Reviewer's report

Title: Improving teaching on an inpatient pediatrics service: a retrospective analysis of a program change.

Version: 1 Date: 10 July 2012

Reviewer: Joseph Geskey

Reviewer's report:

Major Compulsory Revisions:
None

Minor Essential Revisions:
1) In the results section the authors describe an "average" of 26 faculty members per year from 2006-2008. The authors then lists faculty members from several departments but then combine all the evaluations into one score. Was there a difference between generalists and subspecialists in either the ward attending evaluations and/or the teaching attendings evaluations. This would be of extreme importance for those interested in medical education research and programmatic development

Discretionary Revisions
1) Would reduce the length of the abstract, particularly the background section and also include the actual OR in the results section of the abstract.

2) Under the heading, "Original Program:," the authors write, " In 1996, the Chairman of the Department of Pediatrics created an additional faculty position-- the teaching attending-- to serve on each of the the two inpatient teams along with the ward attending." Does this mean there was 2 ward attendings and 2 teaching attendings, or a different combination?

3) I am not sure the comments from medical students in either the Original Program section or the Results section is particularly necessary. The authors don't list whether comments were specifically analyzed for themes in a rigorous manner or were just random extracted comments. It can also reduce the length of the paper without jeopardizing its main themes

4) On page 8, I would rephrase, " We also sought funding from Johns Hopkins Hospital noting that the increased presence of the clinical ward attending would lead to efficiencies in timely patient discharge, decreased readmissions, and improved patient safety." This is highly speculative and is not born out by the data, especially earlier patient discharge and readmissions.

5) I would like the authors to address two of their findings: a) Why do you think that no significant changes were seen in the residents' perception of the attendings' commitment to teaching, and b) There were no significant improvements seen in the perception of attending medical knowledge or the
It is in this particular area where the author's lessen the potential interest of their paper by all but ignoring the impact of hospitalist educators. For example, the authors are referred to a study by Geskey et al. Journal of Hospital Medicine 2007;2:17-22." where hospitalists score significantly higher as effective teachers, pediatricians, and student advocates, where being a role model was one of the domains under effectiveness as pediatrician. In addition, Natarajan et al. Journal of Hospital Medicine 2009;4:490-8, in Table 2 lists the number of studies where trainee ratings compared hospitalist vs nonhospitalists-- both feedback delivery and effectiveness as a role model were higher in the hospitalist category.

In addition, the author's cite the study of Wight in their bibliography but both Geskey and Heydarian. Current Problems in Pediatric and Adolescent Health Care 2012;42;120-6. note that spending 25 or more hours per week teaching was independently associated with being considered an excellent role model. Reviewing Table 1 in their manuscript regarding the expectations of a Ward Attending, are the 21 hours per week of clinical care done with the learners or independently, because if its independently, then the ward attending would not get 25 direct contact hours per week. Again, the authors should explain Why would there be a dichotomy in positive results between some of the survey items and the role model question.

6) Which leads me to my final constructive criticism:

To blindly ignore the role of hospitalists in medical education and use the results of their study to validate their current teaching structure limits the ability for decision-makers to decide which model is best for learners and their institution. Especially perplexing is their conclusion that ... we have been able to create a sustainable model... but a few sentences earlier they write, "Given the current financial environment, this funding may be threatened in the future....." I think the authors demonstrate a system that improved their institutional results but it is highly questionable that it is better than a hospitalist model, or more sustainable taking into account the financial pressure academic medical centers are under. The paper could be much better if the authors took more of a holistic approach in their discussion to current medical education models rather than just examining their historical institutional development.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

"I declare that I have no competing interests"