Reviewer’s report

Title: Student-centred approach in a patient-centred course: Analysis of students’ descriptive evaluations in the transition to clinical education

Version: 2 Date: 11 February 2006

Reviewer: Anders Baerheim

Reviewer’s report:

General
I must confess that I at first found this paper both interesting and bewildering. With due respect to the authors, as I may have misunderstood essential parts, I landed on the following interpretation. Whatever the title, aim “1” (abstract) may indicate, this paper follows aim “2” (at the end of the introduction), basically evaluating a consultation course at the Medical School of Gothenburg, Sweden. The course is placed at the transition between the preclinical and clinical curriculum. The evaluation is extensive, and is based on the students’ free-text evaluations and documents on course development. The results stems from a qualitative content analysis.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
The described method for course evaluation and course development is interesting, and deserve publication. Especially interesting is way authors validate their course development, comparing the change over years of the students’ evaluation to documents of course development, thereby showing that decisions on change really are effectuated according to intention. I would like the article to be narrowed in its focus, concentrated on methods of evaluation / implementation. I propose that authors in the present article stick to aim 2 which they present at the end of the Introduction. The title should be revised in accordance with a narrowed focus of the article.

Basically, there may be two ways of writing such an article, either focusing on the evaluation method with the students’ feedback as a part of this, or focusing on the analysis of students’ reactions to the course. The authors have done both. In the focus on the latter of them; on the students’ evaluation, they conclude that learning physical examination skills seemed to have a synergistic influence on learning consultation skills, and that their particular didactic approach appears to promote a growing in confidence in becoming a physician. The results they based these conclusions on are as presented meagre. In addition, when not knowing the authors pre-understandings, and not knowing what has been said to the students in written documents or during teaching, it is impossible to decide what has prompted these utterances from the students. That is why cause-effect relations cannot be elicited from qualitative data. Further, such knowledge is situated and difficult to extrapolate.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
By the way, a training course may be student-centred depending on course leaders’ attitudes to the students, and patient-centred depending on their attitudes towards participating patients. In addition its theme may be the Patient-centred consultation method.

The abstract should also be reworked accordingly. The authors should be careful with the word ‘narratives’, especially since they did not use narrative analysis.
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