Reviewer's report

Title: Impact of postgraduate training on communication skills teaching: a controlled study

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Reviewer: Jennifer R Kogan

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This is a pre-post controlled study assessing the impact of communication skills faculty development training on the ability of clinical supervisors to identify and provide feedback about communication skills of trainees. This is a highly relevant topic in the context of competency based medical education, direct observation and workplace based assessment, and feedback. To my knowledge, this is one of the first studies that has looked at the impact of training supervisors in a skill and then identifying if and how it impacts their assessment behaviors. What is also important about this work is that unlike most faculty development programs, the faculty development was intensive and longitudinal. Therefore, I think this work would be an important contribution to the rater training literature.

A. Major Compulsory Revisions

1) Methods/Intervention/Small Group Training Modules: Please describe the role that the facilitator played in training the supervisors. That is, given that supervisors were either playing the role of the resident, supervisor or observer, who was the "content or skills" expert and what was their role? What occurred in these modules to improve the expertise of the participants?

2) Methods/Intervention/Individual Coaching Sessions, pg 8, line 3: Please explain what you mean by "the focus of these sessions was on teaching skills." What was the structure/content of these coaching sessions?

3) Methods/Outcome Measures, pg 8: Please clarify who made/scripted the videos and determined what they showed in terms of communication skills

4) Methods/Outcome Measures, pg 8-9: What instructions were supervisors given when filling out the forms when watching the videos? Were they told to list all communication skills, the most important good/poor skills?

5) Methods/Outcome Measures, pg 9, line 3: Please provide more clarification of the experts assessments of the videos. Were they asked to indicate for each scenario a total of 6 communication skills or 6 good and 6 poor communication skills? You state that skills that 2 experts identified became part of the expert list. How was it that each scenario had exactly 6 skills that were identified by 2 of the experts? It seems that the number of skills for each encounter would have ended up varying more. Was there discussion amongst the experts to finalize the list? How well did the experts agree with eachother?

6) Methods/Outcome Measures/Number and Type of communication skills
discussed interactively during feedback, pg 9: Please provide more description of the videotape feedback sessions. Did the faculty observe the resident and then give feedback? What was the topic of the clinical encounter they were providing feedback about? Were these video sessions related to the video trigger tapes they watched? Please provide more detail about this part of the data collection.

7) Methods/analysis, pg 10: Please clarify what you mean by "differences between the post and pre intervention tests were computed for each item.

8) Analysis: Please clarify why you did not also combine your data across the cases when analyzing data.

9) Analysis: Were you powered to find a difference between groups? Did you do a power calculation at the beginning?

10) Results, pg 10: You provide demographics on the control/intervention group but your methods do not say anything about collecting this data. Methods need to include a description of how you collected this data. The analysis section also needs to include what statistical tests were used to compare demographics between the intervention and control group.

11) Discussion: I think it is important to address in the discussion the intensity of the faculty development in relationship to the change in outcomes. This was a very intense faculty development program in terms of time. What are the implications for the degree of change you found (none for identifying skills, some change for feedback, though for many elements findings were not statistically significant, especially after adjusting for multiple statistical tests). Does this suggest anything about rater training efforts?

B. Minor Essential Revisions

1) Background, pg 5, first sentence: Requires grammatical correction.

2) Background, pg 5, line 12 and line 15: "Untrained faculty members often. . ." and "It seems shortcomings". . . requires references

3) Background, pg 5, line 22: remove the word "of" after "avoid"

4) Background, pg 6, line 4: remove the word "a" before "negative feedback"

5) Background, pg 6, line 8: change "aiming" to "aimed"

6) Methods, pg 6: What is the total number of supervisors on the general medicine ward and in the primary care division? That is, what percent of supervisors participated in your study?

7) Methods, pg 6: How were participants invited to participate?

8) Methods, pg 6-7: How many in the control group were from the internal medicine ward and how many were from the medical outpatient clinic.

9) Methods/Intervention/Small group training modules, pg 7, line 6: add the word "roles" after different

10) Analysis, pg 9, line 1: Include reference for Calgary Cambridge Guide

11) Analysis, pg 9: Please clarify what you mean by positive and negative communication skills. Does it mean a skill was done well or not well?
12) Results, lines 1-3: This describes your sample and would be better placed in the methods.
13) Results/Ability to address residents’ communication skills in an interactive way, pg 11: the effect size in the text should read 0.80-1.77 based on Table 4
14) Discussion, pg 12, line 13: This sentence is confusing. Please clarify.

Discretionary Revisions

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.