Reviewer's report

Title: An Innovative Model for Video-based on-Ward Supervision - A Descriptive Study

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Reviewer: Su-Ting Li

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Feedback is an important means for trainees to learn. The authors report a small pilot study (n = 9 medical students), mainly on the feasibility of videotaping patient interactions with the supervisor present.

Major Compulsory Revisions

1. Intro. Paragraph 3. I appreciated that the authors included a conceptual framework for their study – Ericsson’s model of deliberate practice and feedback. However, the argument for the usefulness of video feedback as part of Ericsson’s model could be stronger.

2. Video-based on-ward supervision. Paragraph 1. The variety of “procedures” videotaped seems too broad (especially since there was only 1 IV cannulation and 1 ECG recording) for this small of a sample to draw any useful conclusions. It would seem that while video-recording could potentially be useful for something like IV cannulation or ECG recording, these could also be done on a standardized patient, where many learners could be videotaped doing the same procedure on the same day. It may be more useful to videotape history taking or physical exam on real patients. By allowing PIV and ECG recording, the 9 learner experiences were really diluted to 7 learner experiences. In addition, only 1 learner elected to have a physical examination recorded, which only left 6 learners with a history recorded.

3. Feedback loop. Paragraph 1. This study would be more valuable if we could better determine the added relative value of videotaping patient interactions and having the learner watch the interaction after receiving feedback vs feedback alone. It seems that it is a lot of work to be able to set up a videocamera (sometimes requiring 2 people to do so with the entire process taking over an hour) and if the relative gain is little, perhaps the take-away point would be that learners should be directly observed more often and feedback given more often. Ultimately, if we can show faster improvement by the learner when they are able to watch themselves, then it may be worth the extra effort to videotape these interactions.

3. Qualitative analysis – While I appreciate the attempt at a qualitative analysis, it is unclear that a grounded theory was generated. In the Qualitative assessment of video-based on-ward supervision by final year students, paragraph 1, you state that the interviews were designed with the “aim to shed light on the benefits
and specific aspects of video-based on-ward supervision.” This qualitative results section reads incredibly long for the very little information that is gleaned from it. It almost seems that the categories are grouped by the focus group questions themselves. The themes do not necessarily relate to the “benefits” of video-based on-ward supervision. For example, the category “Student’s self-assessment’ has extraneous quotes that relate more to the student’s self-perceived communication skills, not necessarily how watching the video reinforced/revealed their communication skills. The valuable quote in the paragraph was the one referring to how the learner used her hands while talking. The quotes that “the patient felt to be in good hands,” does not seem to relate to the aim of the interviews. Why are history taking skills grouped under “Theme ‘Procedural technical skills’?” These appear to be communication skills. Again, I am not sure how many of these quotes (while possibly interesting) relate to your central question. I would suggest concentrating on benefits of video-based feedback and how to optimize video-based feedback.

4. Theme “Communication skills”. Paragraph 1. While you state that “most students stated that they had experienced their performance as competent,” we don’t know if that correlated to how the supervisor rated the learner’s performance. How does viewing videotapes of your performance change your self-assessment? How does it change how well you agree with your supervisor’s assessment?

5. Discussion. Paragraph 3. You state that standardized patients tend to give more detailed and productive feedback and state earlier that feedback from patients is less helpful. Perhaps what the real patients are asked to comment on can be somewhat different than standardized patients. While standardized patients might be trained to know what questions should be asked, real patients can evaluate professionalism and interpersonal and communication skills.

6. I think that you should make a stronger argument for the potential added benefit of videotaping for feedback versus direct observation and feedback. Without this stronger argument for why this study is important, feasibility of performing the videotaping is moot.

Level of interest: An article of limited interest

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