Reviewer’s report

Title: Perception of graduates from eight medical schools in Vietnam on learning of key skills identified by teachers

Version: 1 Date: 25 July 2007

Reviewer: Jonathan Mathers

Reviewer’s report:

General

This paper covers an evaluation of the perceptions of medical students in Vietnam as to their attainment of skills deemed important for medical practice by teachers from across their medical schools. The paper is generally well written, although it could be improved in parts, and presents results that are of some interest. There are a number of methodological points that I feel should be addressed in order to aid interpretation of the findings, and I feel the implications of the results could be usefully expanded upon within the discussion. I am unsure as to the validity of some of the analytical techniques employed, as noted below, and would suggest that a reviewer with more experience of the statistical techniques typically used within survey research examine these specifically.

With specific revision I feel that this paper can make a contribution to this particular topic area.

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

Methodology

I would like to know more about the formulation and administration of the survey tool. A seemingly arbitrarily sized (n=129, consisting of 124 level 2 and 5 level 3 skills) random sample of items was selected from the inventory of 557 skills for inclusion in the questionnaire. There is no justification of this number or consideration of the implications of such selection. I’m also unsure as to the justification for omitting level 1 skills from the survey.

I would also like to know more about the administration of the survey, along with the basis for decisions around this, and again the implications. The questionnaire seems to have been administered prior to a final examination, presumably a highly stressful time for the students. What were they told about the survey and its use? How long did they have to complete the survey? How long before the start of the exam was this? Who consented them and how was this done? Was the survey anonymised? It is noted that the questionnaires were collected and checked – checked for what and by whom?
Why in the opinion of the authors did the response rates differ between the schools?

Results

Some of the writing in this section is confusing e.g. the first para relating to general distribution of the results. I had to read this several times in order to understand the section.

I am unsure as to the validity of the analysis presented in Table 3, and therefore of the interpretation of it. The authors present an average of the proportion of students who felt they had met the necessary level of a number of skills split by medical discipline. They then proceed to take a mean of these (mean) proportions across the schools and order the table based on this (final column). I am unsure as to the validity of using a mean of a mean (of a proportion) from a likert scale. In addition the averages presented for each discipline are sometimes based on only 2 observations. We are unable to assess variation underlying these averages within the table.

I am not sure the assertion that the students in all schools consistently reported that they had learnt the required skills for obs and gyn is supported by the data presented. In addition this statement seems to be contradicted in the following paragraph.

Discussion

Although the discussion is generally good I would like to see some consideration of the realism of the assumption underpinning this work i.e. that students should at the end of their undergraduate medical studies have attained competence in an extremely wide range of skills, which are possible to inculcate through formal educational means. For example, should students be expected to have knowledge of a full curriculum at the end of their studies? What is the relationship between undergraduate and postgraduate experience, training, and skills? What is the relationship between formal curricula and situated informal learning at undergraduate and postgraduate levels. For example, a survey in the UK demonstrates that a high proportion of graduates feel unprepared for initial medical practice (Goldacre et al. BMJ 326 10th May 2003 pp. 1011-12). Surely such observations have relevance here and should be discussed in interpreting the findings of this survey. Reference to existing literature does seem sparse in this regard.

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

The figures are not labelled and are confusing to interpret as presented. Why were some results tabulated and others presented as figures?

Tomorrow’s Doctors has been updated since the 1993 version.
Comment on the relationship (commonality / difference) between other sets of international learning outcomes, such as TDs and the Dutch equivalent, and the skill set presented here would be informative.

Further contextual information would be informative e.g. what does ‘small’ mean when referring to the smaller schools? What does ‘community’ mean in this context.

Discretionary Revisions (which the author can choose to ignore)

Some further information about curricular structure in Vietnam may help international readers.

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: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests