Author's response to reviews

Title: Multisource feedback analysis of pediatric outpatient teaching

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Author's response to reviews: see over
Responses:

Dear Editor:
Re: MS: 9454124399247661
Multisource feedback analysis of pediatric outpatient teaching

Thank you for the reports from the reviewers and we are grateful for the opportunity to revise this manuscript. We have carefully revised our article according to the suggestions of the editor and the reviewers. We hope that the revised version is now acceptable for the journal. The modifications we have made are outlined below

Editor
Q:
1. I do not think you can properly say only 58 of 60 respondent completed the questionnaire.
A: Thanks for your point. We have revised the abstract results first 3 lines and page7, line11 as “A total of 60 family respondents of patients completed the questionnaires, 58 (96.7%) of them agreed with the video recording. Two reasons for reluctance were “personal privacy” issues and “simply disagree” with the video recording.”

2. An average satisfaction score of 85.1 cannot be interpreted without knowing the reference values.
A: Thanks, we agree with you. The reference values are 60. We have added the (references 60 points) in the abstract result line 4 and page 8 “Satisfaction” part.

3. Page 6 third line from bottom: Please elucidate the case of a child with liver cirrhosis and why this would be an appropriate case for undergraduate students, even if advances.

We have added the sentence in page 7 first paragraph with “These cases were classified into difficult or common cases evaluated by students after the clinics. The liver cirrhosis cases included hepatitis or biliary atresia with routine follow-up and
without complications.”

4. page 7, first lines: why was Cronbach’s alpha (internal consistency), rather than any of the others?
A:
Cronbach’s alpha is a common and reliable method in checking the internal consistency in education [Int J Med Sci. 2012;9(3):228-36. J Med Life. 2013 Mar 15;6(1):76-9. Asian J Psychiatr. 2013;6:222-7. Reprod Health. 2013;10:25.]. We have added “Cronbach's α coefficient was used to assess reliability. “in Results 1st paragraph. When the value is over 0.8 then the reliability is good. We described this to point out to the reader that it is of low reliability for the students’ assessing themselves in this study.

5. Which groups were the basis for the student’s t-tests?
A:
We apologize for not clearly identifying the groups. We compared the satisfaction items between difficult and common cases. As described in Methods last paragraph and in results “Satisfaction” “ lower scores were obtained in the difficult cases than in the common cases with regard to “student’s attitude” (83.4 ± 8.5 vs. 73.4 ± 9.1, P = 0.032), and “being open to questions” (85.2 ± 6.6 vs. 70.0 ± 7.1, P = 0.011).”

6. The Cronbach's α values for the students' scores would be 0.857 had the item “asking about chief complaints” deleted.
A:
Because the low reliability in the students’ assessment. We let the readers know that if the item “asking about chief complaints” was deleted, then the reliability will be much better.
We have revised the sentence in the result 1st paragraph.

7. reference [10] is used here as an exclusive source...
A:

8. Taiwanese modest nature? As an explanation...
A:
We have deleted the sentences about “Taiwanese modest nature” in the discussion part.

We hope that the revised manuscript may now be acceptable for publication in the BMC Medical Education and we look forward to hearing from you soon.
Dear Professor Laidlaw:
Thanks for the comments and questions, our responses as follows:

1. Whether it was the teaching skills or indeed the communication skills of the students or the teacher that was being evaluated or whether it was the MSF methodology?
   A: It is the communication skills of the students that was being evaluated by using a multi-respondent structured questionnaire. This will be our future teaching directions in the “communication skills of the students”. We have revised the sentence in the background bottom line 4 as “We aim to evaluate the outpatient communication skills of medical students by using “ and in page 5 methods line 3 as “investigate the communication skills of our students in the pediatric outpatient clinic.”

2. It was not clear whether all those assessing the participants were all in a room at one time watching the video. The family members did not seem to be included in this description so I was not sure when / where they completed their assessment. How did assessors record their results, did they complete a paper assessment? Who classified the cases?
   A:
   1) In page 6 “Instruments” We have described that “The students, a nurse, a teacher, and a research assistant, watched the video together in a room at the same time and then filled out the corresponding paper questionnaire.”
   2) In the methods page 6 “Instruments” part. We have added the sentence “The family respondents completed reasons for agreeing/disagreeing to the questionnaires before video recording and completed their assessments after the outpatient clinic at a room next to the clinic.”
   3) Yes, paper assessments were used. We corrected it in the Methods page 5 “Settings “ 2nd line “paper questionnaire”.
   4) We have added the sentence in the Methods page 5 “Settings “ last 3 lines as “The cases who were suitable for this teaching clinic were classified by nurses before the patients went into the outpatient clinic.”

3. It was not clear exactly how many individuals (e.g. nurses, teachers) participated in the study therefore it is difficult to determine whether the data is sound. Was a paired t-test used? Why only descriptive statistics for the rest of
the data analysis? I was not sure how applicable t-test would be to this data as it states in methods that an ordinal scale was used for scoring? The numbers of respondent groups changes from 4 to 5 at times (and between results and discussion).
A:
Thanks
1) It is one nurse; one teacher participated in the study.
2) No data was applied to the paired t-test statistics. We used ANOVA statistics instead in the table 1, figure 2 and 3.
We compared the t-test in the satisfaction items between difficult and common cases. As described in result page 9 “Satisfaction” last 6-7 lines“ lower scores were obtained in the difficult cases than in the common cases with regard to “student’s attitude” (83.4 ± 8.5 vs. 73.4 ± 9.1, P = 0.032), and “being open to questions” (85.2 ± 6.6 vs. 70.0 ± 7.1, P = 0.011).”
3) We have discussed with the statistics and the t-test or ANOVA test for comparing ordinal scale scoring of our items and domains is appropriate.
4) a) Evaluation of outpatient skill in 6 domains was evaluated by 4 respondent groups which included a teacher, a research assistant, a nurse and students. We also calculated the average score of the 4 respondent groups.
   We have revised it in page 8 lines 2-3 as “The Cronbach’s $\alpha$ values for the questionnaires of the 4 respondent groups.”
   b) The satisfaction score of the medical students was evaluated by 4 respondent groups which included the family, research assistant, nurse and students.
   We have corrected the sentences in the methods “settings” lines 8-10.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? report t values for t-tests and standard deviations if these are applicable tests.
A:
a) We have added the data of standard deviations and p values in table 1, figures 2 and 3.
b) We also reported t-test and standard deviations in common and difficult cases.
c) We compared the ANOVA in Table 1, with Bonferroni’s correction in figures 2 and 3.

5. They do not present data on number of questions asked. The final part of the discussion regarding patient-centred behaviour did not seem to relate to the data presented well. The conclusions state that MSF provides more accurate
evaluation however I don’t see evidence presented which gauges accuracy of assessment.
A:

a) In page 9 result “satisfaction” last 3 lines we have added “The number of questions asked was about 10-15 per case. There was no significant correlation in the overall satisfaction with number of questions asked (r=0.021, P=0.898).”
b) We have added the following sentence in discussion page 12 lines 1-3. We believe that MSF containing four respondents assessments used in this study can give more accurate assessment to distinguish students’ strong and weak points [14, 15]”

In table 1, many items scored by 4 respondents are significant differences as P value less than 0.05 analyzed by ANOVA.
In figure 2 and 3. The average score was more accurate in evaluating the skills. The different respondent groups had somewhat bias in each group score.

6. However one of the main limitations, that this is a single site study using a specifically designed instrument and therefore may not be generalisable was not.
A:

Thanks, we have added the sentence in the page 13-14 discussion part last 3 lines as “One limitation of this study was that this was a single site study using a specifically designed instrument and therefore might not be generalised. Therefore, these findings need to be tested in a large-scale study.”

7. Some references lacking for example for previous research suggesting the Taiwanese modest nature might impact on self-report.
A:

We have deleted the “Taiwanese modest nature”.

8. I found the wording of the discussion a little confusing – for example members rather than respondents, and advantages and disadvantages rather than strengths and weaknesses. The wording on some tables and figures is also confusing.
A: We rewrote the “member” to “respondents” and “advantages and disadvantages” to “strengths and weaknesses”.

We hope that the revised manuscript may now be acceptable for publication in the BMC Medical Education and we look forward to hearing from you soon.
Sincerely yours,

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