Author's response to reviews

Title: The Professionalism Disconnect: Do Entering Residents Identify Yet Participate In Unprofessional Behaviors?

Authors:

Alisa Nagler (alisa.nagler@duke.edu)
Kathryn Andolsek (kathryn.andolsek@duke.edu)
Mariah Rudd (mariah.rudd@duke.edu)
Richard Sloane (richard.sloane@dm.duke.edu)
David Musick (dwmusick@carillionclinic.org)
Lorraine Basnight (basnightl@ecu.edu)

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Author's response to reviews: see over
Please find responses to each of the Referee’s comments below.

Referee #1:

Major Compulsory Revisions

1. I appreciate that you took my suggestion to change the title of the study. I should have been clearer in my earlier comments, that I think the paper would be greatly enhanced if you shifted, not just the title, but the entire focus of the paper to the relationships between resident’s professionalism ratings and their participation in those behaviors. Then make the differences between gender and institution of secondary importance in the paper. As it stands, right now, the title and the major focus of the paper are not in alignment. Just changing the title is not enough to address the issue that your most interesting finding is the fact that residents participate in the behavior that they identify as unprofessional, you need to actually make it more central in the way you frame your study. At the very least, the title and the focus should be aligned, so if you choose not to change the focus in the body of the paper, you should go back to your previous title.

Thank you for elaborating on your suggestion. We agree that they most interesting finding is the disconnect between resident perception of behaviors and their contradictory participation. To re-emphasize this important point, we have done the following:

- We have added two sentences to the background introducing this disconnect.
- We have shortened the paragraph on defining Professionalism to take some of the emphasis away from this point.
- We have rewritten our conclusion to illustrate this main focus.
- The results and discussion are already focused on this disconnect...thus, you are correct in stating that this seemed to be the highlight of the study and manuscript.

2. Thank you for addressing this point. I still think you could very quickly run a Cronbach alpha on the data you collected for this study and add a sentence. It would take just a few minutes to run the analysis in SPSS and write up a sentence. “For the current study, the instrument had excellent/acceptable/marginal/poor reliability; Cronbach alpha was .XX.” With 46 items and 375 participants, I imagine you’ll have a good Chronbach alpha and it would add some nice reliability to your study.

Thank you again for this suggestion. Our statistician agreed and we included a sentence in the methods and results – showing a Cronbach Alpha of .96. You were right!
3. I’m satisfied with the statement that you added to the limitations section.

4. I’m satisfied with the authors’ response to my questions about the Cochran-Mantel-Haenszel statistic.

5. I’m satisfied with the authors’ response.

6. Thank you for adding the comments; I think they nicely enhance this section of the paper.

7. I’m satisfied with the authors’ response. 8. I’m satisfied with the authors’ response.

Minor Essential Revisions – Thank you for addressing. After re-reading, I couldn’t find “voluntary” listed twice either. I apologize; I must have misread the paper the first time around.

Discretionary Revisions – Thank you for addressing.

Level of interest: An article whose findings are important to those with closely related research interests

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.

Referee #2:

Reviewer’s report
Title: The Professionalism Disconnect: Do Entering Residents Identify Yet
The present study examines residents' perceptions and behaviors related to unprofessional behavior. The revised paper is much improved. My specific concerns are written below:

1. In the background your 4th paragraph begins with the mentioning of the various papers on professionalism and then concludes that "the issue of how to operationalize the construct of “medical professionalism” for the purposes of physician training remains, therefore, a vexing one." Although I agree with this statement it is unclear how this conclusion arises from the above. Please explain.

**We have revised this paragraph to address referee #1’s concern that our focus should be more on the disconnect between perception and behavior – which we agree with. The revision should address the concern here as well as we note that many have attempted to define professionalism leading to a large pool of diverse definitions which can make it difficult bring consistency and clarity.**

2. I believe the explanation about not splitting the qualitative analysis by institution and gender should be in the paper. I must say from experience with such data, and even from the quantitative results that indicate a difference, I am not sure this decision was the right one. I do recommend splitting and seeing whether the issues, language used and emphasis differs.

**There was brief mention of this in the last sentence of the Methods section but we have added another sentence in the Results section noting that after initial analysis there was no difference by institution and thus the results were reviewed and discussed in aggregate.**

3. I still think the qualitative analysis (in the methods and in the results) should be elaborated. For e.g. how the first two quotes were collapsed to represent respect.

**We thought we had done this in the last paragraph in the Methods section however we have revised this somewhat to be more clear and included the Glaser reference.**

4. You mention in the discussion that the two institutions have a different policy concerning pharmaceutical company interactions – perhaps this was already mentioned and discussed in their orientation to the institution, and by thus influenced their perception? Are your findings indicating this direction? If they are they actually could re-enforce your call for explicit mentioning of the institutional rules and beliefs concerning professionalism mentioned earlier.
Thank you for this feedback. It is the case that pharma related policy and education occurred differently at the two institutions – and thus may account for our findings. We have elaborated on this in our Discussion section under Institution.

5. I believe too much focus in the discussion is about the issue of pharmaceutical relationships – I suggest gathering this into one paragraph that includes all that needs to be said, to allow for a broader discussion about the other professionalism issues.

We have shortened the Qualitative discussion section so there is not such an emphasis on pharma related issues and differences. We think this combined with how we addressed the point above is an improvement to the manuscript. Thank you.

6. P. 12 last paragraph before limitations seems to connect to the paragraphs I referred to in the last former comments, and not necessarily under the title of the qualitative findings. I suggest connecting them.

The last three paragraphs before limitations are overall discussion points. We see how this may have been confusing as it looked like they were part of the qualitative analysis discussion. So, we have added another subheading – Significance to Practice. We are open to other subheading titles.

7. Reference no. 31 is not the reference you mention in the text... the reference that addresses respect was: O. Karnieli-Miller, A. Taylor, A.H. Cottingham, T.S. Inui, R.T. Vu & R.M. Frankel. Exploring the Meaning of Respect in Medical Student Education: an Analysis of Student Narratives. Journal of General Internal Medicine, Vol. 25(12), pp. 1309-1314, 2010. Though both references address issues related to professionalism and respect – the content you discuss was in the paper mentioned above. Please check all references for accuracy and revise this and others as necessary.

This was replaced with the correct reference and other references were double checked. Thank you for bringing this to our attention.

I declare that I have no competing interests.
Good luck and I look forward to reading the next papers from this data.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the
statistics.

Declaration of competing interests:

'I declare that I have no competing interests'