Author's response to reviews

Title: Multisource feedback analysis of pediatric outpatient teaching

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Author's response to reviews: see over
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. We hope that the revised version is now acceptable for the journal. The modifications we have made are outlined below.

Followings are our responses to the Editor’s critiques and are listed items by items below:

Q1: Page 2, Abstract, Results-paragraph (and page 8, bottom / page 9, top), I asked for the “reference values” with which I meant: mean, standard deviation, and interpretation (which would be here a scale from 20 to 100, with 20=very dissatisfied, 40=dissatisfied, 60=neutral, 80=satisfied, and 100=very satisfied. These figures should be given to enable the reader to interpret the meaning of an average score of 85)
A:
Page 2 Lines 12-14
We revised it as “The average satisfaction score of the students was 85.1 points, The average satisfaction score of the students was 85.1 points, indicating students’ performance was in the category between satisfied and very satisfied.”
P9 Lines 2-4:
We revised it as “The average satisfaction score of the medical students was 85.1 points (references 60 points), indicating students’ performance was in the category between satisfied and very satisfied, which was derived from the following group scores…”.

Q2: Page 3, “Conclusion”-paragraph of the Abstract: “Students were not efficient in giving recommendations to patients”: I do not think this conclusion is justified by the present results, if only because it is not clear what “efficient” means here. Please note that the conclusion that the “students were not efficient” does not appear anywhere in the paper (outside the Abstract); in addition, in the first paragraph of the Discussion-section on page 11, the authors claim that “It is important to note that students offered the quality of performance of a doctor?” does this imply the doctors also were not efficient in
giving recommendations to patients?

A:
Page 3 Line 5:
We revised it as “Students scored the lowest on giving recommendations to patients.”

It concluded from Page 2 Lines 17-18 “Among the 6 assessment domains of communication skills, the students scored highest on "explaining" and lowest on “giving recommendations.”

Page 11 Line 7:
Sorry for the misconception. We deleted it. “It is important to note that students offered the quality of performance of a doctor” is cited from the references [1, 2].

Q3: Page 4, fourth line from bottom: maybe the authors could define the term “proctored examinations”

A:
Page 4 Lines 16
We revised it as “…monitored examinations to assess the full spectrum of clinical competence…”

Q4: Page 6, “Instruments” paragraph, 2nd-3rd line: please explain whether the observers (students, nurse, teacher, research assistant) could and, if yes, actually did discuss the videotaped interactions while completing the assessments;

A:
Page 6 Lines 9-11:
We revised it as “The observers (students, nurse, teacher, research assistant) discussed the videotaped interactions after completing the assessments.

Q5: Page 7, second half, differences between difficult and common cases were tested by a t-test, but what was the hypothesis and was testing one-sided or two-sided;

A:
We added the sentence “Our hypothesis is that the student will have lower scores with difficult cases”. This is from our unpublished data. “With difficult cases, the students tended to focus on reaching the correct diagnosis, therefore easily forgetting the appropriate attitude of a doctor-patient communication.”

Page 7 Lines 11-12:
We revised it as “Statistical methods employed were descriptive statistics and
student’s t-test (two-sided)…”

Q6: Page 9, first half, last sentence, it is stated that “students were most dissatisfied with the student’s attitude: as an average score of 74.7 is quite close to the judgment “satisfied” on the 20-100 scale, my suggestion would be to change “most dissatisfied” in “least satisfied”;
A: thanks
Page 2 Line 16, Page 9 Lines 11-12, Page 18 Lines 11-12: We revised “most dissatisfied” as “least satisfied”.

Q7: Page 11, Discussion section, second sentence (“It is important to note that students offered the quality of performance of a doctor?”) please summarize shortly the results which lead you to this conclusion;
A:
Page 11 Lines 7: Sorry for the misconception. We deleted it. “It is important to note that students offered the quality of performance of a doctor” is cited from the references [1, 2].

Q8: Page 11, second paragraph, lines 4-7: The idea that the nurses understand the trainees better and hence give more favorable assessment seems to me speculative, and the authors should acknowledge this, or (alternatively) present references to studies in which this issue was investigated.
A:
Page 11 Lines 14-15
It is stated in the “Do the peer doctors and nurses give more favourable assessments because they understand the trainees better and are very often the first contact point between nurses and doctors, and thus make allowances for weaknesses?”[1] “Most doctors rated themselves less favourably than they were rated by either their patients or their colleagues”[4].

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,

Mao-Meng Tiao, MD
Associate Professor,
References:


