Author's response to reviews

Title: Evaluation of the acceptability of Peer Physical Examination (PPE) in medical and osteopathic students: a cross sectional survey

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Author's response to reviews: see over
Cover letter in answer to the reviewers’ comments

The article has been largely reviewed to acknowledge all the reviewers’ comments. The final version has been submitted to an editorial service for language correction (American Journal Expert)

The order of comments has been modified and they have been grouped when a common answer could fit more than one comment. More in particular:

Reviewer: Andy Wearn
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- Major Compulsory Revisions

1. The title is misleading – there is a comparison between health professional student groups. There was not an inter-professional in the sense that the term is typically used.
3. In the background and the conclusions, the authors discuss IPE and use the current study as an example of this. However, there does not appear to have been any IPE – there has been collaboration for the study between two institutions (and different professional groups), but there has been no contact between the students. If there was, it is not clear in the text. I would suggest removing all reference to IPE.

The title has been changed and every reference to IPE has been removed. We thought that the collaborative practice between the two groups of teachers could be considered as an initial form of IPE, but we are aware that the term has a specific “technical” meaning.

2. Abstract - the second half of the conclusions are outside the scope of the study. There is no empirical evidence presented to support the statements.

The abstract has been changed in accordance to the main objective of the study, which is the comparison between the two groups of students and the secondary objective, which is revalidation of the instrument.

4. The hypothesis (that Osteopathy students enter with a more positive attitude) needs to be supported in the background section (the relevant literature is cited for the first time in the discussion). i.e. The discussion of ‘body work’ in the discussion section needs to be moved into the Background section.
6. In the background, the authors should cite the wider literature for PPE with medical students (cited more widely in the discussion)
7. One of the key features of the study was the testing of a new tool – this needs to be mentioned in the objectives

The studies from Gale and Young which form the base of the experimental hypothesis are now discussed in the Background. We hope now the objectives and rationale of the study are clearer.

More literature on PPE has been presented in the background.

5. The rationale for designing a new survey tool needs to be more clearly stated. The items in the new questionnaire seem to align strongly with the qualitative findings from studies using the EFS. What does the new tool add?
10. You need to acknowledge that previous papers using the EFS do report broader constructs through the analysis of the open text comments.

20. The authors need to consider whether the global nature of their questions is comparable with the focused body area structure of the EFS.

As we wrote at the end of the Background “Both the FMD and CERDO faculties were interested in developing an objective instrument to quickly measure the acceptability of PPE and address some of the components of a relational and cognitive nature”. We also discussed the differences with EFS in the Discussion (The new questionnaire section), including findings from qualitative analysis. We aimed to develop an instrument which could quickly give some the information that other studies found with qualitative methods.

8. Methods - the survey was administered “just after the students’ first experience of PPE”. This requires additional explanation. When exactly were they sampled? - straight after a session, after they had done one session, after a semester, etc.

9. How was the survey administered? Paper, online? In class, out of class?

Methods are now more detailed

11. Results section requires expansion and sign-posting: What was the response rate? – if 100%, then state this. At each stage, make it clear which tool is being reported on, the new one or the EFS (using sub-headings would be one approach).

The Results section has been broken in three parts, with sub-headings: validation of the instrument, results from the new questionnaire, results from the EFS questionnaire

12. Results – although there was little sex difference for Osteo students seen in the new tool, table 4 shows that there was a significant sex difference using EFS (FT Osteo). The reporting and later discussion is therefore not entirely true to the data (it is stated that there is “no difference of gender for osteopathic students”). The authors could speculate on the difference seen in the two tools.

The difference was just on the threshold of statistical significance but significance disappeared when we used a non-parametric test to compare the two non-normal distributions, as correctly implied by one of Hendry’s comments. Now Table 5 (former table 4: the numbers of the table changed according to the changes in text) reports a non-significant difference.

Formally then there is not any significant difference, even if we suspect that a difference exist and that EFS, in being more procedural than cognitive, may make it emerge better. When you are asked to “tell what you would/would not do” or “how do you feel/what do you think when doing” some differences are likely to be more evident. But these are just arguments without any present available evidence.

13. Discussion – the opening assertion needs to have been explained (see 5).

15. References are required to support the sentence about previous CAM literature.

Discussion has been almost completely rearranged and re-written. Those sentences are no more present
14. Results – table 2 – several factors load equally across two factors. This should be discussed.

This finding has been discussed in the “New questionnaire” section of Discussion.

16. The discussion of socialisation should be more clearly placed in the context. These were early stage students, so it is surprising that they would have already taken on the markers of their profession.

This is a relevant topic and we discussed it in the first section of the Discussion, putting it in the framework of current debate about professionalism, and quoting also one of our previous studies. We hope this will clarify the assumption we did, because it is a core argument in the development of our rationale:” Students do not begin a training program as blank slates but rather holding certain ideas of professional values and roles”

17. Age – in the discussion you state that all groups were similar in age, but the osteo students were older (higher mean and larger SD) 

This topic is now discussed in the “Limitations” section of Discussion. We clarified that part time students were older than the other two sub-groups, while medical students were as old as fulltime osteo students.

18. Collaboration/IPE – the conclusions seem to indicate that there was collaboration, discussion and co-learning beyond the collection of data. However, this is not supported by evidence in the manuscript.

As we wrote in advance, the concept of IPE has been removed from the text. Actually there was not any co-learning. Nevertheless, in the Conclusion we give an idea of the way the results have been used and of the meaning this first experience of a joint project had for the two schools.

Now joint clinical research projects are running and some osteo students – under the surveillance of their teachers - are attending the outpatient service of the dept. of Surgical Sciences. This would have been impossible before: working together on an educational topic of common interest was useful to “open the door”. These last remarks are just for reviewers’ information, we do not think this part of the story may be included in the article.

19. Career choice – the authors raise a new and interesting comment at the end of the conclusions section. To what degree is it expected that some students will be less engaged with examination at the start of their programme? They will all arrive with a lay world view. The cited paper in the context of PPE with nursing students clearly shows that early reservations largely disappear by the end of the programme.

This topic has been discussed as one of the Limitations, related to the cross-sectional nature of this study, with respect to longitudinal studies. Some other elements are contained in the answer to point 16

- Minor Essential Revisions

1. Abstract – the presented results are rather jumbled, they do not tell a clear story.
The Abstract has been reordered, we hope in a clearer way

2. Next manuscript draft - It would be helpful to ask a native English speaker to proofread the manuscript; this would pick up any odd usage as well as vocabulary problems.

As we wrote at the beginning of this letter, the revised version has been submitted to an editing service

3. Table 1 comment needs to move to Results section
4. The validity testing data needs to move into the results section

Both changes have been done

5. Table 3 – note 4 is missing

The notes of the Tables have been re-formatted for a better readability.

6. Limitations could be dealt with more fully

“Limitations” is now a section of Discussion

7. References – there needs to be a return between Chen and Consorti.

References have been checked more carefully
Reviewer: Gordon Hendry

The reviewer reported many comments in the first part of his text. We use the list of requested revisions as an index, but we refer also to some of his comments in reporting the changes we made.

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Major compulsory revisions

1. Abstract, conclusion. The sentence starting “The contact with the body, in the context of PPE, proved to be a valid topic…”, this sentence needs to be re-written as it does not relate to the original aims and methods of the study.

The abstract has been changed in accordance to the main objective of the study, which is the comparison between the two groups of students and the secondary objective, which is revalidation of the instrument.

2. Background, “The objective of this study…”. The main objective appears to be comparison of attitude to PPE between med and osteo students, and also to measure reliability and validity of the new questionnaire. Please re-write.

The last part of Background (last 14 lines) now clearly states the two objectives of the study

3. Methods. It is unclear whether or not the students completed the questionnaires after completing the same or different PPE tasks. Please acknowledge whether both groups of students completed different tasks. If the tasks were different, this might explain the differences in attitudes and should be acknowledged in the discussion section.

Methods have been expanded and the tasks of students have been specified

4. Methods, final sentence, “No selection criteria”. This is not correct. The selection criteria must have been med students attending one third year class after exposure to PPE, and osteo students attending parallel classes after exposure to PPE.

This suggestion has been included

5. Validation of Instrument and Statistical Methods. Why was there need to conduct additional validation of the new PPE questionnaire?

We explained that the need to revise was related to a slight modification of the first version of the questionnaire (from line 6 from the bottom of Background)

6. Validation of Instrument and Statistical Methods. Please place all validity and reliability results for the PPE questionnaire in the results section.

The change was done. Now “Validation of the instrument” is the first section of Results

7. Results, “The EFS score showed a parallel…”. The authors state that the
questionnaire showed a parallel behaviour and that the results are summarised in tables 3 and 4. What do the authors mean by parallel behaviour and how are these summarised in tables 3 & 4?

**Results** have been completely re-shaped, divided in three sub-sections. Now the former table 4 is table 5 and vice-versa.

The following point is divided, because it refers to different topics

8. **Discussion.** The authors make several references to the work of Gale (2011) in the discussion which do not seem relevant.

As also discussed in answering to comment no. 4 from Wearn, this part of **Discussion** was moved to the Background, as the two qualitative studies of Gale and Young form the base of the rationale of the experimental hypothesis

*The authors should focus more on the limitations of the study and the significance of their results to the use of PPE in both medical and osteo education. The discussion seems one-sided in favour of explaining some osteopathy theories for which there is a poor evidence base.*

The Discussion has been revised and divided in three sections: differences between medical and osteopathic students, the new questionnaire, limitations.

*The authors should acknowledge the limitations of their questionnaire and the aspects of validity and reliability that were not examined.*

[we add at this point two of the comments of the first part of the report:]

“Criterion validity should be conducted where there is a known, acknowledged gold standard measure available. I don’t think the EFS questionnaire is considered to be the gold standard for examining perceptions of PPE”

“the authors have not addressed other important aspects of validity and reliability such as content validity, construct validity, reproducibility, responsiveness, floor/ceiling effects, and interpretability” ]

These aspects have been examined more in details, adding references to the methodology of development of the instrument. We explicitly addressed the characteristics of the distribution of scores, content, construct and criterion validity, reliability as inner consistency.

Since the study has a cross-sectional design, we cannot provide information about reproducibility and responsiveness to change.

Differences in structure between our questionnaire and EFS have been discussed

They should also comment further on the limitations of the sampling methods adopted and the limitations of cross-sectional survey study design. Further, there is a major limitation that has not been addressed where 3rd year med students and 1st year osteo students have been recruited. Do the authors think that the number or years of study may have impacted on the results in addition to the type of PPE task conducted prior to the administration of the questionnaires.
These topics have been addressed in the Limitations section of the discussion.

9. Conclusions. Some of the conclusions are not supported by the data. The results of this study confirm that there was a difference in the mean scores for the 2 groups of students. There is no data provided on the validity of the topic, nor the impact of the study on teachers and students’ own practice and mutual understanding and acknowledgement.

Conclusions have been revised and the relevance and impact of the study have been highlighted. Please, refer also to the answer to comment no. 15 from Wearrn.

10. Authors’ contributions. The text for authors’ contributions is missing, please provide.

This missing part has been added.

Minor essential revisions

1. Abstract, background. Please re-write the final sentence of the background section of the abstract more clearly by starting “The aim of this study was to….”

2. Abstract, background. Please include a secondary aim which was to determine the reliability and validity of the new questionnaire.

Both abstract and background now have a clear statement about the two objective of the study.

3. Abstract, results. The sentence starting “The new questionnaire” should be in the conclusions section.

The sentence has been moved in the conclusion section.

4. Background, 2nd sentence. The grammar of this sentence is not correct, please re-write.

The whole text has been submitted to an editing service for language control.

5. Background, 1st paragraph. The authors state that Osteopathy is a recognised system of healthcare but that it is still in the process of being acknowledged as an official healthcare profession. This is a contradiction and should be re-written.

The sentence has been re-phrased, to express the concept that the present Italian situation is somehow different from the situation in other countries.

6. Background, sentence starting “So we looked…”. This sentence is not necessary. Please re-write to highlight that PPE is adopted across health and medicine disciplines.

The sentence has been removed and a wider perspective on relevant literature has been added in the background.

7. Background, sentence starting “PPE is the learning activity…”. This is a formal
definition of PPE, please provide a reference.

A reference was provided (no. 4)

8. Validation of Instrument and Statistical Methods, “The questionnaire asked some other…”. There is an extra full stop at the end of the sentence.

The whole text has been carefully revised

9. Results, 1st sentence. Was this the new PPE questionnaire score or the EFS score?

Results have been revised and divided in three sections with sub-headings

10. All references in text. Please re-write according to journal standards such as (Rizan et al, 2012).

[we add here a comment on references: “Generally there are few relevant references. There seems to be too much focus on the osteopathy profession instead of the relevant and importance of PPE.”]

All references have been revised according to the journal style. The number of references relevant to PPE have been increased, to answer to one of the comments in the first part
Reviewer: 
Antonella Lotti

Reviewer's report:

*You should always use the point and not the comma when you are reporting a numerical result.*

*All tables should be simple and clear, referred to in the text, sequentially numbered, and with a brief title that clearly explains the purpose of the table. For table 1 the title is enough clear, but I suggest you the form proposed in the following attach.*

Tables have been reviewed according to the suggestions.