Author's response to reviews

Title: Using Television Shows to Teach Communication Skills in Internal Medicine Residency

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Author's response to reviews: see over
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Editor, BMC Medical Education
The BioMed Central Editorial Team

Dear Sir/Madam:

**Re-submission of manuscript MS: 1195780415220479**

Thank you for considering our manuscript titled, “Using Television Shows to Teach Communication Skills in Internal Medicine Residency”. We appreciate the helpful comments of the reviewers. We have made changes to our manuscript to reflect their suggestions. Specific responses to the reviewer’s comments are attached below. All changes to the manuscript are underlined and in bold face font.

We would like to respectfully resubmit our manuscript for your consideration.

If you have questions, please do not hesitate to contact me by email at rymwong@interchange.ubc.ca. Thank you for your kind attention and we look forward to your favorable response.

With best wishes,

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Attachments
Responses to comments from Reviewer: Dr. Kamakshi Karri

Major Compulsory Revisions:

1. The main research question that the authors have stated (p5) is to assess the efficacy of using TV shows in teaching communication skills to our residents. Although it is apparent that the researchers are interested in the efficacy of the ‘evidence-based’ Kalamazoo model of communication (KMC), it is not clear why the efficacy of KMC needs to be ascertained using the method of showing TV shows. I believe that the authors need to position their line of inquiry to persuade readers as to why TV shows/cinema education was determined to be efficacious and how the previous studies appear to be lacking due to their relative ignorance of the KMC in their approach.

We agree. We have modified the relevant section in Background (page 5, paragraph 3, lines 1-3).

2. While it is understandable that the study uses a convenience sample of residents, there is no information on some relevant characteristics of these residents. Are these residents aware of KMC approach to patients? In addition, some descriptive statistics of the residents would be helpful.

We have now modified the text in Methods (page 6, paragraph 2, lines 2-3). Unfortunately we did not collect detailed descriptive statistics of the residents other than their years of postgraduate training (page 8, paragraph 2, lines 2).

3. It is not clear as to what aspects of the AHD session had an impact on the residents. It is crucial to unravel the specific aspects of the AHD session that may have contributed to the differences (pre and post test). We also need to clarify to what extent did the film/TV had an impact and to what extent did the briefing had an impact. This would also help in replicating the current study in different settings.

The text in Discussion has been modified (page 11, paragraph 2, lines 3-7).

4. The instrument (battery of questions) should be made available in the paper. The question of validity of the instrument (questionnaire) used needs to be established by the researchers.

We agree. We have included the instrument in the newly created Appendix (pages 16-18), which is referenced in the Methods of the text (page 7, paragraph 2, lines 2-3). Face and content validity of the instrument was established (page 7, paragraph 2, lines 2-3).

5. The paper should elaborate on the nature of TV shows, the process of selecting relevant TV shows, and the type of scenarios that are relevant for this purpose.

We have clarified and modified the text in Methods (page 7, paragraph 1, lines 2-8).

6. The paper appears to be too cursory in discussing the findings. The use of non-parametric statistic methods perhaps need some justification as well.

The text in Discussion has been modified. The use of non-parametric statistic methods is clarified as well (page 8, paragraph 2, lines 4-5).

7. It is common practice to expand the abbreviation in its first use --- e.g. RCPSC on page 6.

The text has been modified to rectify this (page 7, paragraph 1, line 7).
Responses to comments from Reviewer: Dr. Javier Zamora

Major Compulsory Revisions:

1. Educational intervention is very mild. It’s only a one-hour session including presentation of background data and some video excerpts show. Under discussion section, authors should compare this intervention with other educational approaches aiming to improve communication skills (role-playing, standardized patients, etc).

   We agree. We have modified the text in Discussion (page 11, paragraph 2, lines 1-5).

2. Assessment is also weak. In one hand, all data collected rely on subjective self-rating. Secondly, the information is collected just after the intervention and observed gains are likely to be optimistic, and finally, the applicability to real doctor-patient communicating situations is not assessed. Future work should consider more objective assessments.

   We agree. We have now modified the text in Discussion (page 11, paragraph 3, lines 3-4 and lines 9-10).

3. The primary outcome should avoid any reference to “applying” Kalamazoo model on communication as the outcome merely refers to understanding the model.

   We have modified the text in various sections to remove any reference to "applying" the Kalamazoo model, and just leaving all references to understanding of the model.

4. Conclusions about applying communication model should be lighten given that the study did not assess any real and practical application but focused on an academic setting. Throughout the manuscript, please keep away from concluding about the effect of the intervention on application the communicating model and focus only on participants’ self-perceptions.

   We have modified the text in various sections to remove any reference to ”applying" the Kalamazoo model, and just leaving all references to self reported understanding of the model.

Minor Revisions:

5. The proportion of students responding to questionnaires is almost 70%. Although this proportion is relatively high, authors may discuss about potential baseline differences between responders and no responders.

   We have modified the text in Discussion (page 11, paragraph 3, lines 11).

6. I wonder if authors gathered any information on the reflection period in which students interactively discuss about the communicating scenarios. This “qualitative” information may be useful.

   Unfortunately we did not collect the qualitative data: this can be done in future studies (page 12, paragraph 1, lines 9-11).
Responses to comments from Reviewer: Dr. Pratima Gupta

Revisions:

1. The idea presented in the study is very interesting. Overall the paper is very well written. The data have been presented concisely and in an easily understandable manner.
   Thank you.

2. The title is accurate and the abstract reflects the study results.
   Thank you.

3. The authors describe data collection using standardized questions. It may be useful to have the questionnaires used in the appendix (Discretionary).
   We agree. We have included the instrument in the newly created Appendix (pages 16-18), which is referenced in the Methods of the text (page 7, paragraph 2, lines 2-3).

4. The study design clearly lacks a control group. It may have been useful to test the candidates after the didactic presentation, which may have provided some control.
   This is for future studies.

5. On page 8, paragraph 2, the last sentence is incorrect because in the table the median for 'providing a closure' is 3 not 3.5 (3.5 would have made the result non significant) (minor correction).
   We agree. The text in Results has now been modified (page 9, paragraph 1, lines 3-4).

6. Correct statistical methods have been used.
   Thank you.

7. Generally it is well written and limitations of the study are acknowledged. However, authors could have included a discussion comparing the role of TV show excerpts vs. role play techniques for teaching communication skills. (Discretionary).
   We agree. We have modified the text in Discussion (page 11, paragraph 2, lines 1-5).