Author's response to reviews

Title: Development of a questionnaire to measure the perceived implementation of a mission statement for a competency based curriculum and for faculty development

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Author's response to reviews: see over
Dear Dr. Ponnameruma,

thank you very much for your and the reviewers’ feedback regarding our paper “Do you live your mission statement? How to use your own mission statement as an indicator of the learning environment and for the detection of site-specific need for change”. We are grateful for the constructive comments.

As suggested, we prepared a revision of our manuscript in which we addressed all of the points raised by you. We highlighted the changes by using red text. Please find a detailed description of how we dealt with each comment below.

It is our feeling that the manuscript has profited considerably from the feedback, and we are looking forward to your response to our revision.

Sincerely yours on behalf of all authors,
Thomas Rotthoff
1. **Mentioning the mission statement**: The mission statement can now be found in the appendix.

2. **General rules of item construction**: We have specified and summarized the general rules of item construction we applied when deriving the MS questionnaire from the MS “teaching” by giving examples according to Edwards (1957) and Oppenheim (1992). These references are included in the paper (cf. p 6).

3. **Participants in the process of MS development**: We have incorporated a comment about the people who participated in the identification of the 26 requirements. The MS “teaching” of the medical faculty was developed by a working group consisting of 8 academic teachers inclusive of 2 masters of medical education, 3 medical students and the 3 deans of study (cf. pp 5-6)

4. **Validation process of the MS questionnaire**: To make sure that the 26 requirements identified in the MS are valid and reliable, they were based on (inter-)nationally accepted goals and recommendations for competency based medical education and practice (national regulation licences for doctors in Germany 2002, Dutch Blueprint 2 (Netherlands 2009), CanMeds (Canada 2005), The Scottish Doctor 3 (Scotland 2009), Tomorrows Doctors (UK, 2009) Swiss Catalogue of learning objectives (Switzerland 2008) and Catalogue of learning objectives of the Brown University, USA 2009). A Delphi process was accomplished in the faculty. All faculty members, including the student representatives could participate in the process. Change requests were discussed in the official, elected body of the faculty and accepted or rejected by vote. According to your comment we now have explained this in the text in more detail (cf. pp. 5-6).

5. **Factor analysis**: We conducted an explorative factor analysis. (cf. methods p. 9; results p.13, discussion pp. 15-16 and tables 5-6)

   Even though this factor analysis did not perfectly reproduce the three areas of the MS, i.e. “the teachers”, “the students” and “the curriculum”, the results do not contradict the notion that the MS questionnaire can be analyzed using the three, admittedly rather descriptive than factorial, subscales we refer to in the present paper. Similarly, the DREEM often failed to demonstrate its five-factorial structure – nevertheless, the five original subscales have not been
discarded, as they proved useful in examining educational environments (Rotthoff et al. 2011; Ostapczuk et al.: Eur J Dent Educ 2012).

6. **Additional information over and above the DREEM:** You asked us to clearly mention the additional information we gained by using the MS questionnaire. We now demonstrate more explicitly that beyond the learning climate, our MS questionnaire derived from the MS “teaching” defines explicit targets for competencies and focuses more on the interaction between teachers and students (cf. pp. 14-15). With regard to the sources used for drafting our MS “teaching” (see point 4), the questionnaire could be useful to the increasing number of faculties running or planning a competency-based curriculum. We feel that such a specific feedback concerning the perceptions of competencies within a faculty provides an important basis for further curriculum development.

7. **Limitations:** Thank you for your clarification and advice concerning the limitations of our study. We have incorporated them in the revised version of the manuscript (cf. p.19).

8. **Editing and proofreading:** As requested we edited all references and tables according to the BMC Medical Education reference tables and proof read the manuscript.
Reviewer Victor Lim

1. *Evidence for a valid instrument:* The Reviewer asked for some evidence to demonstrate that the instrument is valid, i.e. that it really measures to what extent the organisation is fulfilling its mission. The comment showed us that the manuscript was not written clearly enough. We therefore elaborated on that issue in the revised version of the manuscript in more detail (cf. p. 19). The questionnaire is, indeed, not fully able to measure the implementation of goals described in the MS, especially since some of the goals can hardly be assessed objectively at all. But the very specific feedback on (i.e.) to what extent the teachers are perceived by students and teachers as persons in charge and in position of trust in provides an important basis for further faculty development. For example, the acceptance of feedback is the result of a feedback-friendly environment as well as of the trustworthiness of the person giving the feedback (Kinicki et al. J Appl Psychol 2004). To develop a feedback culture, the relationship between the person providing feedback and the person receiving feedback is essential (Rotthoff et al. (abstract) German Medical Science GMS, 2011).

2. *Title of the paper:* We agree that the title is misleading and therefore changed it accordingly. We feel that the new title (“Development of a questionnaire to measure the perceived implementation of a mission statement for a competency based curriculum and for faculty development”) points out the orientation of the article more adequately.

Reviewer Sam Leinster

1. *Quality of written English:* See Editor’s comment No. 8.