Reviewer's report

Title: 'Simulation-based learning in Psychiatry for undergraduates at the University of Zimbabwe medical school'

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Reviewer: Martina Rojnic Kuzman

Reviewer's report:

The paper describes the introduction of a new teaching method at the University of Zimbabwe. The educational method involve the simulation-based approach, where the students interview a nurse playing the role of a depressed patient instead of clinical exposure to real patients with depression, whom they would not have the chance to see during their clinical placement in psychiatry. The authors presented results indicating that the students' confidence scores increase following the simulation teaching session, as well as that the free text feedback was positive. They conclude that the simulation teaching is feasible and acceptable in low resource environment such as is the current situation at the University of Zimbabwe.

The questions posed by the authors is well defined, the manuscript adhere to the relevant standards for reporting and data deposition in part, the methods are partially adequate, the discussion and conclusions are partially supported by the data, the limitations of the work clearly stated, the authors clearly acknowledge any work upon which they are building, both published and unpublished, the title but not the abstract accurately convey what has been found and the writing is acceptable.

- Minor Essential Revisions

Under “Participants”, it should be stated the year of Medical school of the students (eg. 4th year), in the description of age means + SD should be added.

Under “Intervention” the sentence “A young women presenting following an overdose in A &E”, needs the explanation preceding the abbreviation.

Table 1. P values 0.000 should be replaced with <0.001

Mean scores should be accompanied with standard deviations (SD).

Under Analysis – last paragraph the text in brackets should have p=0.001, instead of p 0.001.

- Major Compulsory Revisions

The author should better describe the development of the questionnaire, and it is advisable that they provide the full questionnaire. Eg. how many questions the questionnaire consisted of, were there positive and negative statements, which were the responses at the Lykert-type scale, how the authors rated the exact
The analysis of the free text is lacking concrete data - the number of responses would be more appropriate than the use of “majority” or “some”.

The conclusions are too wide compared from what can be concluded based on the results. The results only showed that students participating to the simulation based learning liked it and felt more confident in certain domains (although a better description of the questionnaire is needed so that one can ascertain that the questionnaire actually measures what it is supposed to). There is no data indicating that the level of knowledge is increased. Although the authors mentioned it in one sentences, they should more elaborate on this.

Secondly, there is no control group to assess whether those who participate in the regular teaching programme differ in the confidence level from those who participated in the simulation-based programme. Thus, the claim that this method is better than the standard teaching is not supported by the data, although one can intuitively agree with this statement. The authors should include the control group, or if not possible, state is as the limitation of the study.

From these data there is no evidence that this method is feasible and more cost effective than the standard teaching at the University of Zimbabwe, apart the impression from the authors. In fact, one can argue that this method needs more resources than the standard teaching at the University of Zimbabwe – it needs one nurse, additional postgraduate students, and if they want to allow all student to take history (not only one per group), that it would need much more time compared to the use of one lecture or to the inclusion of one educational day in the outpatients setting where they can see patients. Thus the statement in the conclusion should be placed with more caution, and be supported solely by the study results.

- Discretionary Revisions

Wider reader community may not be familiar with the medical education at the University of Zimbabwe, therefore it could be of interest to describe the placement in psychiatry and the complete education in psychiatry the students reach before they start working.

One of the limitations of the study that could be mentioned is that the effects on the future clinical performance of the medical students using the new method of teaching cannot be evaluated. It could be expected that even if there is the increase in the confidence in treating the patients with depression this effects is probably going to decrease over time, especially if they would graduate from the Medical school 2 years afterwards. Thus, it is possible that there would be no differences in clinical confidence among those who were taught with the current methods compared to those who were taught with simulation based methods at the point they start working.

**Level of interest:** An article whose findings are important to those with closely related research interests
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.