Author's response to reviews

Title: The surgical experience of current non-surgeons gained at medical school: a survey analysis with implications for teaching today’s clerks

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Author's response to reviews: see over
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Authors: Sabine Zundel, Adrian Meder, Stephan Zipfel, Anne Herrmann-Werner

Version 3; May 21st 2015

Dear Editors,

Thank you very much for giving us the opportunity to further revise our manuscript. We have copied all reviewers’ comments into the document below (black) and included our comments (red). For your convenience, all changes in the manuscript are made in red typing as well.

Reviewer Hazim Sadideen

As I mentioned previously this is a very interesting topic. The description of the methodology is better and they have satisfactorily answered some of my comments. I appreciate the hard work the authors have undertaken, but this paper would need further revision and help with making the paper flow more smoothly, before I would recommend its publication.

Recommendations:

• The word clerk throughout the paper and in the title should be removed. Please stick to clinicians/ non surgeons etc. ✓

   The title has been changed to: “The surgical experience of current non-surgeons gained at medical school: a survey analysis with implications for teaching today’s students”.

• A reference must be given for the notion that students often evaluate undergraduate surgical education as poor (line 64/65). This is not what the literature states so this should be justified.

   A newly published reference has been found stating that departments report difficulties delivering effective surgical teaching and students describe a dated curriculum. As stated in the comments accompanying the first revision, it is the authors’ firm belief that the surgical rotation is oftentimes one of the least favourite (the authors’ beliefs are grounded on many informal student interviews and international exchange with colleagues).

• It is important to note that one cannot deduce that by selecting a group of current non-surgeons (the majority who studied at the same medical school in Tuebingen) with the rest at other schools (with 14 other medical schools in Germany), with a few internationally, and only 67 respondents... this is certainly not a representative population of undergraduate medical students globally. So lines 238 onwards must be modified and the authors must appreciate this is a small sample size to make such statements and the effects this can have on conclusions. A more plausible approach is to identify that this is mainly a perspec-
tive from Germany and that this is a small cohort that is not representative of all undergraduates. This is mainly a single medical school (the authors' institution) perspective with a median of 8 years since participants' surgical clerkship.

It would be worth mentioning that in other countries eg. and abroad, undergraduate medical teaching has been dramatically changed (PBL system, a greater role for community practice) and so the exposure to surgery would differ by med school curriculum and length of surgical clerkship; the manuscript does not address any of this in the discussion, nor the data for this from their cohort in the results section.

The authors agree and it was clarified that the cohort is representative for Germany. We further stated that the number of participants is limited and that data might have been missed. The sentence "However, with 67 respondents, the number of participants is limited and data might have been missed due to the relatively small sample size" was included. We would nevertheless like to state that there are numerous questionnaire studies published with sample sizes of 20-30 participants and that we believe 67 respondents are not too few to make conclusions.

- It is still important to highlight (which was mentioned in my first set of comments but not addressed) that non-surgeons such as emergency department practitioners or dermatologists who currently are non-surgeons were not included and their insight may have been useful given some of the "surgical" work they do. This question might have been missed in the first review since its importance was not recognized as it does not really apply for our institution. There is no emergency department at our institution and German dermatologists working at a hospital generally do work surgically.

- It is also important (again still not addressed) to mention they did not highlight a comparison with current surgeons to see what they could recall from med school, as to what was most useful for them. The sentence: "Current surgeons were not included since it was suspected that they would not be able to differentiate whether an experience was gained at the end of medical school or at the start of professional training." was included. From the authors' experience, students who are planning a career in surgery are much more easily motivated during their surgical clerkship and find it a lot easier to fulfill learning achievements. They do not face the same problems than future non-surgeons. Therefore the second group was our target. The authors' argument is that medical schools can learn from the experiences of previous graduates; however it cannot be taken that the results of these 67 respondents "crucial in order to plan student centred lessons" (line 214). Point taken, the wording has been changed to "The collected data may aid surgical teachers in choosing learning objectives and guide them towards increased student-centeredness."

and line 213 "no similar needs assessment has been published". This was not a needs assessment; this was a survey analysis exploring experience. If they wanted to perform a needs assessment they would need an expert panel, delphi analysis etc. The word needs assessment was ill-used and has been changed. The message I would like to point out is that such conclusions cannot be made from this data and so the authors need to carefully select their words, meanings and conclusions.

Reviewer Andrew Hill

- The English is much better but in places remains stilted. Quality of written English: Needs some language corrections before being published

Reviewer 3 had the kindness to suggest language corrections. They have all been heeded and we hope the manuscript has improved. As stated, none of the authors are English native speakers; therefore we had the manuscript proofread by a native speaker. If further corrections are necessary before publications, we kindly ask for detailed suggestions.
The opening paragraph may have some truth but is not referenced. While it may be true that students do not like their surgical rotations in your country this is not universally true at all. If you are going to make broad generalisations then make it clear that these are not necessarily true elsewhere or state that this is an anecdotal observation.

I am disappointed that you only addressed half my comments from the previous review. This is true; we did not address some of the comments. We took care however to comment all constructive criticism to improve the manuscript. Very general comments like "the discussion fails to bring the paper together" are difficult to address specifically, especially since the other reviewers were of a different opinion.

Reviewer Martina Kelly

Well done to the authors for the improvements they have made to their paper, it is much more focused and the message clearer. There are places where the text could be edited or tables used to make tighter, but I shall leave that to editorial discretion. A few minor comments are made. I am taking the liberty of making a few suggestions re-use of English, which are made in the hope of contributing to the readability of the paper and hope this is agreeable with the authors.

Clarity about the methods and use of the term ‘survey analysis’ in the title removes many of the misgivings I had outlined previously in relation to the use of qualitative analysis.

Abstract.
Background: need a full stop after poor (l39)

Methods: suggest remove the sentence ‘the data was interpreted iteratively’ as this is not a specific method per se. Would it be clearer to state something along the lines: descriptive statistics were used to analyze quantitative responses and textual responses were analyzed using content analysis?

Results: L50, comma after conditions ✓, I would be inclined to remove the term incidentally and just state Two learning techniques. ✓

Conclusion: L54 wouldn’t bother with last sentence, doesn’t add anything – we all say that! ✓

Main paper
Background is much tighter and focused. L65 I still have reservations about the statement that students not satisfied with surgical training and think this sentence needs to be supported with a specific reference or two.

Analysis:
L117 suggest ‘document’ over arrive ✓
L127: use of semicolon and capital – fix ✓ the semicolon was inserted after "believes" – does the following word need a capital letter?
L130 seldom mentioned over few mentionnings ✓
L131 insert ‘a’ before convincing reason ✓
L158 / 159 can authors explain why they expected a gender difference – assume based on literature, if so, this point should be raised and referenced in the introduction.
A reference was added, but we decided against raising the issue in the introduction. We found it would take the focus off the learning objectives for non-surgeons and too much towards gender issues.

Table 1
Location: suggest text change e.g. please name the medical school where you undertook your surgical clerkship (to avoid ending with at) ✓
Remarkable experience: suggest remember (over memorize as slightly different meanings) ✓

Table 2: postgraduate (not gradual) ✓
Table 3: this is likely too specific to be addressed but often if using quotes from respondents, its good to link them to the respondent, to show that not all from the same person. Maybe just to highlight you are aware of this, you could add a sentence to the results, saying quotes taken from a range of respondents? ✓
This is an important issue, thank you for raising it. We added the “range of respondents” in the results section. We will make sure however, that we will add initials or numbers to identify respondents in any future manuscripts.