Reviewer's report

Title: Examining the Educational Value of a CanMEDS Roles Framework in Pediatric Morbidity and Mortality Rounds

Version: 2
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Reviewer: Jamiu Busari

Reviewer's report:

Dear Editor,

Thank you for the opportunity to review this interesting paper, in which the authors have attempted to explore the educational value of the CanMEDS framework when used as prompts during pediatric morbidity and mortality rounds. The authors’ methodological approach is acceptable for a study of this nature although one may question the reliability of the sampling methods used to assign respondents into the test and control groups.

I think that the strength of this paper lies in its ability to tangibly demonstrate a specific educational value of the CanMEDS competency framework. The study showed that prompting learners on the contents of the CanMEDS competencies, contributed to deeper learning experiences during the mortality and morbidity rounds. However, while the results show obvious and positive measurable outcomes, there are a few concerns I have about the findings, which I would recommend the authors address, prior to final acceptance.

On page 7 (Lines 156-160) the authors report that there was no difference in number of quality of care issues raised based on hospital position that could suggest that length of time from training (medical student vs resident vs subspecialty fellow vs staff physician) affected identification of specific issues and therefore, that the potential benefit of training emphasis of the CanMEDS roles spans from medical school to practicing physicians continuing medical education. What is not pretty clear from this assertion is how the authors could demonstrate that the differences observed were not based on practice experience alone? For example, I would think for them to be able to categorically state this assertion, they should have negated the effect of experience by prompting staff like they did the residents for example?

I think an explanation about why the authors’ think otherwise or why this was not performed should be provided in the paper.

My second concern is about the authors conclusion on page 8, i.e. that by using the CanMEDS roles as prompts their study demonstrated that, attendees at the M & M rounds identified more quality of care issues than if not given a prompt.

For example, how can the authors prove (based on their findings) that it was not the mere fact that they were prompted that worked instead of the “CanMEDS” prompts they used? I would think that in order to be able to differentiate this for example, the authors should have included a third group of respondents that
were exposed to a different (non-CanMEDS) prompt. In that way they could reliably justify whether or not it was just the prompt or the CanMEDS prompt that worked. I would like to hear the authors’ thoughts on this and suggest a little nuance in the phrasing of the sentence to highlight that it could have been the “prompting” in itself that helped and not necessarily the fact that it had to do with CanMeds competency prompt.

All in all, it was an interesting paper to read and worthy of sharing with a wider audience.

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