Author's response to reviews

Title: How satisfied are students with peer teaching in clinical communication skills?

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Author's response to reviews: see over
Dear Editor,
Subject: MS: 8039212461089370 - How satisfied are students with peer teaching in clinical communication skills?
Jonathan KA Mills, William J Dalleywater, Victoria Tischler

Thank you for the most helpful feedback given by the reviewers, which we have addressed, see details of our responses in red below. We have submitted a revised manuscript and hope that this meets with your approval.

Thank you for your consideration and we look forward to hearing back from you.

Kind Regards,

Jonathan KA Mills
William J Dalleywater
Victoria Tischler

Reviewer's report
Title: How satisfied are students with peer teaching in clinical communication skills?
Version: 3 Date: 14 June 2014
Reviewer: Lezley-Anne Hanna

Reviewer's report:
Discretionary Revision
(1) Title: perhaps rephrase so as this is no longer a question.
For example:
An assessment/investigation of student satisfaction with peer teaching of clinical communication skills

JM: Done

(3) Figure 1 is not really necessary since the majority of questions are also provided in Table 1. You could explain in the text that there were a total of 5 closed questions and one free response section for participants to record any other comments. You could then refer the reader to Table 1 for three questions which were scored from 1 (Strongly Disagree) to 5 (Strongly Agree) and state that the other two questions (the session kept to time; I had the opportunity to role play) required yes/no responses.
There is a third discretionary revision provided as a separate attachment.
JM: Agreed

Minor essential revisions
Abstract
(1) Introduction: rather than saying ‘this paper examines’, say ‘this work aimed to establish …’ so that it is clearer to readers what the aims/objectives were from the outset.

JM: Done

(2) Method order: (a) some information about the teaching session and facilitators (b) how data were collected via a questionnaire (n=x questions) and (c) how data were analysed.

JM: Done

(3) Results: include the number of participants and the questionnaire response rate. In general, further quantification within this section is also required. Perhaps clarify that there was no significant difference found in satisfaction scores. Maybe change ‘students noted…’ to ‘students considered that their communication skills had improved…’

Also, quantify this sentence ‘x% students considered…’ so that ‘with the same number finding…’ makes more sense.

JM: Amended

(4) Conclusion: rephrase the first sentence: the results section starts off with ‘students were highly satisfied’ and the conclusion begins in a very similar way: ‘students are satisfied…’

JM: Amended

Manuscript
Introduction

(5) It would be beneficial to know where across the globe peer teaching is utilized (i.e. expand on this to appeal to an international audience). Also, is it only used in medicine (thinking about readers from other disciplines)? ‘Viewed variably’ - provide some examples of the differing views.

JM: Based upon a search of the literature, we have not identified a study identifying how many nations use peer-teaching. I think it would be accepted amongst readers that peer teaching is certainly prevalent in the USA, Europe and Australasia as a minimum..

I have clarified the ‘viewed variably’- it is dependent on how the assessment characteristics and teaching environment (so can be positive or negative, rather than assuming peer-teaching is a wholly good thing)
(6) Provide a reference for the National Student Survey (NSS)
JM: Reference added

(7) ‘A systematic review by [16]’ should be: ‘A systematic review by Yu et al. (2011)…’
JM: Amended

Methods
(8) Before the session: who led the facilitator and student training? (was it one of the academics that was also being evaluated?) How long were these training sessions?
It would be useful to know more about the facilitators. For example, were the clinicians experienced in teaching within a university setting? How many facilitators were trained (by role)? How were final year students selected for facilitation roles (I presume it only involved a small proportion of final year students).
JM: Clarified

(9) How many students were in the year group and how were participants allocated to each group? (random allocation?)
JM: Clarified

(10) Did the students have prior clinical knowledge of the topics before the simulated role-plays?
JM: Explained they are briefed on the role play.

(11) Expand on the learning objectives of the session
JM: Expanded, developing self-reflection in non-verbal and verbal communication skills, giving and receiving feedback and ability to empathise with patients.

(12) Mandatory small group teaching: useful to explicitly state that the session did not count towards their grades/module mark (just that attendance was compulsory) so students were unlikely to object to it being led by one facilitator over another.
JM: Clarified

(13) Did the sessions run concurrently or throughout the first semester? If they ran throughout the semester, were students who had later sessions at an advantage because they heard about it from peers, and does this needs to be mentioned as a limitation)?
JM: Clarified

(14) You could outline how this questionnaire was developed (and by whom) and whether it was piloted. Also, clarify how it was distributed/collected in after the session and that it was anonymous.
JM: Clarified

(15) The ‘ethics of the questions were considered’ may be confusing terminology for readers.
JM: Amended
Results
(16) The method mentions 24 seminar groups; the results mention 20 seminar groups.
JM: Acknowledged in the response rate
(17) Having mentioned how many students and facilitators were trained in the method section, it would be useful to outline how many actually participated in the workshop (again by role).
JM: All
(18) I think Figure 2 is surplus to requirements, given that you also discuss the very same results within the text. A pie-chart showing 20.71%, 48.99% and 30.30% is not really necessary (over and above just describing what these figures relate to within the text). It would be different if the results were complicated and benefitted from being displayed graphically.
JM: Figure 2 can be removed, I have removed this from the text.

(19) Table 1: is it really necessary for the reader to see all paired results (i.e. the positive and negative values)? If so, it might be easier if the pairs were grouped and reported together for each question:
Clinician/academic staff… 0.06804…
Academic staff/Clinician… -0.06804…
Clinician/Clinical student… 0.04390…
Clinical student/Clinician… -0.04390…
Academic staff/Clinical student… 0.02414…
Clinical student/Academic staff… -0.02414…
JM: Table updated to correspond to pairs.
(20) You mention that the raters independently read through the comments and suggested recurring themes. I presume the next stage was for them to discuss and agree on key themes, prior to going off and independently assigning comments to one or more of these themes.
JM: Yes
(21) When providing verbatim quotations, it might be useful to using a coding system such as S for student, assign a number that can be traced/linked to their questionnaire, and finally list the facilitator type (A-Academic, C – Clinician etc.) For example, S14-A could relate to a quote from Student 14 who had an academic member of staff as their facilitator.
JM: We use brackets to suggest corresponding facilitator group
(22) In the table, you refer to ‘clinical student’, yet for the quotations and text you refer to ‘peer-teacher’. Better to only use one term.
JM: Table updated to use peer-teacher
Discussion
(23) This point refers to the whole manuscript, including the abstract: sometimes you refer to ‘near-peer teaching’, whereas other times you refer to
‘peer teaching’, ‘final year peer-teachers’, ‘clinical students’. It might be easier for the reader if there was a more consistent term used throughout.

JM: updated

(24) Did any of the final year medical students (the peer-teachers) comment about the time commitment to undertake this (on top of their own workload)? While they may indeed provide a cost-effective learning resource, it may adversely affect their own performance.

JM: Students volunteer for this role and as such were happy to undertake this role as a learning opportunity and a chance to build their CV. All the peer-teachers passed their exams so their performance was not impaired.

(25) Students wanted more sessions – so would you do anything differently in the future, on reflection?

JM: We would recommend that peer-teachers are used more in future. Other factors have to be considered such as limited availability of suitable rooms and timetabling pressures.

Implications

(26) You mention an increase in tuition fees - if medical undergraduate students are paying substantial fees, do you think they will really appreciate being taught by their peers rather than experienced academics/clinicians? If the workshop was assessed and contributed to the degree classification, students might prefer to be taught by an experienced academic than someone who was a few years ahead of them.

JM: Thank you for raising an interesting and important point. Although we found that students were satisfied with this peer-teaching, further research would need to be undertaken to assess whether students responded differently should the peer-teaching be offered more widely and in a range of different subject areas. There is demand for HE institutions to allow opportunities for students to develop their own skills in teaching, particularly as speciality training in medicine after graduation values clinicians with teaching experience (which can be limited between graduation and the ~18 months later when applying for specialist training).

(27) You mention that future studies could investigate this (the impact of the facilitator-type on summative assessment) - this work would be harder to justify in case some students from the cohort ended up with lower grades as a result of the facilitator they were assigned to.

JM: Agreed, perhaps developing a formative assessment to inform whether the facilitator-type has an impact on grades would be the next step before considering the impact on summative assessment.

(28) Should academic members of staff be concerned (in terms of the quality of their own teaching) if students are equally satisfied with a peer-teacher? Also, does it undermine the need for academic staff to have further teaching qualifications (such as a postgraduate certificate in higher education teaching), if clinicians and peer-teachers can achieve the same results with minimum training?

JM: One of the unique features of medicine as higher education degree (at least in the United Kingdom) is the apprenticeship element – medical students
– more so in the clinical-phases – learn from many different seniors when based on wards – however this may range from students in higher years, junior doctors and consultants. Students offer something different rather than being a substitute for academic teaching; and may be well placed to emphasise key points to which their junior-peers may be receptive. One could argue that this undermines academic staff in that much of the clinical teaching is delivered by “unqualified” teachers. However, in reality it is accepted that academic staff provide a knowledge framework from which clinical application and skills can be developed. This is the sense in which we think this session should be viewed – it gives the students a chance to apply their previously gained knowledge of communication skills in a setting guided by a more advanced facilitator – whether this be a near-peer, clinician or academic.

Given that we know that informal near-peer teaching is very well-appreciated by clinical students, it seems appropriate to question whether students would be satisfied with a near-peer teacher in a formal teaching session. Therefore, the question we have addressed is whether more junior medical students would find near-peer teachers acceptable facilitators of a mandatory teaching session.

References
(29) These are not consistently written:
Sometimes an issue number is included (for example, refs 3 and 10) and other times it is not.
Sometimes there is a full stop at the end of the reference and other times not.
Sometimes the journal name is abbreviated (for example ref 8) and other times it is not.
Sometimes the journal name is in bold italic font (for example, ref 7) and other times it is not.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests

Reviewer:

1. Major Compulsory Revisions: I would like to see the comparison drawn among more students at different year levels after multiple exposures to teaching sessions involving not only communication but also other data gathering skills in several schools. In other words, the work needs to be redesigned to yield a more substantial and substantive picture of student satisfaction with instruction that different teacher types provide.
JM: Thank you for suggestion regarding the study methodology. Our study was a pilot study that aimed to look at whether students would be satisfied with near-peer teachers as a principle. We acknowledge that the scale of this study is limited – this is deliberate. It would be extremely difficult, not to mention educationally and ethically questionable, to introduce near-peer teachers into different year-groups and multiple curricula without first investigating whether students find this acceptable. The current literature looks at assessment outcomes but does not compare student satisfaction as an outcome. Our study is therefore innovative which justifies its scope. Having established that satisfaction is similar with different teacher types, it would appropriate to design studies as you suggest. Indeed, we hope a result of our study will encourage other institutions to conduct such work. As we do not work across multiple institutions, it would be unfeasible to collect data from several schools, each of which may or may not deliver clinical communication skills within their curriculum and if so, deliver it in a different manner and may summatively assess differently. We make clear that the course is delivered to first year medical students within the paper, which would make different year group studies impossible due to our medical course design.

2. Minor Essential Revisions: The introduction needs to clarify how the current study extends the literature. It isn’t until the end of the manuscript that the authors said the work is unique because clinicians were among the teacher types studied. And for this reader the distinction between faculty instructors and clinician instructors needs to be drawn, for in medical schools faculty instructors are often clinicians.

JM: Clarified in addition to other reviewer comments; the study adds to the literature by comparing satisfaction with peer-teaching compared to that given by non-clinical or clinical facilitators.

The title needs to be rethought; it emphasizes near-peer teaching and yet the fact that clinicians were included among the teacher types in the comparison of student satisfaction makes the work unique, according to the authors themselves.

JM: Updated in addition to other reviewer comments.

In the discussion of student comments the assertion that many students found the session useful is not quite accurate, given the low number of overall comments received.

JM: This question was directly asked in a likert scale and in free-text comments. It is written in the results section “Students were asked to rate the usefulness of the session, with 158 (80%) rating the session as Very useful, whilst only 3 (1.5%) Strongly disagreeing that the session was useful.” We are happy that 80% found it “very useful”, with a further 18% (n=35) agreeing. We would argue that 193 out of 198 agreeing or strongly agreeing to this direct
question does justify our assertion that “generally, students found the session useful”.

The pie chart could easily be deleted.

JM: Agreed.