Dear Dr. Gadd and Biomed Central Editorial Team,

Thank you for the opportunity to revise our article "Medical Student's and Resident's Preferred Site Characteristics and Preceptor Behaviours for Learning in the Ambulatory Setting: A Cross-sectional Survey". I appreciated the reviewer, Dr. Kernan's comments. They were helpful.

I will respond to each of his points in turn.

Abstract:
1. Abstract is now structured.
2. "Theoretical constructs" has been removed.
3. More specific findings have been included in the results section.
4. Hope this is now more punchy and exciting!

Background:
1. Theory about different learners perhaps having different educational needs now discussed in more detail in paragraph 1. These articles provided the basis for thinking that different residents might find different approaches helpful. We did not look specifically at the items in these reference studies in our study and hence have not specifically referred back to these studies in the discussion.
2. Further explanation of why we undertook this study provided in paragraph 2.

Methods: (comments 1,2,3 response compulsory)
1. Description of how non-responders were identified and re-contacted has been modified to make this clearer in paragraph 2, lines 8-13. Repeat surveys were sent to named individuals. The email reminder was sent to everyone on the PG and UG offices distribution lists with a notice at the beginning to ignore the reminder if they'd already sent the survey back.
2. Strategy for ensuring data quality described in paragraph 3 of the methods (page 6, lines 1-4)--no double entry data assessment but frequency distributions for each of the variables to look for outliers and recheck them using the original data.
3. Dropped the reporting of the top 5 and bottom 5 item assessment in Tables 3 and 4 and mentioned this in the results section, paragraph 2, lines 3-4. Initially we did this because many of the items seemed potentially important for learning and we wanted to identify what students felt they...
really did and didn't like but as Dr. Kernan points out they essentially matched up with the frequency distributions for the items.
4. Have included a description of what factor analysis is in paragraph 3, lines 10-16.
5. Why a subanalysis was done without family medicine residents explained in paragraph 3, lines 19-25 (basically to see if being at the end of training influenced the results in the PGY2 group).
6. Statistical package referenced (Ref. #17).

Results: (comments 1,2,7 response compulsory)
1. Tables 3 and 4 revised to now include missing data.
2. Table 2 revised to remove CAPER and ACMC data (information about this reported in the text at the end of the first paragraph in the results section). Abbreviations removed as suggested.
3. Columns for the five most and five least effective items removed from Tables 3 and 4 (see also comment #3 in methods section).
4. We initially did have the results in table form and in fact it can be done in 2 tables, one for the site characteristics and one for the preceptor behaviours. The problem with the data presented this way is that it is a blur of numbers and seeing the patterns, (ie: the similarities and the differences between the different groups) which seemed the most important piece of information, is much more difficult. The tables will present the data in a more compact form but I don't think are as useful hence I've left them as graphs. Something though has happened to Graph 5 since we sent it to you and we can't seem to fix it. On the Y axis "important" is cut off, on the X axis, "clerk" is missing it's 'k' and all the PGY's are missing their numbers. In the title "Characteristics" has been chopped and in the p value meanings legend on the far right "mean" has been deleted twice, once for the significantly higher and once for the significantly lower.
5. I haven't removed graph 3. A similar argument for removal could probably be made for graphs 1-4, however I think the graphs show the similarities in quite a striking way which I think is interesting information so would make an argument for keeping them all in.
6. Figure 1 gone!
7. To explore this we ran tests of homogeneity of variances for the schools, levels, and residencies and then did Tamhane testing to do school to school, level to level and residency grouping to residency grouping comparisons. We then compared these results with what we had reported which was comparing each school's mean for the various factors to the overall mean (and similarly for levels and residency groupings). The Tamhane results did not really change the basic messages (that of mainly similarities between the various groups with some educationally significant differences) but would be difficult to report in a concise manner, requiring more tables. We are willing to do this if you want but for the purposes of the readership (as we see them), we didn't think this would make that main message clearer.

Discussion: (comments 1,2,3 response compulsory)
1. New paragraph (#5) included in the discussion section to address the issue of only 61% of trainees valuing direct observation.
2. Article by Kernan now included in the discussion both in paragraph 3 on feedback and paragraph 6 on student's disliking being taught in front of the patient.
3. Article by Elnicki included in paragraph 3 on feedback.
4. Have added a sentence in the methods section paragraph 2, lines 4-5, stating "a section for general comments was included at the end of the survey".
5. "Directing" has been clarified in paragraph 6, line 2 ".....and preceptors directing tasks to be covered in the interview".

Please let me know if there is anything else I can clarify or, if after seeing the revisions, there is anything else you want to discuss changing.

Thank you for your time and I apologize for the delay in getting these revisions back to you.
Sincerely,

Karen Schultz, MD, CCFP