Author's response to reviews

Title: Digital Rectal Examination Skills: First Training Experiences, Motives and Attitudes of Standardized Patients

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Author's response to reviews: see over
Dear Miss Clare Partridge,

Thank you very much for your email dated 13th November 2014. We greatly appreciate the critical and helpful comments of the three reviewers. The comments proved most valuable in revising the manuscript. Please find below detailed responses to all points raised. We would like to express our thanks for the opportunity to submit a revised version of BMC Med Educ 1491149036133382 now entitled “Digital Rectal Examination Skills: First Training Experiences, Motives and Attitudes of Standardized Patients”.

Reviewer 1: Florian Pilz

Comment 1:
In the study design (lines 112f) I missed details on the SPs and the program. All SPs are experienced (table 2) but I wonder whether it is a new program and you recruited SPs from your “stock”. That became clear in line 332 and in line 441. In line 441 you wrote that you were able “to include all of our SPs who are part of the DRE program”. So I think you created a new program and recruited some of your existing SPs. This information is missing in the study design. Maybe you can clear this up.
Thank you for your helpful suggestion. We have now added a sentence to the study design section to make this more clear (page 7-8):

“For this purpose, four SPs from the University of Heidelberg’s Standardized Patient Program [55], which enrolls more than 65 SPs, were recruited to participate in a new training program for delivering DRE skills. All SPs were interviewed after their instructional training session.”

Comment 2:
Your title is “digital rectal examination skills: motives, attitudes, and first training experiences of standardized patients”. What I would expect is an answer to the questions “Why do your SPs participate in a DRE program?”, “What are their attitudes towards the program / the DRE?”, “What are their experiences with your training?”. Also, your aim is to “explore SPs’ attitudes towards participation in a DRE teaching program” (line 49). In contrast, the result section is too much on the training: themes D, E, F, G, H. Themes A and B also have their focus on the training not really on DRE or a DRE program. In my opinion, the title is misleading and should be changed. Alternatively, the focus of the result section can be changed.

Thank you for your valuable thoughts and concerns. We were indeed mainly interested in the above named questions, which is also reflected in our interview guide, that is now part of the appendix. Therefore, we do believe that Themes A and B constitute the main focus of interest related to our DRE program, even if the answers were rather unexpected (e.g., that the SPs decided to take part in the program without anticipating risks or psychological burdens). In our point of view, these findings are important results of our study. We admit, however, that the title can be misleading given that many of our findings focus on the
training session. To meet this concern, we have changed the title to read “Digital Rectal Examination Skills: First Training Experiences, Motives and Attitudes of Standardized Patients”.

Reviewer 2: JJ Rethans

Comment 1:
The domain that the authors touch upon is an important one and indeed there is very little research in this area of MUTA’s (Male Urinary Tract Associates), and not SPs as the authors mention these. I advise the authors to have a look with ASPE-Association of Standardized Patients Educators, where MUTA and GTA are common abbreviations.

Thank you for your comment. We are aware of the different terms but decided to use the term SP as it resembles the superior term for both GTAs and MUTAs and is used in other studies with a comparable focus [1, 2].

Comment 2:
My basic and main arguments in having a negative view on this paper is the following: grounded theory without a pre-defined theoretic perspectives on the research question and only 4 participants (from both sexes) from one local institute without any reference to whether these participants were selected from a wider pool has no research value and/or internal and external validity that I do not consider this to be a paper to be published in any international journal.

Thank you for these arguments and comments. In order to further elucidate the recruitment of SPs, we have changed the study design section (see our reply to Reviewer 1 Comment 1). The four participants resemble the pool of SPs that participate in the DRE
training program, whereas our entire pool of SPs encompass more than 65 SPs. This means that not many SPs agreed to participate in a DRE program. Consequently, it was even more important, if possible, to interview all of the participating SPs, which we were fortunately able to achieve.

However, the number of examined and interviewed SPs does not limit the validity of results, as quality criteria like objectivity, reliability and validity are quality measures of quantitative research, but not of qualitative research. This is an important differentiation to keep in mind when dealing with qualitative data.

We are very sorry for the inconvenience caused and you are quite right, as we conducted an inductive content analysis (with an interview guide and hypotheses, although they were not mentioned at the end of the introduction), but not an analysis based on grounded theory. This has now been changed in the manuscript. Furthermore, we now state our hypotheses at the end of the introduction. These were mainly related to psychological burden and aspects of shame experienced by SPs, which are documented in current literature [3, 4] and that we expected to be pronounced in SPs willing to perform DRE.

Comment 3:
Besides these arguments there are many other small and larger errors/mistakes/interpretation in the text.
The odd issue is however, that the area or better the world/background of the participants described is indeed an area where more and good research is needed.

Thank you for this comment. We fully agree that there is a lack of research in this area, which is why we believe that our study is important, all limitations that were considered.
Comment 4:
My advice to the authors would be to view this experiment as a pilot and continue in this domain with a more theoretical perspective, with a much better description of the selection and background of the focus interviews and with a group that is much larger and possibly less local.

Thank you for this advice. However, as mentioned before, the availability of SP willing to participate in DRE programs is low and so we think that our study adds important content to the educational community even if it is a preliminary pilot study, a fact that is now emphasized in the manuscript.

Comment 5:
• 10 authors for such a small study?

Qualitative research and its interpretation is a complex task. This is the reason why all the mentioned authors participated. The work they have contributed is listed for every author in the section "Author's contribution".

Comment 6:
• SPs is the wrong terminology here

Please see our answer to comment 1.

Comment 7:
• The aim of a study cannot be 'to conduct semistandardized interviews'.

Thank you for this important comment. We have now changed the corresponding sentence as follows (page 7):
"Therefore, the aim of the presented pilot study was to learn more about the personal motives and attitudes of SPs as well as their initial training experiences when participating in the DRE for the first time."

Comment 8:
- Why would it be important to explore the motives? (lack of theory)

Previous studies have shown that work as an SP is characterized by psychological burden [3, 4], which is also reflected in psychophysiological measures [5]. Therefore, the aim of the study was to explore aspects of shame and psychological burden, ambivalence of SPs, anxiety and unpleasant feelings in the early beginning of a SP’s DRE career, as rectal digital examination is considered to be both strain- and sham full. We added a corresponding sentence to the introduction section to make this clear (page 7):

"Previous studies have shown that acting as an SP can cause stress and psychological burden [55, 56], which is also reflected in psychophysiological measures [57]."

Comment 9:
- Methods:
  - Interviews are taken after first training session (p8) but paper’s title suggests differently.

We regret that we do not fully understand this objection as the title reads “first training experiences”. To our minds this implies that the interviews are implemented after the training course. Please specify, if necessary.

Comment 10:
o Why individual interviews and not group interviews (lack of justification)

We performed individual interviews as we wanted to provide a protected environment in which the SPs could talk about their anxieties, topics that could be marked with shame and their personal motives freely. We added a corresponding sentence to the method section (page 9):

"We decided against the implementation of group interviews as we wanted to provide a protected environment in which the SPs could talk freely about their personal motives, anxieties or topics that could be marked with shame."

Comment 11:
- o Why female UTA used where’s as the 1. mostly refers to prostate?

Literature concerning DRE is most often aligned with examination of prostate. However, in our program we focus on digital rectal examination as part of a general examination which is not gender-specific. Moreover, our main focus in the DRE program is to enable students to perform an examination which is often marked with shame, irrespective of gender.

Comment 12:
- o Im in the interview guide

We have now added the interview guideline as an appendix.

Comment 13:
- o When were participants informed?
All SPs (n = 4; 2 female; mean age 48.8 years; for further details please see results section) were part of the Standardized Patient Program at the Medical Hospital University of Heidelberg and gave their informed consent prior to their participation in the interview study.

Comment 14:
- Table 2: not clear at all. What means: previous medical education. What sort of feedback sessions and are the of influence?

"Previous medical education" means prior training as a medical technical assistant, as a nurse or likewise. We now changed the term "education" to "training" in the manuscript to make this more clear. Feedback sessions: In our SP program all SP undergo feedback training sessions regularly. This data was shown to give an idea of the different SP experiences.

Comment 15:
- What about: how many DTE undergone?

We are sorry for not being sure whether we understand this comment correctly. If the question is, how many examinations were undergone by the SPs, the answer is that all SPs were carefully examined by an experienced physician in internal medicine prior to the training sessions and underwent two more examinations during the training course. We added a corresponding sentence to the manuscript (page 8):

"All SPs were carefully examined by an experienced physician in internal medicine prior to the training sessions and underwent two more examinations during the training course."

Comment 16:
I find it so odd that some of the participants cannot mention any concrete motive? How are these people selected then, one wonders? This really affects validity.

This surprised us as well, but seems to be an important finding in our study to us. All of our SPs received written information about the DRE program including an invitation to take part. However, the SPs seem to take part without tangible reasons or specific motives.

Comment 17:
○ A script is mentioned (p13). What script? Wherefrom?

The script is also mentioned on p8 line 136. It included information about the program, the role that they would play and the anatomical and technical fundamental principles of the DRE. We have now added a clarifying sentence to the manuscript (page 8):

"It included information about the program, the role that they would play and the anatomical and technical fundamental principles of the DRE."

Comment 18:
○ Usually these UTA will undergo a thorough screening and PE by a urologist. I read nothing about this in the paper, which again questions the whole calculation.

Please see our reply to comment 15.

Reviewer 3:

Comment 1:
This is interesting research dealing with using SPs in DRE training program. In the present manuscript, the authors conclude that
Distinct action guidelines are needed for the recruitment, informing and briefing of SPs who are willing to participate in a DRE program. However, a few critics need to be addressed for this conclusion.

Authors presented that medical students as well as newly graduated doctors show that they are insufficiently prepared for performing DRE. However, DRE itself doesn’t need hard clinical skill. Actually, interpretation of abnormal findings is more important and needs more training than simple DRE skills. Training DRE using SPs can be educational methods to train DRE skills, but can’t simulate abnormal finding of rectum such as colonic polyps or rectal cancer. Therefore, we usually utilize training dummies for training DRE skills in practice.

Thank you very much for your comments. We agree that DRE doesn’t need hard clinical skill. In order to train the interpretation of abnormal findings we use training dummies at our faculty as well.

However, DRE is a potentially humilitating examination and performing this task is often marked with disconcertion on the part of the students and physicians as well as patients. The aim of our DRE program is therefore to enable students to perform this examination in a self-confident manner and with respect to the requirements of the patients.

Dear Miss Clare Partridge,

We would like to thank you once again for offering us the opportunity to submit a revised version of our manuscript BMC Med Educ 1491149036133382. We appreciate you considering our article for publication and look forward to hearing from you soon.

With best regards,
Christoph Nikendei
Markus Krautter
References


