Author’s response to reviews

Title: A Qualitative Assessment of Practitioner Perspectives Post-Introduction of the First Continuous Professional Competence (CPC) Guidelines for Emergency Medical Technicians in Ireland.

Authors:

Shane Knox (shaneknox7@gmail.com)
Suzanne Dunne (suzanne.dunne@ul.ie)
Walter Cullen (walter.cullen@ul.ie)
Colum Dunne (colum.dunne@ul.ie)

Version: 3 Date: 13 March 2015

Author’s response to reviews:

Summary response

The authors are grateful for the comments made by each of the Reviewers and for the time that they and the Editor have obviously taken in reading our manuscript.

In amending the manuscript and taking all of the comments into consideration, the paper has been considerably improved.

We are especially grateful for the indication by the Reviewers that this is an article of importance in its field and relevant to those interested in the area of healthcare professional competence and, in complying fully and completely with all revisions we hope that you will find the paper acceptable for publication.

Responses to Peter O’Meara

Major Compulsory Revisions

You need to address the question of whether these data gathering activities were really focus groups.

Response: In making this revision we have adopted the approach recommended
by reviewer Janet Curtis to more accurately describe the group exercises as ‘fora’.

Paragraph 1 under Discussion seems to belong in Methods.

Response: This paragraph has been moved to the methods section

Minor Compulsory Revisions

Can you tell us a little more about the education and training of EMTs in Ireland?

Response: This information is now included in the first paragraph of the Introduction section.

Lines 293-300 is one very long sentence.

Response: This sentence has now been broken up and clarified.

Discretionary

It would be good to explain the rationale behind EMTs having mandatory CPD and paramedics not having the same requirement.

Response: This information has been included in the first paragraph of the Introduction section.

I would be sceptical that access to on-road placements with a paramedic service would be a panacea.

Response: The reviewer is correct and this is an extremely helpful suggestion. The Discussion section has been modified to say “Increasing their exposure to managing patients, through placements on frontline emergency ambulances or in an appropriately supervised relevant hospital department, would improve
confidence and improve their ability in decision-making”.

Responses to Janet Curtis

Major compulsory Revisions

More detail is required in the methodology section concerning the NVivo coding themes or framework – it is unclear from the tables if the boxes represented the coding themes or were just a summary of comments made by the participants under the headings provided. The coding framework should be included in the article.

Response: The authors acknowledge that it was not clear in the manuscript that the coding framework used was outlined in Table 1. We have updated the Data Analysis section of the methodology, Table 1 and the introduction to the Results section to clarify this. All of the data analysis performed is presented in the manuscript.

Discretionary Revisions

It is generally accepted that focus groups have no more than 15 members to ensure everyone participates and should be facilitated by a person/s who are trained in focus group facilitation.

Response: In making this revision we have adopted the approach recommended by the reviewer to more accurately describe the group exercises as ‘fora’. This
revision also addresses the point made by Peter O’ Meara. We have clarified in the manuscript that the principal of the Civil Defence College is trained in facilitation.

One theme coming out of the discussion was the difference of the population group to front-line EMTs.

Response: Information regarding the education and training of EMTs in Ireland is now included in the first paragraph of the Introduction section.

It is unclear what connection the student EMTs have to Continuing Professional Competence.

Response: As in the reviewer’s country, in Ireland student EMTs do not engage with CPC. However in this paper we are exploring somewhat the perceptions of student EMTs and the actual experiences of practicing EMTs. This is clarified throughout the manuscript. We refer to the fact that the perceptions of student EMTs and the realities experienced by practicing EMTs are similar. However, we do fully accept that this is not the main focus of this paper and, as such, this result is not one of those discussed in detail.

Not being a resident of Ireland, the use of “etc” in line 75 offers me no understanding.

Response: The number of voluntary organisations in Ireland is small. They manuscript has been modified to say “As of April 2014, there were 2200 EMT practitioners registered in Ireland, a small number of whom were members of state services (police, military or coast guard) but the majority of whom were associated with the St. John Ambulance, Civil Defence, Order of Malta Ambulance Corps, Irish Red Cross voluntary organisations”.

Following on from the comment regarding NVivo, I found the tables a little
Confusing.

Response: The tables are included to give examples of participant responses. We have included ‘nodes coded to are in bold’ and we have modified the tables slightly to provide additional clarity.

Can the authors say “the EMTs unanimously accepted CPC” given the limitation noting they may not have heard every voice due to the size of the groups?

Response: The reviewer is correct however this was indicated by a show of hands and is now clarified in the manuscript.

The authors also state “both cohorts appear to have a reasonable understanding of what a learning portfolio is and what it should be used for”. The one comment given in the Q4 table for the students doesn’t reflect this. Were there more comments that haven’t been presented?

Response: The reviewer is correct. The title of this table states that these are ‘selected comments’ to clarify this understanding additional comments have been included from participants.

Minor Essential Revisions

Line 298 – remove the ‘and’ before ‘supports the findings….’

Response: This has been done.

Line 289 – possible remove ‘that’ and say ‘practitioners should learn from their own ….’
Responses to Conor Deasy

Minor Essential Revisions.

Line 44 replace 'governance/administration' with 'governance and administration'

Response: amended

Line 47 to 51. Needs to re-worded and re-formatted.

Response: This has been done.

Line 70 replace issue with issuing

Response: This has been done.

Line 76 - there is an overuse of the colon and semicolon throughout the paper, for
example in this instance.

Response: This has been corrected.

Line 94 - was there a reason for not including doctors as a healthcare profession with CPD - if so worth stating.

Response: these are only stated as examples of ‘healthcare professions’ rather than a definitive list as it would be impossible to list all such professions.

Line 110 - decide on either 'approximately' or 'at least'

Response: This has been changed.

Line 174 the word current does not make sense

Response: This has been done.

Line 220 - 'informational focal point' - what is this?

Response: now includes a description of ‘information focal point’ i.e one website or web page dedicated to providing information on CPC and CPC events/activities'

Line 222 - this sentence should be restructured.

Response: Restructured now reads ‘The administration of CPC by the Regulator was also challenged’.

Line 250 - there is an unnecessary question mark

Response: changed to full stop (.) and question mark deleted.
Line 262 'Discriminating against people who cannot read or write' - is this an issue for EMTs in Ireland? If not, leave it out I would say.

Response: Deleted ‘discriminating against people who cannot read or write’

Line 268 unsatisfactory or objectionable - very negative wording - perhaps consider using terminology such as 'challenging or questionable'

Response: This has been changed.

Line 350 missing full stop (.)

Response: This has been done.