Reviewer’s report

Title: Quality of written narrative feedback in a Mini-Clinical Evaluation Exercise: an observational study

Version: 2 Date: 8 July 2012

Reviewer: Jennifer Mary Weller

Reviewer’s report:

Overview
In this manuscript the authors have modified the feedback section of the mini-Cex form to encourage trainee reflection, trainer reflection and action plan. This is a relatively minor modification of the previous form but based on a good rationale. As the authors state, feedback is an important component of the mini-CEX and others have found it’s not particularly well done. Improving this would be a useful contribution.

They collected a good number (485) of assessments with a 78% response rate, and analysed the feedback in their three categories and present the results. The methods appear acceptable to answer the question they asked.

Basically the found that despite changes to the form, and a training intervention, the form did not achieve the goals of improving more trainee reflection and more action plans, though when written comments were provided, these were often specific. This does provide a valuable contribution to this area of the literature, by suggesting that the strategies they used are not likely to be effective.

Minor essential revisions
1. Introduction – the ideal process of feedback is explained well and the problems with this process identified in the existing literature. This leads directly to the study rationale with a modification of the form to help guide feedback. The extent to which this feedback process and the need to complete the three sections of the form was emphasized or practiced in the training intervention is not clear. – please clarify

2. Methods
In the training workshop, it’s not clear how much / what type of training was provided on the feedback processes that the researchers were trying to promote. This would be important, as it clearly wasn’t enough and the authors recommend more. It would be interesting to know how many accessed the online training.

3. Data analysis – First paragraph – authors state they rated specificity of comments in each of the sections according to “which part of the consultation they referred to, what did and did not go well and/or why it did or did not go well.” This is reasonable for the sections on reflection and feedback but how did this work for the “action plan, plan”.

4. Ethics
While I understand there was no ethical board for medical education research, were there also no ethics boards for research in medicine or education? The information provided by the trainees is highly sensitive. How was the confidentiality of this information preserved? It appears that trainees could opt to anonymise their assessments, but didn’t have to. Most ethics boards would, in my experience, want assurances that this information was safe, available only to researchers, storage time for data stated, information not accessible to anyone outside of research group, particularly someone in a position of employer or examiner for that trainee, and there was no hierarchical relationship between the researchers and the trainees in terms of coercion.

5. Results

a. Table 1 compares Year 1 and Year 2 trainees. With no significant differences in any of the questions, this could be stated simply in the text as no difference.

b. Table 2 shows the main results. Table 3 is a reworking of these results takes a bit of working out and doesn’t add much. All it adds is an indication of the number of forms that had any comments. I would suggest it could be removed and in Table 2 in the column labeled N, include the percentage of the forms that had anything written in that category (which will be 100- the % blank forms from Table 3).

c. Paragraph describing the comparison between the different pairs of trainees and trainers is confusing, and I couldn’t follow it. The word “couples” is used instead of “pairs” in the text and the table – please stick to “pairs”. In the sentence “For ‘feedback’ it ranged from 17% to 100%, and for ‘plan’ and ‘method of evaluation’ it did not exceed 67%”. Unclear what this is a percentage of. Lack of consistency between presentation of the 17-100 vs <67%. Table 4 is likewise difficult to interpret and probably unnecessary.

d. Conclusions that the modified assessment form can provide useful feedback is not entirely convincing - it didn’t seem to actually do any better than the unmodified form. (Discussion, page 8 second paragraph).

e. The recommendation for more intensive training is not based on the results. The final sentence in the discussion seeks more research to find out how specific, learner centred and goal-oriented impacts on performance – while this is the ultimate goal, I think the next step is to actually find out how to get more specific, learner centred, goal-oriented feedback.

f. The conclusion and the last paragraph of the discussion are to some extent repetitive.

6. Are limitations of the work clearly stated? - YEs

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? - Yes

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

9. Is the writing acceptable? – Yes
Level of interest: An article of importance in its field

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