Reviewer's report

Title: Feasibility Study of Multidisciplinary Oncology Rounds by Videoconference for Surgeons in Remote Locales

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Version: 1 Date: 30 Dec 2002

Reviewer: Dr Kendall Ho

Level of interest: A paper of limited interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

This article is a good portrayal of a successful initiation of a provincially based videoconferencing CME program and network of surgeons and oncologists in carrying out a "tumour board" like round setting via videoconferencing. This is a very promising commencement of such a program, and I would like to commend the authors in their efforts to reach out to the rural communities, and to encourage them to ensure that this effort continue to expand.

While the utility of this CME program and the opportunities afforded for urban-rural collegial exchange is demonstrated in the manuscript, I am uncertain as to whether this paper adds any new insights to the already existing literature, demonstrating that videoconferencing is a good way of communication and continuing education for physicians in general. My reasoning is as follows:

1. There are already ample entrenched CME programs that are based on videoconferencing delivery, in ways similar to or identical to what the authors have presented. In general, the satisfaction of the rural learners in these types of program is very high. This is no longer an issue or concept that needs to be proven. If the authors assert that this way of videoconferencing is effective in changing medical practice behaviour, then the program's final evaluation showing a willingness of physicians to change would not be enough to substantiate this (please see later comment on this under #4).

2. The three types of needs assessments of the project prior to the program launch were not adequate in reflecting provincial educational needs on oncology. It would appear that the 1998 survey, with a rather low participation rate, was dated and not directed specifically towards oncology. The Royal College question bank selection of oncology questions was useful to identify issues in oncology management, but did not necessarily reflect the learning needs of the province of Ontario, but rather an anecdotal sampling of national issues in oncology management. The focus group needs assessment would have been highly useful to further refine the educational needs of surgeons and physicians in Ontario, towards which this educational program was targeted. It would have been even more valuable if the focus group questions were formulated based on the findings of the 1998 survey and the Royal College question bank. However, the authors did not elaborate on whether the focus group questions were constructed using the 1998 and Royal College surveys as background information. Also, there was no discussion as to how the three surgeons in the focus...
group interviews were selected, and whether they represent the general learning needs of their peers. The only apparent reason why these three surgeons were chosen was because of their geographic location of practice. Are their practice patterns reflective of their respective regions?

3. The design of the videoconferencing course was not specified. This is a minor issue in the context of the various issues of the paper, but it would have been nice to hear about how the case based materials were designed and implemented, whether the materials were evidence based, whether there was a committee or an individual in designing the content, and whether known videoconferencing techniques were incorporated in the design and implementation of the 6 rounds.

4. Post videoconferencing program evaluation appeared to be no more than a satisfaction survey, with no quantitative way of measuring afterwards whether the educational intervention actually changed behaviour, as opposed to the participants just expressing an intention to change as per the qualitative results of the evaluation. Perhaps if the authors were to follow up on these individuals via telephone, or actually objectively measured if behaviour change has occurred or not, then this piece of data would add value to this paper. The return rate of the evaluation was also rather poor and thus seriously weakened as to whether the results were representative of the participants overall.

5. There is no mention of this study having submitted for an institutional ethics review.

In the final analysis, the issues raised in this review are not to discourage what the authors are doing. There is no question the videoconferencing program that the authors described would be well appreciated by the oncologists and surgeons due to the CME content and the collegial exchanges afforded by the communication - the basis for building both evidence based knowledge and tacit knowledge. The type of positive satisfaction responses shown in this study has been well demonstrated in educational research and telehealth literature. The key consideration here is whether this educational program, which has many similar examples in other institutions already and rather weak needs assessments and evaluation data, is innovative and rigorously evaluated enough to warrant publication as an example of educational research using videoconferencing as the educational medium.

Compulsory revision suggestions:

1. Please clarify whether this study was submitted for ethics review.

2. Please clarify the choice of the 3 focus group members, how they were selected, and how representative they would be in reflecting the educational needs of their peers.

3. Did the authors go back to the individuals who indicated that they would change their practice behaviour and see if in fact this has occurred? Or were there objective measurements taken to reflect this behavioural change? If so, it would be important to include to assert that the VC rounds are having a real impact on behavioural change.

4. The authors assert that this program builds tacit knowledge. What evidence is there, with the exception of the satisfaction surveys, to show that tacit knowledge has been built or captured?

Discretionary revision suggestions:

1. Please clarify how the focus group questions were formulated, and whether they were based on the 1998 and Royal College surveys. It would have been nice to also attach a copy of the survey questions with the manuscript.

2. Please discuss how the videoconferencing program content was designed: evidence based, put
together by an individual or a committee, peer evaluated, consideration of techniques of videoconferencing incorporated into the course design?

**Competing interests:**

None declared.