Author’s response to reviews

Title: Making Medical Student Course Evaluations Meaningful: Implementation of an Intensive Course Review Protocol

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Author’s response to reviews: see over
Dear BMC Medical Education Editorial Team:

Please accept this revised manuscript entitled “Making Medical Student Course Evaluations Meaningful: Implementation of an Intensive Course Review Protocol” for consideration in BMC Medical Education. Below is a point-by-point response to the reviewers’ comments. Changes in the manuscript have been emphasized in red text.

Reviewer 1 (Ian Puddy):

“However, this is difficult to substantiate if all the questionnaires over the 5-years were similarly completed on-line”

We have clarified when the change from paper-based to computer-based surveys occurred (lines 132-4)

“...a comparison of socio-demographic characteristics of respondents vs non respondents would help...”

Our survey data is completely anonymized so we do not have access to demographic data of respondents vs. non-respondents.

“The authors should present comparisons and outcomes for both pre-clerkship and clerkship results.”

The primary objective of our study is to describe the intensive course review protocol and its effect on courses not meeting pre-established standards. All clerkship rotations during our study exceeded our benchmarks and therefore none required an intensive course review. In addition, clerkship rotations are much different in structure and function than pre-clerkship courses. Therefore, we focused our analysis on the pre-clerkship courses to maximize our internal validity. (lines 138-9)

“The numbers of students surveyed each year and numbers of respondents should be reported, not just the percent of respondents and mean evaluation scores”

We have now included the number of students enrolled in each year of our study period in Table 1 based on enrollment. We could extrapolate the number of respondents based on this data if the editorial team would like this information (see table 1)

“For the 3 courses that remained below the minimum benchmark, some description and commentary on what might be contributory factors”
Given the small numbers in this particular cell of data we do not feel it is appropriate to directly describe reasons these courses remained below the benchmark in order to ensure privacy and confidentiality.

**Reviewer 2 (Mike Tweed):**

“A clearer research question would help”

We have clarified our research objectives and made this into a sub-section to better highlight our goals with this study (lines 102-6)

“A change in the scale or use of the scale; a change in those completing it, either intake or response rate; a change in the course due to review or another reason such as staff change”

We added a statement clarifying that the measurement tools contained identical content throughout the study period and that the senior faculty/course content was generally consistent (lines 134-6)

“A description of how the admission criteria and learning and preparation”

We have described the medical school admissions criteria in the new “Educational Environment” section (lines 76-80)

“The rating of <3.5 is justified by observation of negative comments. Why was a change of 0.5 chosen?”

Further description has been added (lines 117-8)

“...there are 3 criteria for being recognised as needing review... knowing how many were identified by each would be helpful.”

This information has been added (lines 154-56)

“How many were excluded because of course restructuring or incomplete data?”

This information has been added to the results section (lines 150-1)

“A 5 point likert scale is used and parametric analysis is undertaken”

We have in fact used non-parametric analysis for our study as both Kruskal Wallis and Mann-Whitney U are considered non-parametric tests. We had added median values to our table instead of mean in case there was any confusion and highlighted
that these statistical tests are indeed non-parametric (abstract line 45, lines 142-2, table 1).

“A copy of the questionnaire as an appendix is required”

We have included a list of the questions as an appendix (see supplementary document Appendix 1)

“Did different course get identified through the process? Did all those that were OK at baseline stay OK and did the improved stay improved. Were the 3 that remained identified for the last few years the same 3 each year?”

All courses above 3.5 at baseline remained so. Those that improved maintained their scores. Those 3 courses below are benchmark were the same throughout the study (lines 156-7).

“The conclusion and title raise that meaningful change has occurred. This is difficult to substantiate given the falling response rate.”

The falling response rate is certainly a limitation of our study and we discuss this in the limitations paragraph. We do feel, however, that the statistically significant results and substantial effect sizes (see table 1) suggest a meaningful change.

“What about other measures of QA for course delivery”

We have described the many other measures of quality assessment considered by the PESC in a new section called “Educational Environment” (lines 90-98)

“Some improvements can be achieved by doing the same course, explained better, rather than wholesale significant changes to the course and all that entails.”

This is true and we have included it in the limitations section. Unfortunately, we have no way to measure this using our dataset (lines 191-3)

Reviewer 3 (Joy Rudland):

“However, it does not describe the limitations of the study”

We have enhanced our limitations section to better describe some of the shortcoming of this type of study (lines 203-209).

“I would not use student feedback as the only source of evaluation data. Triangulation of student data could be achieved through outcome based measures and or include staff opinion. I also have concerns for piece meal
evaluation of courses as opposed to programmatic evaluation looking at the totality of the experience and development of the learner.”

We have added more detailed description of the process at the PESC when assessing a course including the other sources of information we consider (lines 93-98, 208-209). Staff opinion is considered when the course chair presents their action plan in both written and verbal format (lines 121-123).

“There are also advantages to qualitative aspects in student feedback that does not seem to have been used in this study.”

We do consider the qualitative comments students provide in the feedback survey. We also consider the qualitative comments student liaisons provide to the committee (lines 177-179). These were the basis for the creation of the 3.5 benchmark and can be used to identify a critical course issue (lines 117-119).

“The data also suggest to me that after the initial scrutiny there was a plateauing effect of improvement; little reference is made to this and the implications for practice.”

We agree there was a plateau of effect. However, the basis of our study and our hypothesis is that it is due to improvements in the courses due to the intensive review protocol.

“...course / subjects (although I am unsure of the difference in the two”

We have eliminated the use of the “subject” term to simplify the terminology in the manuscript. We now use only the term “course”.

“I am also disheartened that this school seems to adopt only lectures”

The style of teaching at our school was not previously described in the manuscript. We have added a paragraph detailing the teaching methods used in courses at our school (lines 81-89). We hope this adds more context for the readers/reviewers.

“Most Medical Schools I know have an external body/committees/groups looking at course evaluations and have protocols to look and respond to data, very much as an audit cycle”

All medical schools in the Canada are accredited by an external body and this information has been added to the manuscript (lines 96-98).
We hope that our revisions have successfully responded to the points raised by the reviewers and we thank the reviewers for the thoughtful comments on our study. We look forward to your further review of this manuscript.

Sincerely,

Patrick Fleming, MD, MSc