Reviewer's report

Title: Learner satisfaction and receptivity with a restructured pedagogic model case-based learning and practical activities parallel to the theoretical class programme

Version: 1 Date: 15 August 2004

Reviewer: Tim Dornan

Reviewer's report:

GENERAL
The authors describe a move towards active learning and vertical integration in the middle phase of a three-phase 'spiral' curriculum. The topic is obstetrics and gynaecology, and the context Brazil, whose system of medical education is undergoing reform to make it more modern and socially responsive.

STRENGTHS OF THE PAPER
1) Although English is not the authors' first language, it is written in a narrative style that is clear and readable.
2) The topic and nature of the intervention is relevant.
3) They present empirical data, which are all too often absent from descriptions of curriculum change.
4) Response rates were good.

WEAKNESSES
5) The research is framed more in terms of the context in which it was performed than underlying educational theory or pre-existing empirical evidence. What theoretical position, for example, underpinned the authors choice of evaluation methodology, and what limitations does that impose on the conclusions they can draw? In our own research, satisfaction (which underpins at least some items in the instrument) proved an invalid measure of educational enhancement. That said, items such as 'cognitive evaluation tests' may be valuable, though the manuscript does not give enough detail to leave me convinced.
6) Other educators might have liked to know more about the intervention, which they may wish to emulate. What happened in the practical activities? What was the format of the case discussions. Were they real or simulated cases?
7) I would have liked more critical evaluation, in discussion, of the authors' confidence in their conclusions, given methodological constraints.
8) The paper would be much easier to read if all the data were in a single table, showing % rated good or very good on the Likert scale.

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

None

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

Bi Flexner's first name was Abraham, not Alexander.
Bii Acknowledge that the high response rate, obtained under duress at the time of summative assessment, may have affected the validity of the data.
Biii Describe more clearly the intervention
Biv Give more detail of the measurement instrument, particularly the 'cognitive evaluation tests' item
Bv Compress results into a single table
Bvi Correct spelling of chi-square
Bvii Discuss limitations of the study in Discussion

Discretionary Revisions (which the author can choose to ignore)
Ci Quote p values as p<0.05, p<0.01 or p<0.001 ONLY.
Cii Shorten introduction by focussing it, and moving the description of methodology to METHODS

OVERALL COMMENT
This research does not prove the new is better than the old, yet it suggests it is at least no worse, and adds to the general impetus of curriculum renewal that is so badly needed. It highlights strengths of 'the new' that are worthy of more systematic exploration. Medical education research is evolving from purely descriptive towards empirical, comparative study designs. Whatever weaknesses the study has are widespread in the contemporary literature. For that reason, I recommend publication.

Tim Dornan

What next?: Accept after minor essential 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