Author’s response to reviews

Title: Evaluation of the Physician Quality Improvement Initiative: The expected and unexpected opportunities

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Author’s response to reviews:

We would like to thank you for reviewing our paper entitled “Evaluation of the Physician Quality Improvement Initiative: The expected and unexpected opportunities” for consideration for publication in the journal BMC Medical Education.

We have reviewed the comments of the reviewers and outlined our respective revisions and comments.

Reviewer #1:

1. Physicians are the locomotives of healthcare industry. As such, researches about how to motivate physicians to improve quality are very improvement.

We agree.
2. The title of this article indicated that this study would specify expected and unexpected opportunities. This is a very interesting perspective and I as most readers anticipate the authors clearly pointed out what are expected and what are not in the end. This article as it is does not give us a clear picture of this kind of classification.

This has been clarified with the sentence on Page 13: “This project evaluation provides promising data in support of the PQII as an opportunity for individual physician development, affirmation and reflection, in addition to the provision of other, unexpected opportunities including a structure to further departmental quality improvement, transfer of best practices, and finally, an opportunity to enhance communication, accountability and relationships between the organization, department chiefs and their staff.”

3. The methods section is confusing. It only says that the University Health Network conducted a pilot study. Is this referring to the PQII or the evaluation of PQII? PQII itself and the performance assessment of PQII are two distinctively different things.

This has been clarified with the sentence: “University Health Network conducted an evaluative study of the Physician Quality Improvement Initiative, an MSF process using the standardised Physician Achievement Review (PAR) tools, and facilitated report review” on page 5.

4. What is this article's bearing on medical education? This article is closely related to quality management, but why does it have to do with medical education? The authors need to have more justification in this regard.

The connection between MSF/PQII has been clarified with the following: “MSF has successfully been used as both a formative assessment and as a quality improvement approach to drive advancements in performance and medical education.8,9” on Page 4.

5. Table 3 was not mentioned in the main text. The readers need to know when they should refer to that particular table.

This has been corrected and the Table 3 reference can be found on Page 8.

6. Table 2 and 3 list quotes from the review session. They consist of statements from individual participants. Are there repetitive themes? For qualitative researches, we can still categorize the responses and see whether there are trends or consensuses among respondents.
The Tables 2 and 3 outline the findings from the qualitative interviews on the topics of the preparation for the review sessions (Table 2), and the outcomes of the review sessions (Table 3). Each includes a synopsis or consensus of the repetitive themes generated on the topics, and then individual quotes to further describe the findings.

7. Can Table 2 and 3 be integrated into one table?

The Tables 2 and 3 outline the findings from the qualitative interviews on the topics of the preparation for the review sessions (Table 2), and the outcomes of the review sessions (Table 3). Their focus is quite distinct, and Table 3 is quite long already- adding more findings to this table would be burdensome for publication.

Reviewer #2

1. Is it necessary to put "study background" in METHODS? Could it be integrated into the "INTRODUCTION" section;

The Study background summarizes the study setting and the process of the PQII program. Other sections in the methods include Study design and Data analysis. We feel this section is best suited in the Methods as it outlines the study setting and the specifics of the program being studied.

2. A "CONCLUSION" may be needed after the "DISCUSSION";

We have added a conclusion section on Page 13.

3. Some minor changes should be made to the written English, such as "...began January 2013..." in line 28 of Page 6, "...viewed is as an opportunity..." in line 49 of page 8, "the majority (12, 42.9%)." in line 20 of page 10, "DH2" in line 29 of page 16.

The following have been changed:

"...began January 2013..." in line 28 of Page 6,

“The pilot project began in January 2013 and evaluation of the project was completed by June 2014.”
...viewed is as an opportunity..." in line 49 of page 8

“The report review session was found to be ‘relevant’ (PP5), and viewed as an opportunity to have a face-to-face meeting and discuss personalised objectives with their DC.”

"the majority (12, 42.9%), in line 20 of page 10

A total of 55.2% (16/29) of physicians indicated they were contemplating a practice change in regards to the feedback, and the majority of these physicians (12, 75.0%) planned to change how they communicate with patients.

…."DH2" in line 29 of page 16.

“…out the information in a variety of ways. DC2”

Reviewer #3: I enjoyed reading this paper as it describe the results of a small mixed methods study about multi source feedback and the implementation of a new method. I do not think that any major revisions are required.

Background

As a physician working in a different country I would like a bit more explanation in the background about the relationships between the academic hospitals, department chiefs and the physicians. If there an employment relationship? Are Department Chiefs managers, employers, or peer colleagues? Understanding the relative roles of DC and PP would be helpful.

We have clarified the reporting structure and remuneration relationships on Page 12. The following sentences were added: “A great number of hospital-based physicians are independent professionals, reimbursed by the government and are generally not considered employees of the organization or university. Often their only true link to the health care organization or their academic centre is through the reappointment or credentialing process that is overseen by a physician leader or department chief.”

I also found the use of the acronyms possibly unnecessary, if these are commonly used ones in Canada - then OK, but otherwise I would prefer to see the participants referred to as chiefs and physicians. This is not a major concern and as I re read the paper it became less irritating.

It is common to shorten common titles in manuscripts to minimize word count and page count. We are happy to use the longer form of address if the Editor wishes.
Methods

Just a couple of minor points for clarification:

It would be helpful if it was made clearer that the feedback review session is the specific innovation that is being evaluated. Something at the beginning on the second paragraph in the Study background session

The feedback review session is only one part of the process that was evaluated. This project looked at the process as a whole, as it was previously only studied in the framework of a licensing quality improvement project rather than an institutional one. The feedback review session was a new addition to an already established process used in other regulatory settings, so it was specifically highlighted.

With regard to the program itself; I would like to know more about the way the DCs were prepared for this session. What coaching tools were supplied?

Yes, coaching tools were supplied. On Page 5 we state ”DCs were supplied with coaching tools and met with the PQII project lead to review their group’s reports to help strategize optimization of meeting structure and feedback for the report reviews.”

Discussion

I wondered how often these reviews - PAR and/or PQII are planned. Is this an annual cycle and is it expected of every physician. Has thought been given to further follow ups of the participating physicians with regard to implementation of changes discussed in the interviews with the Chiefs? Will future reviews PAR / PQII (annual or whatever cycle planned) draw on the baseline established in the first and include questions relating to the previous learnings

These reviews are planned to occur every 3-5 years for full-time credentialed physicians and further follow-up to the review sessions has been determined by individual department chiefs- and this has been variable. Previous PQII results will be available for participants on future cycles. We did not feel it necessary to state these specific details in the manuscript as they weren’t relevant to the current study. If the Editors would like them included we are happy to do so.

Thank you in advance for your consideration of our paper for publication in the journal BMC Medical Education.