Reviewer's report

Title: Competency-Based Evaluation Tools for Integrative Medicine Training in Family Medicine Residency: A Pilot Study

Version: 1 Date: 4 December 2006

Reviewer: Mark Albanese

Reviewer's report:

General

This is an interesting study that describes how the ACGME/ABMS competencies can be used in driving assessment of residents. The parsing of OSCE and other assessments among the ACGME/ABMS competencies shown in Table 3 could be a very useful tool for residency programs. The rating scale for the Direct Observational Evaluation Tool is also interesting and is relatively innovative using the options: emerging, established, and integrated, Did not observe.

However, the article suffers from a structural problem that is typical with studies of resident education, there are too few residents involved. In this case, the data reported are based upon two resident classes, with 1-2 residents per class from each of 6 participating institutions. Institutional variation will be confounded with resident performance in all data reported, so making any statements of attribution is extremely tortured. The OSCEs seem to be very limited in length, leaving the issue of whether there is a sufficient sample of behavior for making any generalizable estimates of performance.

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

There are several issues that need to be developed further.


2. OSCE usually refers to Objective Structure Clinical Examination. If the Observed Standardized Clinical Encounters are different from what is usually an OSCE, then a different name really needs to be used. The description in the text needs to be made much more detailed.

3. It appears that each OSCE is an interaction with a single standardized patient, although that is not totally clear. If it is a single patient, there is a long literature that describes the problem of content specificity and that many more than one station are necessary to get a generalizable estimate of residents clinical performance.

4. Referring to data in reference 3 makes interpretation of the results extremely difficult. Please report them again in table 6 so as to make it easier for the reader to understand the points being made. This is especially difficult on page 10.

5. The interpretation of the results in table 4 needs to include some estimate of variability. It is also hard to get really excited about low scores being more than ½ point from the maximum score. It seems very arbitrary. I would suggest that you include the means for all the items on each instrument separately and highlight those that were below whatever threshold you think is low and also report the percentage of DNO. That would combine the data reported in Tables 4 and 5 and provide more data on items not reported, but report separate data from the two different instruments that are now reported in different sections of the two tables. I think it would be much clearer that way.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author
1. I figured out what they were, but DO and TP need to be defined on page 9. RRC on page 12 needs to be defined for those not familiar with residency review committees.

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 of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests