Author's response to reviews

Title: The characteristics of a good clinical teacher as perceived by resident physicians in Japan: a qualitative study

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

Thank you for the constructive feedback and comments on our paper entitled “The characteristics of a good clinical teacher as perceived by resident physicians in Japan: a qualitative study”. We have improved our manuscript in accordance with your suggestions and those of the reviewers, and our point by point responses are listed below. We hope that our manuscript is now suitable for publication in *BMC Medical Education*. Please do not hesitate to contact us if further revisions or clarifications are needed.

We look forward to hearing from you.

Yours sincerely,

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Comments by the Editor

1 It appears that this was a study to determine the validity of Sutkin’s model. In this case, it was not exploratory, but confirmatory.

We agree that this was not an exploratory study, and have removed “explorative” from the title. The results of this study are compared with Sutkin’s categories, as described in the Discussion section of the manuscript.

1 There seem to be two sets of codes that were developed: those derived by the authors, and those from Sutkin’s model. The themes were eventually compared. However, in the first paragraph of results, the authors first state that no human characteristics emerged based on the residents studied, and then state that they were able to group all descriptions using the themes. Perhaps reordering the paragraph would make this easier to understand. Start off with Sutkin’s themes and categories and then report what emerged from the data set.

Our findings were independently coded according to the outcomes of the FGIs, and were then compared with Sutkin’s categories and results. To clarify this, we have moved all descriptions of these comparisons to the Discussion section.

1 The context for the study was a bit hard to understand. First, it seems that postgraduate education is not specialty specific (at least in the first two years). That said, it seemed important to understand the variation in the specialties involved in the study. If residents rotate through specialties, at least report the specialty that they were in at the time of the focus group.

We have added an explanation of the Japanese postgraduate program, and have described the specialties that the students rotated through and that the students were placed in at the time of the focus groups (Tables 1 and 2).

1 How well were specialties represented in the purposive sample?

The new Table 2 shows that the residents had experienced many specialties, and that the
various specialties were well represented in our sample.

1 Was there variation in the responses based on specialty (or number of specialties seen)?

We agree that this information would be interesting, but we did not evaluate it in this study because the sample was too small for us to make meaningful comparisons. This could be evaluated in a future study.

1 Some of the assertions regarding differences in communication behaviors based on cultural differences may be most relevant to why there may have been no human characteristic themed responses.

We appreciate your suggestion, and have expanded our discussion regarding potential explanations for the differences between our results and those found in Western countries.

1 Consider these rival hypotheses in the discussion.

We have discussed the other hypotheses in the revised Discussion section.

1 Beyond any problems with sampling (other than size), the authors should speculate about the research questions that could be addressed in additional study.

We have added suggestions for further research at the end of the Discussion section.

1 What factors other than cultural differences might affect perception of residents?

We have expanded our Discussion section to include other factors that might affect perceptions.
How would this effect the way in which clinical education is delivered in your cultural context?

We have described the implications of our findings under a separate subheading in the new manuscript. Several factors can influence residents’ perceptions, and the evaluation of clinical teachers should take these factors into consideration.

Comments by Reviewer 1

Needs some language corrections before being published.

The manuscript has been revised by a professional native English speaking editor.

Comments by Reviewer 2

In the method section, the description of the study design should be precise. As far as I understood, the purpose of this article is to develop a theory about the qualities of a good teacher in medical education, from the perspective of the students. Such an aim is relevant with the ground theory design.

Thank you for your useful comment. We have revised the study description section and have included description of the grounded theory approach.

How did the authors recruit the participants?

The fourth author, a director of the Saga University Residency Program, was a key informant and recruited the participants. The participants were purposely sampled from the total of 123 residents in the six residency programs of Saga University Hospital (managed by university and community based hospitals). We have added this explanation to the revised manuscript under ‘Subject recruitment’.

How many focus groups sessions did the authors intent to conduct? Were 23 participants from different specialty programs enough to reach data saturation?

We did not plan the number of focus group interviews beforehand. As we did not identify any
new themes during the 5th focus group interview, we considered that thematic saturation had been reached.

The results seem to be forced to fit into Sutkin’s categories. I have strong doubts about the relevancy of the kind of force-fitting because it conflicts with the purpose of the qualitative studies, especially those with the design of grounded theory. Sutkin’s categories may provide good data for comparison and interpretation of the original results of this study in the discussion section but not in the results section. The analysis of the data of this study may lead to different categorizations and classifications.

We categorized the themes identified in this study for comparison with Sutkin’s three main categories and results. All descriptions of these comparisons have been moved to the Discussion section, as suggested.

The result section does not include the data which usually consist of statements of the participants that are most relevant to constitute a base for the results of the study. We even cannot see the results of the study that are consistent with the Sutkin’s model. This may be given with another table.

The information in the previous Table 3 is now explained in detail in the Results section, and the comparisons with Sutkin’s categories have been clarified. We have also added Table 3 to show Sutkin’s study results.

Random sampling is not necessary in qualitative research, purposeful sampling is fundamental. We do not expect to generalize the results of a qualitative study, so it is not the limitation of a qualitative study, but is the nature of a qualitative study.

We agree and have removed this from the limitations section.