Reviewer’s report

Title: A web-based simulation of a longitudinal clinic used in a 4-week ambulatory rotation: a cohort study

Version: 1 Date: 10 October 2008

Reviewer: Veronica Michaelsen

Reviewer’s report:

Discretionary Revisions

1. Abstract: “Continuity of care online simulations” should have caps in the first usage where the acronym is introduced.

2. Background: “While numerous studies have been published that evaluate web-based teaching…” should specified what was evaluated. Learning and learner satisfaction would be very different types of evaluations with differing implications for the current study and it would be interesting for a reader to know what kinds of results you are basing your research questions on.

3. Discussion: Top of p16 “Alternately the use of COCOS…..” COCOS could only influence learner behavior if it was used early in the rotation – do you have data to support at what point in the rotation COCOS was used?

4. Discussion (as above): “Faculty members commented” should be quantified. Is this two individuals or twenty? Are you reporting antidotal observations or was faculty input solicited as part of this study?

5. Discussion – Limitations: “If randomization resulted in an equal distribution by postgraduate year….” There is an alternative hypothesis here. The greater percentage of third year residents in the control group may have actually brought the scores of that group down. These residents would already have study habits well established and would be less likely to become more self-directed/motivated as a result of a 2-hour intervention than would more impressionable first year learners.

6. Discussion: Last paragraph on further research could include comparison to “gold standard” rotation of longitudinal clinic since immediate feedback isn’t educationally the same as a more longitudinal experience. At this point you’ve only compared COCOS to a rotation without longitudinal clinical experience.

7. Table 3: Please indicate significant values for ease of interpretation.

Minor essential

1. Abstract: Should specify that simulation covers only endocrine cases in order to be clear about the scope of the research.

2. Abstract: Spell out number at beginning of sentence.

3. Results: “of the 21 patients enrolled for the intervention group” should be “residents”.
4. Results – Assessment of Confidence: Should include reference to Table or data.
5. Table 1: Be consistent in use of either bullets or numbers.
6. Table 2: Percentage numbers missing from Intervention-Gender group.
7. Table 3: Numbers and text rows do not match for Non-COCOS cases.

Major compulsory revisions
1. Methods: How and why were the five conditions chosen? If based on “frequency in which past residents reported seeing patients with those conditions” then how did an “uncommonly seen” condition end up on the list? Were these the top five conditions seen and, if so, was that only by resident report or clinic records. This becomes important in the interpretation of results in light of the fact that actual patient conditions seen was not tracked or reported.
2. Protocol: How did the “specific reading material and printed guidelines” provided to the control group compare to COCOS in terms of content and coverage of learning objectives? Did the COCOS group have access to material that was not provided at all in any format to the control group? And were there measures of time spent on the material in either group. Keane & Norman ( Acad. Med. 66:444-8) discuss the limitations of this kind of research and their impact on the conclusions that can be drawn. I believe that these should be addressed in the present manuscript prior to publication.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.