Author's response to reviews

Title: A Mid Year Comparison Study of Career Satisfaction and Emotional States between Residents and Faculty at One Academic Medical Center

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Author's response to reviews: see over
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Editors
BMC Medical Education

Dear Editors:

Thank you very much for giving us an opportunity to revise our paper. We believe that we addressed all of the comments and our responses are listed in bold face below. We hope that, with this revision, the paper will be accepted. Again, we appreciate the reviewers’ comments. They have helped us to improve the quality of the paper substantially.

Most sincerely,

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Reviewer #1

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. On page 5, the first sentence notes that all clinical faculty "who utilized the electronic data management system" were surveyed. I'd note briefly that nearly all faculty use this system (as in "representing XX percent of clinical faculty who use the . . . ") if that's the case. If a sizable percentage don't use that system, then it is important to let readers know that percentage and to say that there may be concerns about sample selection bias (surely those who don't use the system differ in systematic ways from those who do).

We agree with the reviewer’s comment and added two sentences in the paragraph:

“There were 282 faculty mostly community based physicians, who were excluded from the survey. While they participate in resident teaching, they are not part of the core-faculty.”

2. The notation for “p-values” should be consistent. In some places, it's presented as a decimal, as in .00 (e.g., p. 6, bottom paragraph); in other places, it's a percentage (e.g., top of p. 8 and Table 1).

We have presented all p-values consistently as percentages.

3. On page 7 (middle paragraph), please explain what you mean by the "average proportion of positive and negative aspects of the professional experience."

We have added two sentences to the beginning of the paragraph:

“In the survey, there were two separate groups of questions corresponding to positive and negative aspects of the professional experience, respectively. The proportion of positive experiences for a participant was computed by taking the ratio of the number of “yes” responses to the total number of positive questions and in similar fashion for negative experiences.”

Discretionary Revisions (which the author can choose to ignore)

1. The main comparison that drives the analysis is the overall difference between faculty and residents. Why feature that broad comparison? What particular contribution does it make? My guess is that readers would anticipate most of the differences that are observed. Did you consider exploring the data a bit more fully to determine if there are, say, interesting or sizable effects of common suspects like specialty or gender? Any way for you to explore factors associated with the size of the gap between faculty and residents? I'd thus aim to justify the comparison more fully early on in the paper, perhaps drawing out expectations from previous studies, and then probe the comparison more fully in the analysis section. It's never satisfying to read--or to write--that the reasons for the differences between faculty and residents are "not understood" (p. 9). My sense is that
you have the data to probe this main contrast more carefully and thus shed more light on the matter.

We fully agree with the reviewer and plan to study those factors in the future work that will be multi-institutional.

A few more minor issues:

2. It would be helpful if a short description of the "negative" and "positive" items preceded the discussion of the results (p. 7). At first glance, readers will assume "more positive" naturally implies "less negative," but what you are really doing is discussing two banks of questions, one of which taps positive aspects of emotion and experience, the other negative.

Please see our response to #3 in the “Minor Essential Revisions”.

3. It would be helpful to readers to have all of the relevant figures in a table rather than selective results in figures (p. 7, bottom paragraph).

We believe that the graphs display the differences in data more clearly and prefer to maintain them as originally submitted.

#Reviewer 2

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

1) The authors have commented in their discussion that the differences discovered between residents and faculty could be partly due to personal circumstances and demographics. They speak of the generation gap. They have collected the demographics of age, gender and race but have not used these in their analysis. This makes interpretation of the results difficult. It is likely for example that the resident group contained a higher proportion of women than the faculty group. Since women doctors have been shown to experience more stress, depression and anxiety, this is relevant in interpreting the findings. Equally, the authors recognise the likely older age of faculty as a factor in career satisfaction, but do not present any analysis by age. Are young faculty different from old in this regard? Does race matter, and if so, does it have more of an impact on residents or faculty? The authors would greatly enhance the value of this paper, and the strength of their conclusions, if they presented an analysis taking these demographic factors into account.

Since we planned to merge the demographic information from another institutional source, the faculty survey did not include demographics questions. Unfortunately,
we are only able to obtain general demographic information, not individualized, from the source. Thus, we are not able to perform the analysis suggested by the reviewer.

2) The authors state that the demographics of the faculty in the study reflected those across the USA, and the residents reflected the demographics of medical students across the USA. The references for making these two statements should be provided. Did the unit not have an influx of international medical graduates among the residents group, and did this not affect the demographics, compared with medical students?

We corrected the first paragraph of the results section that can mislead readers regarding the demographic information on the faculty and added references in the text as requested.

“The distributions of demographics (age, gender, race) for the respondents are very similar to the distributions of those from all residents (data not shown) and are similar to those for the graduates of US medical schools (FACTS – Applicant, Matriculants and Graduates, AAMC http://www.aamc.org/data/facts/start.htm). The demographic distributions for the entire faculty from an institutional database are also representative of faculty in US medical schools (AAMC Faculty Roster Reports, http://www.aamc.org/data/facultyroster/reports.htm) although the specific demographic information was not collected with the survey.”