Author's response to reviews

Title: Interprofessional Collaboration Milestones: Advocating for Common Assessment Criteria in Graduate Medical Education

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Dr. Eva Doherty  
Editor, BMC Medical Education

Re: 6908635501635578  
Interprofessional Collaboration Milestones: Advocating for Common Assessment Criteria in Graduate Medical Education

Dear Dr. Doherty,

I appreciate receiving the comments from the review of our manuscript. I have now responded to each of the issues raised by the reviewers as presented below and in the revised manuscript. These comments have certainly improved the manuscript and I appreciate the opportunity to return it to you for consideration of publication.

A number of the comments were favorable; we have not responded to these, but have left them in this letter for sake of completeness.

Reviewer #1
This is an excellent paper, outlining the need for clear common assessment criteria. The paper is very well written and structured. The only content omission is mention of the NOTSS (Non-Technical Skills for Surgeons) tool. This is an assessment tool for directly observing individual surgeons working in a team context and seems an important addition to the paper. For references see: Yule S, Flin R, Maran N, Rowley D, Youngson G, Paterson-Brown S. Surgeons' non-technical skills in the operating room: reliability testing of the NOTSS behavior rating system. World J Surg. Apr 2008;32(4):548-556. Yule S, Smink D. Competency-based surgical care: Nontechnical skills in surgery. ACS Surgery: Principles and Practice. 2013. NOTSS has also been used to form the basis of the interprofessional modules in SCORE (Surgical Council for Resident Education) - national curriculum in the USA: http://surgicalcore.org/modules.

We apologize for this oversight. NOTSS is an important assessment tool and should be included. We have added information and references regarding NOTSS starting on page 8, line 17.

Other tools mentioned such as OTAS and NOTECHS are commonly used for assessing teams or subteams rather than individuals. These are still relevant but an important distinction to be made.

We have added that distinction on page 8, line 15.
There was also a systematic review of behavior assessment tools published in quality and safety in healthcare in 2014 which may be important to refer to and is very relevant to the content presented in the paper. See:


**This is an important review that we have now referenced on page 3, line 24.**

**Reviewer #2**

This is an interesting paper which demonstrates that the US appreciates that education to qualification is not enough, but that competence must be demonstrated in practice.

good that the specialties have milestone for different levels of training,
highlighted the need for competent assessors and a standardised approach for the use of assessment tools [which is a good message]
clear and concisely written paper with appropriate authors cited.

**Thank you for these comments.**

I sincerely hope that these revisions and responses will clarify and strengthen the manuscript to allow final acceptance. I look forward to your comments.

Respectfully,

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