Author's response to reviews

Title: Self-reported evaluation of competencies and attitudes by physicians-in-training before and after a single day legislative advocacy experience

Authors:

Kristin M Huntoon (khuntoon@nyit.edu)
Colin J McCluney (mccluney@u.washington.edu)
Elizabeth A Wiley (ewiley@gwmail.gwu.edu)
Christopher A Scannell (scannell@usc.edu)
Richard Bruno (rbruno@ohsu.edu)
Matthew J Stull (matthew.stull@uc.edu)

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To the Editor:

Thank you for the opportunity to respond to the reviewer comments for our manuscript, “Self-reported evaluation of competencies and attitudes by physicians-in-training before and after a single day legislative advocacy experience”. We are grateful for the time and feedback provided by the reviewers, whose work has served as an inspiration and to whom we look as models. Correspondingly, we have made some adjustments to the manuscript and will address their remarks here.

All grammatical and typographical errors have been corrected. Values and statistical analyses have been rechecked and corrections have been made to Figure 1, Table 2 and corresponding references in the text. We have also reworded language in the “Skills” section to accurately reflect our results and used alternate language in place of “worthwhileness” as suggested.

Both reviewers requested data on the total number of participants in the National Advocacy Day. While the American Medical Student Association (AMSA) does not have exact numbers, they estimated roughly 200 participants; of these, they estimate that approximately 150 participated in the pre-advocacy trainings and would have received copies of the pre- and post-surveys at that time. Participants were attendees at AMSA’s Annual Convention who opted to participate in the National Advocacy Day; all attendees are self-funded to convention. The text has been updated to include this information.

In regards to our discussion of the convenience sample, we feel that it was appropriate and brief as it is a limitation of not just this study but many studies regarding advocacy. Advocacy education in medicine is nascent and as such this study serves as an early hypothesis generating opportunity for further evaluation of knowledge, skills, and attitudes of trainees. Few centers offer systematic training or experience in advocacy efforts and those that do often involve trainees voluntarily; as such any studies measuring the perceived value and effectiveness of advocacy training would have a small sample at this early juncture. Only through establishing baseline metrics and garnering interest among medical educators through such smaller scale studies will further studies with larger samples be able to elucidate more generalizable results. We have revised the manuscript to better reflect this perspective.

The survey instrument was designed using a previously validated survey as the basis for the questions regarding advocacy knowledge, skills, and attitudes. The survey text was updated to align with the pre/post nature of the study and demographic questions were added. The survey was then validated using a small focus group of medical students to ensure that the minor changes in grammar had not changed the readability of the survey. While this was briefly referenced in the text of the manuscript, we have clarified these
details in the revision. The 5-point Likert Scale that was used was Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. The scale was mistakenly listed as containing "undecided" on page 5 under Measures and Variables. This has been corrected in the revision. Further, the 5-point Likert Scale was felt to be the most appropriate option to determine significant differences in attitudes versus numerical differences that might be statistically significant.

We are grateful for the opportunity to respond to the reviewer comments and look forward to hearing from you.

Sincerely,

Colin McCluney, on behalf of the authors
45610 Woodland Rd Ste 300
Sterling, VA 20166
United States
mccluney@u.washington.edu
206-351-1453