Author's response to reviews

Title: A real-time locating system observes physician time-motion patterns during walk-rounds: a pilot study

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Author's response to reviews: see over
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Dear Editors,


We thank you for giving us the opportunity to again revise and resubmit the above-mentioned paper in response to the second round of review comments that your reviewer has provided. Below, we list each of the comments made by the reviewer followed by our responses. Additions to the paper itself appear in yellow highlighting in the revised manuscript.

We thank you again for this opportunity to revise and resubmit this paper and hope that our work meets your expectations.

REVIEWER COMMENTS:

1. The concept of 'mandatory once-weekly medical teaching team patient care rounding session' sounds odd. Why isn't this occurring every day? If rounding with teaching does not occur every day, it should occur much more than once weekly. If this is some special different kind of rounding with a senior clinician that offers a different kind of teaching (like Chief Rounds at our institution), then this is not described well enough AND it is not the everyday kind of teaching rounds that warrant analysis.

The reviewer is correct to point out that we have not been sufficiently clear on why the special once-weekly round that we studied is different from daily rounding, and worthy of study. Thursday afternoons are protected as an academic half-day for all trainees in our residency training program, and as a result, there is an objective to complete all or most clinical patient care duties in a compressed half-day that must end at noon. There has actually been considerable discussion among clinical preceptors and the directorship in our training program regarding the optimal approach to managing patient care in this compressed half day. So, it is for this
reason that we had special interest in assessing the time-motion activities of various clinical preceptors on Thursday mornings.

We recognize from the reviewer’s comment that the paper as previously written did not present this rather important contextual information. In the revised paper, we now explain this in the Introduction on page 5, paragraph 2, and then also briefly discuss our program’s compressed clinical care day in the Discussion on page 14, paragraph 1.

2. I am not convinced that the data that you have says anything about rounding style. Saying that 3 distinct styles of rounds were identified seems like a major departure or leap beyond your data. In following 8 individuals, it is far more likely that the work to be done on those days (including factors such as (i) which patients were to be discharged, (ii) which were more ill and needed an earlier assessment / discussion, and (iii) patients mental status or psychiatric illness) would have influenced the patient care rounds as opposed to the 'styles' of the physicians followed.

Upon reflection, we agree with the reviewer that we are probably overstating our study findings by referring (with some fanfare) to “rounding styles”, because that particular wording carries an implicit notion that we have identified (and perhaps also to some degree validated) the existence of distinct rounding styles that other groups might then see and recognize in their own centers. Clearly, our small study conducted in only one academic center is not a source of definitive information on formally-defined and described rounding styles.

To address the reviewer’s concern in the revised paper, we propose to tone down our wording somewhat and simply refer to “patterns” that we observed in the time-motion data. We briefly mention in the Discussion section that these observed patterns in the data may be reflective of distinct rounding styles, but that any formal characterization of rounding styles per se requires further evaluations of this sort, by multiple groups, and in a mix of settings. (Note: Yellow highlighting throughout the revised paper reflects points at which the revised wording was inserted.)

3. Figures are still impossible follow – would delete.

While we agree that the figures are both dense and not optimally ‘crisp’ in their color scheme, we feel that they need to be retained, because these are the data output images that the commercial real time locating system that we studied produces. The reader is actually not expected to be able to temporally follow the progression of subject from point 1 to point 2 to point 3 in the Figures, and so on. But the reader can look at the cluster of data points in the time-motion images to at least get a sense of where a preceptor was over time, and the portions of the geographical ward in which subjects spent large amounts of time. We certainly feel that the images will provide readers with a much better understanding of the time-motion patterns observed than would mere text descriptions.
We do note that the figures are easier to see when they are enlarged, and would suggest that their value will be enhanced if they are page-produced at the copy-editing phase in a manner that maximizes the size of the image (e.g., half of an 8.5 by 11 inch page for each image would be better than compressing the image into a tiny figure panel taking up a quarter page, or even less).

The above said, we will defer to you as editors on how you would like to handle our figures. We prefer that they be retained for reasons just stated, but will accept a recommendation to remove them if this is your preference.

We thank you again for giving us the opportunity to revise and resubmit the paper a second time. We also thank the reviewer for his additional time providing a second review, and his helpful comments that have again improved the paper.

We look forward to hearing from you.

Yours sincerely,

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JBL/ tc

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