Author's response to reviews

Title: How does the medical graduates' self-assessment of their clinical competency differ from experts' assessment? A cross-sectional study

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Author's response to reviews: see over
Response to the reviewers' comments

The reviewers’ comments are in bold font and our replies are in regular font. Extracts from the text are in italic fonts.

Version: 1 Date: January 02, 2013
Reviewer: 1 (Simon Watmough)

Essential revision:

1. I feel readers will need to know more about the larger project that this work comes from to place it in context and an explanation of public and private hospitals in Aden is required.

The first part of this comment i.e. the general context of the study comment was incorporated in the study design section, page 4, paragraph 2:

*This is a cross-sectional observational study that constitutes a part of a larger study which deals with the different areas of medical graduates’ competency: *professionalism, communication skills, clinical skills, population health, management of information and critical thinking.*

The second part of the comment was answered under the study setting, page 4, paragraph 3:

In Aden governorate secondary and tertiary care is provided both by public and private hospitals. Overall there are seven public hospitals with bed capacity ranging from 100 to 500 beds. For private hospitals, there are ten hospitals with bed capacity ranging from 50 to 100 beds. The study was carried out in the hospitals where the graduates were working at the time of data collection. For this purpose four public and four private hospitals were selected by convenient sampling method.

2. It is not clear where the 105 graduates comes from - is this the total number available or did more not give their consent?

Yes, the 105 graduates is the total number available at the time of data collection. This was clarified in the study population section, Medical graduates, page 4, last paragraph:
The study population covered all the medical graduates, Aden University (2005-2009), all of them have studied the same curriculum and were working at Aden hospitals, and gave their consent to participate in the study. A convenient sample of 105 graduates has covered all female and male graduates who were available at the time of data collection and fulfilled the inclusion criteria. No one of the graduates refused to participate in the study.

3. It is not clear what roles the experts have in deciding the competencies of their junior doctors. In the UK for example junior doctors have designated supervisors, but in the paper how do we know that the experts are actually in a position to comment on the competencies of their juniors?

This was clarified in study population section, Experts, page 5:

The second group of study population was expert evaluators who have direct observational knowledge of the graduates' competency in the operating environment; (being from the same department at the same hospital) and supervise their professional performance.

4. The readers also need to know was the curriculum the same for all 4 cohorts of medical graduates?

This was clarified in study population section, Medical graduates, page 4, paragraph 4:

The study population covered all the medical graduates, Aden University (2005-2009), all of them have studied the same curriculum.

5. Also, is there anything specific in the curriculum which might be speculated to have impacted on the results pertaining to the different questionnaire variables? For example on page 12 the authors say "the finding could be a credit to the current curriculum" but how could it be?

This was clarified in the discussion section, page 13, paragraph 2:

The graduates feel that they are well prepared to deal with the main health problems presented in emergencies, as noted in the highest mean value 3.92 scored by the item "ability to manage common medical emergencies". This finding could be considered as a credit to the current curriculum which exposes the medical students to adequate opportunities for supervised practical training in this area during their clerkship and internship.
6. I would avoid using terms like "alarming observation" in the results - the results section should just illustrate the results.

Done

7. Towards the end of the paper in the discussion/conclusion there should be a suggestion of how to improve and change the situation re differing levels of views of competencies between senior and junior doctors.

This was incorporated in the conclusion section, page 14:

*Feedback with the findings of this study for the graduates, experts (evaluators) and curriculum planners is essential for curriculum reforms that should address the identified areas of competency that need further improvement as well as for continuing professional development programs. Self-assessment should be conducted on regular basis, at least once per year with feedback for all stakeholders in order to make the necessary interventions for promoting the professional competency and the quality of care. Further studies on larger samples and different settings are recommended.*

**Reviewer 2:** (Elke Birgit Ochsmann)

Major compulsory revisions

a) A convenient sample of 105 probably suffers from bias. It might be interesting to have information about Aden graduates as such (e.g. are there usually more female graduates than male graduates; or did women participate more often?)

This was clarified in study population, Medical graduates, page 5, paragraph 2:

*A convenient sample of 105 graduates has covered all female and male graduates who were available at the time of data collection and fulfilled the inclusion criteria. The greater proportion of female participants among the study population does not reflect their actual size that do not exceed 45% of all the graduates during the study period, but is due to the fact that a large number of male graduates came from other regions of Yemen; and returned back to their regions after graduation.*

b) The distribution of doctors working in in- and outpatient treatment at a hospital is unusual for our hospitals, does this represent the usual distribution in Aden?

This was clarified in results section, page 8, 1st paragraph:
The distribution of physicians in outpatient and inpatient depends on the work load in different sites and is liable for change from time to time as perceived by the hospital administration.

c) Some of the experts seem to have less experience than the graduates. This affects the credibility of the expert’s assessment, and needs further explanation.

In this study, no graduate has more than 4 years of experience. With respect to the experts, no one has less than 7 years of experience (4 years of residency plus 3 years of experience after getting the specialization certificate).

This has been incorporated in study population, Experts, page 5:

For inclusion the following criteria were adopted: a teaching staff in the faculty of medicine (assistant professor, associate professor or full professor) in clinical specialties; or a medical specialist with experience not less than three years after getting the specialization certificate and gave her/his informed consent to participate in the study.

d) The overall difference between groups was not significant for graduates’ assessment. Obviously, altogether 87% of the participating graduates felt themselves well prepared. This is a stunning contrast to the results of our study (only 35% of the graduates felt well prepared) and needs more detailed explanation.

This was clarified in the discussion section, 1st paragraph page 12:

With respect to self-assessment, the findings of this study revealed that more than 87% of the graduates rated themselves as very good and good; similar findings were reported by Moercke et al [22] where 90% of the newly graduates assessed themselves as well prepared. In contrast, Ochsmann et al [23] found that only 35% of junior doctors felt well prepared. This tremendous discrepancy might be explained by the different study design, different instrument for data collection and the different settings in which the studies were conducted.

f) Ethical considerations: I am not sure, whether a committee of research is equal to an ethical committee, or not.

This was clarified in the ethical consideration section, page 7:
The study protocol was approved by "the Committee of Research and Postgraduate Studies, Faculty of Medicine and Health Science, Aden University" which is responsible for both ethical and scientific review.

Minor essential revisions

References:

Done