Author's response to reviews

Title: A Novel Method of Assessing Quality of Postgraduate Psychiatry Training: Experiences from a Large Training Programme

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Author's response to reviews: see over
Dear Editor

The manuscript has been revised in light of the issues highlighted by the reviewers. Please find below a point-by-point response to the revisions suggested.

Yours sincerely

Dr M Bizrah

Reviewer: Andrew Brittlebank

1) major compulsory revision, page 5, interviewees. Please clarify whether the trainees and trainers were interviewed individually or in trainee/trainer pairings.

Previous:
Interviews were conducted with core psychiatry trainees and their consultant trainers.

Changed to:
Each trainee or trainer was interviewed separately.

2) major compulsory revision, page 8, ethical approval. Please rewrite this section with reference to the rules that apply in the jurisdiction in which the research was conducted regarding the review of research by ethical review bodies. Please also describe what safeguards were put in place to protect the interests of participants, particularly the trainees. For example, what were participants told about the sharing of their interview responses?

As advised, this section has been re-written, taking into consideration the issues raised by Dr Brittlebank:

Ethical approval was not obtained for this study, as we did not deem it to be necessary. We carefully studied the local guidance issued by King's College London research ethics committee about what constitutes research versus a teaching evaluation. Further, we used the Medical Research Council (MRC) Health Research Authority (HRA) decision algorithm (http://www.hra-decisiontools.org.uk/research) which deemed that our project did not require ethics approval. Finally we also consulted the NHS National Research Ethics Service guidance on 'Is your project research?' (http://www.nres.nhs.uk/applications/is-your-project-research) and we carefully read the detailed guidance on this – defining research which can be found at the above link. This was an audit of our training posts, designed as part of service improvement intended to drive up quality, and one that had no research hypothesis and no intervention. As part of our quality improvement programme, it does not require ethical approval, any more than annual national survey of trainees views does. Both trainees and trainers were introduced to the survey via a letter which outlined the provenance and purpose of the work. Participation in the survey was optional. Individual trainees who ask how their data would be used were reassured that their individual scores of posts would only be used internally. Therefore, only aggregates
scores were published in this study. One gain from the survey is that it has now provided a rationale and hypothesis for what would be a research project (for example, a future RCT of anonymised versus non-anonymised responses), but that is a matter for the future.

3) minor essential revision, page 11, replace 'conductive' with 'conducive'

‘Conductive’ has been replaced with ‘conducive’ as advised.

Reviewer: Glenda Wrenn

Discretionary Revisions

The authors comment in their discussion that the high response rate suggests that trainees will respond to non-anonymous survey. This is listed under a 'strength'. In fact, due to the directive given by the program director to complete the survey, even though it was not compulsory, trainees most likely felt they were required to participate. This is evidenced by the fact that the response rate was equal to the mandatory survey. It should be listed as a limitation, not just for struggling trainees, but all trainees are likely to minimize problems in a non-anonymous survey that they feel their responses will be somehow linked to them (even if they are told that they are deidentified at some point). Since the point of this approach is to develop or inform quality, it is critical that accurate feedback is attained.

The authors did not explain why their methods (which are costly and time consuming) were chosen as opposed to adding specific items to the existing national survey. Perhaps this study was designed to identify suitable domains for future surveys. As an exploratory study this paper is solid but greater clarity on purpose is needed. Adding implications for future research would strengthen the paper.

Changes made: Various sections have been added to the ‘Discussion’ to implement the reviewer’s suggestions:

NEW PARAGRAPH:

Interviews versus questionnaires: Implications for future research

Conducting interviews rather than sending out a questionnaire was chosen as a method of training evaluation because it was felt that this method would make trainees and trainers more likely to participate. Indeed this method may be a key factor behind the high response rate from trainees and trainers. Interviewees may feel much more likely to be listened to if they are interviewed rather than having to fill out a questionnaire. An interviewer is able to assess the training environment as well as interviewing the subject about their training experience. Furthermore, interviewers can choose to further explore specific issues highlighted by the interviewee, which would have otherwise remained vague in a questionnaire response. If a confiding relationship is established with the interviewee, more information may be acquired regarding the training post, albeit the opposite may hold true. As far as we know, there is no evidence in the literature indicating if students or trainees are more likely
to participate in questionnaires or interviews about their training. This study suggests that assessing training via a non-compulsory interviews scheme may have a high participation rate amongst both trainees and trainers. It would be useful to compare response rates for interviews and questionnaires in future research, especially as the former is potentially more expensive, labour-intensive and time-consuming. Another key question which remains unanswered is which of the two methods of training assessment is more likely to bring about positive and long-term changes to training. It is too early to say if the changes that are being implemented as a result of this survey will make a long term difference. Further research may indeed find one method to be superior to the next. In this study, face to face interviews gave an opportunity to collect rich qualitative data about posts which questionnaires do not collect. Interviews also allowed for discussion and reflection during data collection. Ultimately, the most robust way of settling the risks and benefits of interviews versus questionnaires (other than the self-evident issue of cost) is via a randomized controlled trial (RCT), which might be a future research possibility.

**THIS PARAGRAPH HAS BEEN EDITED** (see changes in red):

**Strengths of the study**
A major strength of this study is the large number of subjects interviewed; 99 trainees and 109 trainers. The response rate by both trainees and trainers for the current study was high at 88% and 97% respectively. The trainee response rate is comparable to the 2011 National Trainee Survey response rate, which was 87%, [17] even though the latter is compulsory. On the other hand, our consultant trainers response rate is substantially higher than the 2011 National Trainer Survey response rate, which was 43.3%. [18] However, we do not know if such high responses would be maintained over time, as “survey fatigue” might set in. The high response rates suggest that non-anonymising of data is not a deterrent to trainees and trainers giving detailed feedback about their training posts. The advantage of non-anonymising of data is that it allows multi-factorial aspects of each particular training post to come to the surface. It may act as an incentive to participants because they may feel that their responses are more likely to bring specific training issues to light, and bring about change to their respective posts. The high response rate may however be a limitation of this study, as will be discussed in the next section.

**THIS PARAGRAPH HAS BEEN EDITED** (see changes in red)

**Limitations of the Study**
There are a number of limitations to this study. Firstly, although it has been stated that the high response rate is a strength because it indicates willingness by trainees and trainers to participate in a non-anonymised interview scheme, it may conversely be a limitation of this study. Although participation was optional and not compulsory, trainees and trainers may have felt pressured by the fact that they were emailed by the vice dean for education and training requesting them to participate in the interview scheme. This may explain the high trainee response rate. Struggling trainees may feel obliged to participate to avoid further training problems, and may not give true feedback if they feel that their responses will be linked to them. As a matter of fact, this may apply to all trainees, not only struggling ones. This certainly was not the impression of the interviewers, and nor has such a suggestion surfaced from any trainee in the two years that have passed since the study was completed. Instead, it has been our impression that the survey has had a positive effect on morale, indicating a desire to get detailed feedback and information at the level of individual posts,
rather than the aggregated data from national surveys, which in anything other than a small rotation, is almost impossible to translate into practical action. Another potential weakness of non-anonymised feedback is that trainees in difficulty may be more likely to avoid giving feedback all together, giving a skewed picture of the overall quality of training. In order for this exercise to provide an accurate and non-biased reflection of the quality of training, it is vital that all trainees feel that they can both participate and speak honestly about their training posts. This is why non-anonymised feedback may best serve as an additional training assessment tool, rather than an alternative to anonymised feedback. The advantages and disadvantages of non-anonymised feedback in training evaluation is certainly an area which would benefit from further research.

A further limitation of this interview scheme is that it gave a ‘snapshot’ of the training scheme. Feedback about individual training posts may be influenced by individual trainees’ perception, circumstances or relationship with trainers. Results relating to particular training posts are less prone to bias in a rolling trainer and trainee feedback scheme. Another limitation is that interviewers scoring the responses may have personal biases. None of the interviewers interviewed at hospitals in which they worked, however, and nor did they interview their own trainees or consultants they worked with. Interviewing both trainees and trainers, interviewing together for a proportion of the interviews, as well as the assessment of the clinical environment by the interviewers, may have helped limit personal biases. The interviews were carried out by two consultant psychiatrists, making this interview scheme a more expensive and labour-intensive method of gathering feedback than online surveys. However, as the training programme assessed in this study is very large, the presented interview scheme would be significantly easier to implement in the average sized training programme.

Conclusion (This has been newly added to the article)
This in-depth examination of the quality of training on a large psychiatry training programme successfully elicited strengths and weakness of our programme. Additionally, trends in quality of training and job satisfaction amongst various psychiatric specialities were identified. Such an interview scheme could be easily implemented in smaller schemes and may well provide important information to allow for targeted improvement of training.