Author's response to reviews

Title: How effective is blended learning in teaching evidence-based medicine? A mixed methods study

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How effective is blended learning in teaching evidence-based medicine? A mixed methods study

Dear Editor,

Thank you for your comments and that of the reviewers for the above titled manuscript.

We have read through the comments and have amended the manuscript accordingly. Please find enclosed below a point-by-point responses to the comments.

Please let me know if you need anything further. I look forward to your future correspondence.

Kind regards,

[Signature]

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Reviewer #1

The only discretionary revisions suggested are:

1. To consider adding clarity to whether the qualitative themes reached saturation, and a curiosity as to whether the same focus group facilitator was used across the multiple sites.

   We have inserted a sentence in the text (p11) to clarify that qualitative themes reached saturation. From p. 11, lines 239-41, “Focus groups were run until the point of theoretical saturation, whereby no further novel ideas were generated through discussion.”

   The same focus group facilitate was used in Australia, with another in the Malaysian site. From p.11, line 237, “All focus groups at the Australian sites were performed by a facilitator independent to the study, whilst another facilitator was required to lead focus groups in Malaysia.”

2. I’m more familiar with journals also requesting the ethics approval numbers, however I am not aware of the journals policy on this issue.

   We have not inserted the ethics approval number, as advised in the editorial feedback. However, we provide it here for transparency – CF13/1644=2013000820.

3. I thought the paragraph beginning line 377 was slightly unclear, and could perhaps be reworded to better highlight the limitation you’re referring to.

   We have amended the following sentence to provide better clarity leading into the paragraph in question (now line 383-4). “A variety of barriers may prevent the implementation of evidence into practice, including perceived relevance, awareness or opportunity.[28]”
Reviewer #2

Minor Essential Revisions
1. The authors must describe the two teaching approaches in more detail allowing readers to understand why the differences in behavior, attitudes and self-efficacy could come about.

   We have previously published the protocol of this study, including the details of the two teaching approaches (as highlighted on page 8, lines 147-8). Rather than repeating the text in this paper, we feel that it is more appropriate to refer readers to the protocol, which outlines the two approaches in detail. We have inserted the following sentence on page 9, lines 194-5, “Further details about the DL and BL approaches can be found in the protocol of this study. [15]”

2. The authors must include in their discussion the factor time spent on learning. Since they did not measure time spent on learning, they should at least do an estimate. Measuring time spent on learning must also be a recommendation for further research and not only measuring costs which is important too. About costs they should be aware that providing online resources is initially expensive but becomes cheap in continuous use.

   We acknowledge that we did not measure time spent on learning, and have now inserted this within the limitations of the study, p.19, lines 417-20, “No estimate of how long students, on average, engaged with the online resources.”

   We have also referenced the change in costs over time as suggested, p. 19, line 432-34, “Information about cost-effectiveness and value is important given that start-up costs with the production of e-learning resources are initially high, but dissipate with continual use.”

Discretionary Revisions
1. I recommend the authors to give up the learning styles as a quality of blended learning since this concept is not well grounded.

   We acknowledge this comment, but have left the reference to learning styles in the paper. Our reference to learning styles in not intended to be a quality of blended learning, but rather illustrate that blended learning can accommodate (within reason) different learning styles (or preferences) such as shared, passive or active.

2. They could also consider to include my thoughts on the lacking difference in competency assessment.

   We have included the suggestion regarding competency assessment as follows on page 17, lines 370-2, “The quantitative results would suggest no difference in learner competency in EBM, which may in part be attributed to the nature of the assessments, of which the majority of items assess cognitive knowledge, rather than direct application in a clinical context.”