011
Reviewer: adam wendling
Reviewer's report:
1. Is the question posed by the authors well defined?
The authors seek to illustrate, “challenges in SP methodology, faculty, organisational structure and quality assurance” through in depth case-study qualitative research method.
2. Are the methods appropriate and well described?
The authors’ discussion of the methods is appropriately brief.
3. Are the data sound?
While the data are sound, it is of limited application.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes
5. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion and conclusions are reasonably supported by the limited data. However, the authors did not discuss the different regulatory and fiscal policies in these widely divergent settings. While the authors mention there are national accrediting pressures in Canada, are such demands present in the other nations? We have now made some adjustments to this issue in the discussion and the conclusion. The specific feedback was valuable.

6. Are limitations of the work clearly stated?
Significant limitations are not mentioned in the discussion. Specifically, while case studies provide detailed results of small populations or rare conditions, they are of limited application. With the broad use of SPs around the world, a study of four institutions is extremely limited in scope since the available study population is immense. The authors fail to discuss the application of their findings for the wider audience. How does the experience in Australia or Switzerland relate to that in different medical education paradigms such as the US? How are the regulatory and fiscal pressures different in these institutions? We have now addressed some of these issues but again we are not in a position to make judgments on behalf of readers from settings different to our own. Qualitative research is characterized by its context specificity.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
While the authors address numerous articles describing the advantages of SPs in medical education, they omit similar reports of broad national and international surveys of SP programs that discuss SP methodology, faculty and organizational structure. We have added two references, Cantillon et al and Stillman et al but we framed this paper by stating the limited publications in this field – a driver for this work.

How is this work significantly different and how does it advance medical education beyond these other works?

8. Do the title and abstract accurately convey what has been found?
Yes

9. Is the writing acceptable?
The manuscript is well written and clear.

Major Compulsory Revisions – none

Minor Essential Revisions - none

Discretionary Revisions
1. Much of the third paragraph of the Introduction could be replaced with a table of advantages of SPs. We preferred to include text but are happy to remove if there is an issue with word limit.

2. In table 2, the authors list each institutions’ SP hourly pay in each nations' currency, making comparisons for the reader more difficult. Please consider converting each pay rate to a single currency. We
have considered this but note the current ridiculously dynamic exchange rates making this rather meaningless. Further, the rate of pay in Switzerland is probably not relevant in the US. A better indicator is probably to compare with local rates for SPs with those for health professional teachers.

Version: 1 Date: 19 July 2011
Reviewer: Win May
Reviewer's report:
This descriptive research of simulated patient programs in four countries is an important and much-needed piece of work as these four programs are not only in different parts of the world but also have different institutional characteristics. The questions posed by the authors are well-defined, and the methods appropriate and well-described. The data is sound, based on the both primary and secondary sources. The manuscript adheres to the relevant standards for reporting and data disposition. The limitations are clearly stated, and the authors acknowledged the work of previous authors. The title of the paper promises to deliver the challenges faced by SP programs. Yet it was difficult to extract from the article, the exact nature of the challenges. For example, in the first challenge: “Challenges associated with simulated patients in programs”, the first sub-category is Recruitment. From the text, the reviewer assumes that the challenge is “Not being able to find enough SPs”, as having oversubscription does not seem to be a challenge. The authors then continue with a description of recruitment strategies at the different institutions. Likewise in the second sub-category of Performance, the challenge would be “Ability to evaluate and remediate SP performance”, as the authors then go on to describe what is being done at two institutions. The challenges are hinted at, but not explicitly defined, except in the category of “Challenges associated with faculty in SP programs”, where the challenge is specified as “faculty development.” There is a need to explicitly state the challenges for each category. Maybe the authors can come up with the explicit challenges in the Conclusion. Overall, a well-written piece of work.

We found these comments very helpful and have increased the depth of cross-case synthesis to articulate the challenges. This appears in both the discussion and the conclusion and indicated in track changes.