Author's response to reviews

Title: The influence of the cultural climate of the training environment on physicians’ self-perception of competence and preparedness for practice.

Authors:

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Author's response to reviews: see over
Reviewer's report

Reviewer 1 (L. Casebeer):

Minor Essential Revisions:
1. For those who are not from Europe, SpR needs to be explained once, in how it fits within the continuum of medical training and related to how it is described in other countries, i.e. SpR training is similar to residency (or fellowship) training in the U.S....there may be other terms used in other countries. This would facilitate readers relating what is presented to either residency or fellowship training for example in their countries.

- Correction has been made (p.3 line 18-19)

Table 4 is missing a part of a statement that makes it difficult to determine what is meant by this data.

- Statement has been fully written out (see table 3)

2. The conclusions drawn in the first sentence of that section of the abstract need to address the issue that it is the perceptions that training was adequate, not simply that the training was adequate; data from the study does not support this statement.

- The conclusion in the abstract has been revised to reflect that it was residents perceptions that was being described. (see abstract)

Discretionary Revisions:
1. The term "objectify" may have a different meaning in different cultures, but here it might better be expressed as "to objectively determine" or "to objectively measure."

- The term objectify has been rephrased as suggested (p.4 line 21)

2. Table 1 of survey items could better be placed in an appendix since it is not a table of results, but the instrument used to gather data.

- Survey items have been placed in the appendix as suggested.

3. The use of a sample of comments is somewhat awkward in that it includes some and not others. It would be useful to make a table of comments, or of select comments.

- An extra box has been included reflecting the sample of the respondents comments
Reviewer's report

Reviewer 2 (R. McKinley)

From the introduction it transpires that the aim of the study was to determine ‘the fitness for purpose’ of Curacao as a location for training for paediatricians in the Netherlands. This creates the uncomfortable tension of making retrospective judgements of yesterday’s training against today’s standards in what is usually a highly fluid environment. The data also highly retrospective – the median time since the graduands’ exposure to the training experience may be of the order of 15 years. The data are also the graduands’ perceptions of the outcome of their training rather reflecting any objective measure of their training. It is therefore difficult to see how these highly retrospective data can inform decisions about the fitness of training provided today for residents in the future.

- The reviewers concerns have been acknowledged in the manuscript (p.6 line 19-22)

With respect to the methods, the questionnaire’s domains were taken from a highly regarded competency framework (CAM MEDS) which is probably the greatest strength of the study. Unfortunately, the authors to not describe how they developed and tested the questionnaire items, give any information on the reliability of scales nor do they describe how they measured the graduands’ perception of their overall level of preparedness. Was it calculated as the mean of the set of scales, the mean of the 28 items or was an additional ‘overall preparedness’ item or scale used.

- We have provided additional information to address this remark (p. 7 line 16-24)

The authors state that they performed a power calculation but do not tell us which variable was used nor do they tell us the assumptions upon which the power calculation was based.

- We have provided information describing the rationale behind the choice for compromise power analysis (p. 7 line 1-4)

Finally, six questionnaires were discarded because ‘inconsistencies’. This is concerning because inconsistent responses do not necessarily reflect incorrect responses and valid data which could have affected their conclusions where omitted. It would be preferable that their main outcome were reported both with and without the ‘inconsistent data’ and, if different, describing these inconsistencies so that the reader is better placed to make a judgement for him/herself.

- This remark has been addressed  (p. 7 line 8-10)

In the section on analysis the authors state that they used the Bonferoni correction to account for multiple testing but do not describe how this was done.

- Information has been provided towards this effect (p.10, line 7-10)

The authors use qualitative data but give no description of how these data were handled or analysed. It was therefore difficult to assess the contribution of these
data to the paper as other than ‘interesting quotations’.

- We have taken the second reviewer’s suggestion to place these comments in a box. We agree that its contribution to the results in the original version of the manuscript was minimal and indeed confusing for the reader. See box 1 (p. 21)

With respect to the results the text presentation was confusing. In the second paragraph of the results the authors discuss the contribution of training in the different sites to the graduands’ overall professional development. This phraseology led me to the final line in table 4 but the data did not match. It appears that the data in the text refer to the final variable in table 3. This confusion could be avoided by both clearly signalling the table from which the data are drawn and clear labelling of items.

- We have rephrased this sentence and it now reads “In general, the paediatricians’ felt that the training in the DTH’s contributed reasonably to their overall level of preparedness” (p. 9 line 5-6)

In the third section of the results (top of page 13) the authors state that the Curacao graduands ‘acknowledge the contribution more’ whereas there was no statistical nor do I suspect practical difference in the scores (0.07). They also comment that other competencies scored higher in the Curacao group although no significant differences were found.

- This section has been revised (p10 line 10-12)

In the third paragraph of the discussion (top of page 17) the authors state that training in Curacao contributed to ‘a lot more’ to professional development than attachments in the Netherlands. This somewhat overstates the case as the scale difference was approximately 0.3 of a standard deviation which would not usually be described as a large difference in scale scores.

- This has been revised and downscaled. The phrase now reads “slightly more” (p.12 Line 4-6)

There is extensive discussion on potential mechanisms for the single observed difference about why Curacao graduands perceived themselves to be better prepared for management. This can be best described as highly speculative given that it is unclear whether or not there is a causal relationship between the management preparedness and the attachment to Curacao. One could indeed observe that the preparedness for management competencies is actually what one would expect given the other competency scores for Curacao graduands and ponder why graduands from District Hospitals in the Netherlands perceive themselves to be relatively deficient in managerial competencies.

- We have revised the discussion, downsizing the speculated elaboration on management skills. We have also included the reviewers suggestion of an alternative hypothesis explaining why managerial skills might be poor in DTHs located in the Netherlands (p. 13, line 20-23)

Finally, the conclusions over-interpret the data; the evidence that the learning environment influenced physicians’ perceived level of preparedness is weak.
- We have addressed this point by attempting to provide a balanced view of our findings in the conclusion