Author’s response to reviews

Title: Systematic review of the effectiveness of training programs in medical writing and publishing

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Author’s response to reviews: see over
RE: Systematic review of the effectiveness of training programs in medical writing and publishing (Protocol)

May 17, 2013

To Whom It May Concern,

We are writing in response to the peer review comments regarding our protocol. We would first like to thank the peer reviewer for the helpful feedback provided. We have addressed each issue outlined in the reviewer’s comments, as well as making one other change to document to correct a small error we discovered. We agree that these changes will make the protocol and the ensuing research stronger.

Specifically we have made the following changes:

Minor comments
1. Search methods - We have clarified in the protocol that we will identify administrators of training opportunities via a concurrent environmental scan, which is also part of the CIHR funding for this project.
2. Data extraction - We have clarified in the protocol that if there is greater than a 50% discrepancy between the answers of reviewers within the 20% random sample, we will consider conducting 100% data verification.
3. Measures of effect - We have modified the text for clarity. Reported medians and IQRs by group will not be analysed with means and standard deviations. If necessary, authors will be contacted for raw data, however, if medians and IQRs are sufficiently reported in the report, standard methods, if appropriate, depending on the approximate distribution across participants and the sample size will be used to transform the data to allow for synthesis. If such transformations are not appropriate, the results of the report will be fully qualitatively described.
4. We included a more suitable reference.

Major comments
1. Subgroup analysis - In the protocol, we have clarified how we will synthesize the data (i.e., using Review Manager software), including what model (i.e., random effects model), timepoints (i.e., any follow-up time for outcomes will be considered relevant, but only similar time points will be meta-analyzed; ‘similarity’ will need to be determined post-hoc once study data are collected during the data extraction phase), and which training programs will be combined (i.e, initially, all training programs will be considered together).
2. Heterogeneity - In the protocol, we have clarified the issue of heterogeneity, including how we will assess heterogeneity (i.e., by visual inspection of the forest plot and $I^2$ statistics), calculation of confidence intervals (i.e., variables for subgroup analyses will be considered statistically significant at p<0.01), ranges for $I^2$ (i.e., a rough guide of low (0%-25%), moderate (25%-50%), substantial (50% - 75%), and considerable (75% - 100%) heterogeneity will be used), and clarification of “substantial” heterogeneity (i.e., $\geq 75\%$).

Additional Correction
1. We changed the name of the database “pre-MEDLINE” to “MEDLINE In-Process and Non-Indexed Citations” in both the main text and the abstract.

We hope that our changes suitably address all of the points of concern raised by the reviewer.

Sincerely,
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