Reviewer's report

Title: A Preliminary Report of an Educational Intervention in Practice Management

Version: 1  Date: 28 June 2004

Reviewer: Brent Williams

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General

This study reports a pre-post written assessment of a small (n=12) group of residents' knowledge and skills in practice management and curricular evaluation following 12 monthly 30 minute seminars in continuity clinic. While the small number of observations and limitations of the assessment instrument limit generalizability, little is currently known about this vital area of teaching.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Main strengths are focus on an under-examined area (practice management), and careful, systematic description of a new curriculum and its evaluation.

As acknowledged by the authors, main limitation is small sample size, single institution, single type of program (primary care), and limited evaluation instrument. The findings and program description may be useful, however, to others proposing similar educational interventions and evaluations.

1. The seminars should be described in more detail, including:
   a. The role of the faculty in developing and implementing them. There are 8 faculty involved, but who did what is unclear. Sounds like most of the actual teaching was done by experts (which is fine).
   b. Materials and methods used. Readings? Given beforehand? Case studies? Exercises to complete before or after the sessions? Small group activities during the seminars?
   c. Attendance by residents - e.g., average number and range.

   This can be accomplished in a paragraph or two.

2. Test instrument should be described in more detail. Where did the items come from? An instrument developed by one individual, with no pilot testing is different from a process with multiple inputs to identify content and format for items, with pilot testing of individual items. I assume no reliability or validity information is available, but simple things describing the validity of test can be measured, such as ceiling (everyone got it right) or floor (no one got it right) effects.

   One example each of the true/false and Likert response questions should be included.

3. How were the data gathered, and when? One sitting for all residents, or piecemeal over time?

4. Include some mention of statistical significance. I agree with the authors' description of the study as descriptive, or exploratory, but the main point of the article is that the intervention was probably effective (as opposed to other possible main points, such as: a) the development and content of the curriculum, b) demonstration of the feasibility of an educational program in practice management squeezed into a very small teaching space with very limited evaluation instruments, or c) a description of the test instrument itself.) As long as the overall emphasis is on the effectiveness of
the curriculum, there must be at least a statement that no described relationships were associated with a p value <.10 (e.g.). Better would be a similar statement regarding confidence intervals. This relieves the unnecessary burden of reporting p values for each association among very few observations, while giving the reader a sense of the strength of the observed relationships.

5. The data should also be analyzed without BOTH the first-year resident who didn't complete the post-test AND the third-year who didn't complete the pre-test. The authors did the latter but not the former. Leaving EITHER observation in could significantly skew the findings for the reasons described by the authors.

6. Include the number of observations in the abstract.

7. Methods - include a description common graduation destinations for residents from this program.

8. A bit more on the needs assessment would be very helpful. Number of attendees, examples of types of questions, number of faculty involved and setting for carrying out the needs assessment. Just a few sentences.

9. The figures are mainly empty space. Drop them, and combine all results into one table, with pre- and post-results. Results for 4 curriculum evaluation questions should be included, with "NA" or the equivalent in the Pre-seminar column. Include the number of observations in this table.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Abstract: More accurately describe the three cognitive components as "practice management knowledge and skills, and curriculum evaluation". There is no evaluation of attitudes towards practice management.

2. The number of residents in the med-peds program is listed as 12 in the program description (p. 4) but 13 in the methods section. Please render consistent.

Discretionary Revisions (which the author can choose to ignore)

Additional references from our own work which provide context and support for this work include:


What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Acceptable
Statistical review: No

Declaration of competing interests:
None.