**Reviewer's report**

**Title:** Team work: a qualitative study of the perceptions and experiences of Pre-Registration House Officers

**Version:** 1  **Date:** 23 December 2004

**Reviewer:** Alan Bleakley

**Reviewer's report:**

**General**

The article categorises the perceptions and experiences of a group of 33 PRHOs, from two cohorts qualifying in 2001 and 2002 respectively, concerning working in teams. The data is derived entirely from semi-structured interviews. The data is thematically analysed and yields 3 'key themes' bearing on team work: supportive environment, educational environment and organisational changes. The study finds that within 'supportive environment' constructive feedback from senior colleagues, sharing responsibilities and tasks, relationships with nurses and relationships with PRHOs in the same team are important dimensions. Within 'educational environment', observing delicate situations, learning new clinical skills from seniors and continuity of relationships with patients are important dimensions. Within 'organisational changes', new work patterns and staffing levels are important dimensions. The study finds that the implementation of new working patterns are inconsistent and cause disruption to effective team work and that this is an important factor to be taken into account when planning the new Foundation programmes for junior doctor training.

While producing an interesting set of themes that may help to illuminate the fabric of team work for junior doctors and pointing to potential problems in implementing new working patterns, the study does not add significantly to the medical education literature on junior doctors' education, or on working in teams. The study remains largely descriptive and exploratory, rather than explanatory, where it does not build theory or articulate an innovation in educational practice.

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

1. The study is constrained methodologically by the authors’ own admission on p.4 that only one of the 20 questions in the interview schedule relates directly to perceptions and experiences of team work. Another way of putting this would be that a study has been conducted through interview using only one key question. This is presumably a result of this study being embedded in a larger one. Methodologically, it is very limiting to attempt to find out about a person’s perceptions and experiences if a number of questions from a number of angles are not asked. Indeed, the data yield is surprisingly large for the single issue of team work and presumably responses to other questions in the interview schedule have been utilised to fill in the data picture.

2. Importantly, while again the study does reveal some interesting factors in the effectiveness of a junior doctor’s socialisation into a team, it is already out of date as Foundation programme pilots have been initiated across the UK and the Modernising Medical Careers agenda is established. For example, this agenda already signalled the demise of the traditional ‘firm’ (the focus of this study) for greater cross-team working, distributed practices and ‘family identities' based on postgraduate centre educational provision rather than (or as well as) working teams.

3. The study would benefit from shifting its focus away from a ‘satisfaction’ study level to another
level of outcome. What individual practice, team, organisational or patient care benefits result from this study? How might the study be applied?

4. Methodologically, the study has several weaknesses. First, while focus on the single topic of ‘team work’ and the single learning outcome of junior doctors demonstrating good teamwork appears to be a good idea, the data does not reveal ways in which such a learning outcome might best be met except by a single reference to greater emphasis upon interprofessional team work at undergraduate level. The reader does not get to know enough about what ‘effective’ teamwork might be because the study remains at a reported, descriptive ‘satisfaction’ level, rather than an analytical level of, for example, styles and qualities of team work, distributed knowledge across teams, shared situational awareness within teams, and so forth. Second, the interview as a method of data gathering is not critically and reflexively interrogated. The data is treated as transparent and trustworthy. The interview context is not seen as a social context in its own right, generating its own knowledge, and details of the interview relationship (rather than the instrumental schedule) are not given. Third, quotes are selected to illustrate or bolster points made in the text but this is not reflexively commented upon as, for example, a rhetorical strategy to persuade the reader into the veracity of a stated position or conclusion. The reader does not see quotes which are weak versions of the point made, ambiguous statements or contrary statements. Fourth, there is a quasi-quantitative rhetorical strategy at work in the use of descriptors such as ‘most’, ‘a minority’, ‘almost all’ and so forth. For example, 26/33 positive responses is described as ‘almost all’ to make a point about ‘a sense of collective responsibility’. Why is this not described as ‘most’ or ‘a majority’, or simply left at 26/33 for the reader to decide? What is the strength of response of the 7 who did not offer ‘positive’ responses? Are these qualitatively very negative for example? The reader is left in the dark about this. In summary, no methodological reflexivity is offered.

5. A key objection can be raised to the main theoretical insight that the paper offers concerning changes in working practices. On p.3, this is summarised as such changes possibly leading to a reduction of the contribution of PRHOs to teamwork. However, this potentially turns a qualitative issue into a quantitative one – it is not the quantity of time spent in teams, but the quality of the work that may matter. Further, this conclusion misses the point that the nature of team work within the NHS may itself be changing to ad hoc, fluid arrangements in which adaptable ‘team players’ are possibly being seen as more valuable than established teams. Thus, inter-team and inter-agency co-configuration is becoming a primary focus for research, but this is not mentioned by the authors. This challenges the authors’ conclusion that ‘it will be important to support the stability of teams’ in the design of Foundation programmes. Indeed, quite the opposite conclusion could be made from this study – that junior doctors need to be able to manage multiple identities and uncertainties as effective team workers across a range of ad hoc and loosely defined ‘teams’ within a broader concern of the processes of historically labile activity systems and communities of practice.

With reference to the BMC criteria for assessing the work:
1. Is the question posed by the authors new and well defined?
No.
2. Are the methods posed by the authors new and well defined, and are sufficient details provided to replicate the work?
The study has significant methodological flaws and drawbacks.
3. Are the data sound and well controlled?
The data are restricted by the methodology and its severe focus.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Within the limits of the study, data is reported in an authentic manner. However, no reflexive interrogation of the nature of data reporting and deposition is offered.
5. Are the discussion and conclusions well balanced and adequately supported by the data?
The thematic framework derived from the study is useful and at points insightful. However, the main conclusion drawn is not a logical consequence of the data.
6. Do the title and abstract accurately convey what has been found?
The abstract does cover the tight focus of the study, but the title is somewhat misleading as the data is not confined entirely to ‘team work’ and no theoretical interrogation of the notion of ‘team work’ is developed within the study.

7. Is the writing acceptable?
Yes – the writing is clear and cogent.

Recommendation

Major Compulsory Revisions

The study is neither redundant nor trivial, but does not do itself justice in its current form either theoretically or methodologically.

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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)

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Discretionary Revisions (which the author can choose to ignore)

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:

I declare that I have no competing interests