Author's response to reviews

Title: Supervision and Autonomy of Ophthalmology Residents in the Outpatient Clinic in the United States: A Survey of ACGME-Accredited Programs

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Title: Supervision and autonomy of the ophthalmology residents in the outpatient clinic in United States

Response to reviewers:

We would like to express our gratitude to the two reviewers for their time and insightful comments. We have complied with all their suggestions and our responses are presented point-by-point.

Comments of Reviewer 1:

This is an interesting study that attempts to evaluate ophthalmology resident autonomy in outpatient clinic settings, by looking at survey results from program directors.

A significant amount of data is presented looking at the relationships between numbers of faculty, VA clinics, and other factors; and the degree of resident autonomy.

In the Discussion or Conclusions it would be helpful to clearly summarize what, if any, effect the different variables had on autonomy, such as: "Number of faculty did (not) correlate with the score."
RESPONSE: We have eliminated the “autonomy score” from the manuscript as suggested by reviewer 2. However, we did more clearly state the lack of correlation between the categories of clinics (with respect to supervision and autonomy) to the other metrics explored.

Is it possible to further explore the influence of working in a VA facility with autonomy? Were those programs with VA's more likely to have residents working independently than others?

RESPONSE: We could certainly explore the influence of working in a VA facility on autonomy in a later study. We did not collect the data to do that in this study. Many programs have more than one resident clinic as well as an affiliated VA site. While we asked for the “primary clinic” for residents, we did not ask the respondent to specify if that clinic were a VA site.

It is interesting that only 54% of programs with faculty seeing all patients did so to maximize revenue. In future surveys it would be interesting to determine if in those programs where only selected patients are seen be an attending, does insurance status determine which patients are examined.

RESPONSE: We agree that future surveys could ask if attendings take a patient’s insurance into account when seeing them. However, we believe that doctors would be hesitant to respond to that question as it could possibly hint a bias to provide care based upon finances.

Comments of Reviewer 2:

General comments - This manuscript summarizes survey findings from ophthalmology residencies regarding continuity clinic characteristics and resident supervision/autonomy. The findings are of value to the ophthalmology and education communities as a benchmark for ophthalmology residencies. The issue of balancing autonomy and supervision is interesting and important, although the emphasis on an ordinal score for resident autonomy is unnecessary and potentially distracting to the reader. The background, methods and discussion sections are well written, but the results and discussion section should be shortened and reorganized as described below.

METHODS

-- The elimination of the autonomy score from the manuscript would not undermine the findings or important discussion of the tension between autonomy and supervision. Some of the fundamental problems with the autonomy score were pointed out by the authors in the discussion. In addition, it does not make sense for a residents' continuity clinic to have a ordinal value of zero, when those "zero" clinics arguably should have been excluded from scoring. Furthermore, the number of autonomy score levels is too few to make it meaningful for use as an ordinal score and is probably better described in words or categories that offer verbal context. Thus, categorical classification seems more inappropriate than ordinal scoring.

RESPONSE: We have eliminated the autonomy score from the manuscript. We mentioned the ordinal score in the METHODS only because it was used for statistics. Otherwise, the
manuscript has been scrubbed of the concept of scoring autonomy. As the reviewer suggested, we went to a simple categorical classification of the clinics based upon autonomy and supervision.

RESULTS

-- The results section could be shortened to help the reader. burden on the reader and reduce the number of visuals necessary.

RESPONSE: We have shortened the results suggestion significantly (by approx. 20-25%). We have removed details that might not be of interest to the reader while keeping what we believe are important numerical relationships. We also re-ordered and combined some paragraphs to improve flow and reduce the burden on the reader. We have eliminated all the graphs. Reviewer #2 helped us recognize that the data could just as easily be followed and understood without referring to graphs.

Table 1 is not a main finding and is better offered as an appendix. Tables and Figures should have descriptors and legends that stand on their own and not require the reader to reference the survey.

RESPONSE Table 1 is now Appendix item 1. We have removed all the remaining graphs.

-- To this reviewer, the figures and results section should be reordered to first present general descriptions of the clinics and later the results of surgical volumes.

RESPONSE: We have re-ordered the results section so that the surgical volumes are later in the section. In addition we have re-ordered and regrouped some topics to make the ideas less laundry-list like and more flow. Initially the data were presented in the same order as the questions on the survey and we realize this was not optimal.

-- There are too many graphs, and most make comparisons of continuity clinic versus no continuity clinic, which might be better portrayed as a single table. Presenting Figures 2, 3a, 3b, and 3c as a single table with columns (continuity clinic versus no continuity clinic) would reduce the reading

RESPONSE: There are no longer any graphs. In addition, some of the minutiae-sort of data has been removed. We realized that if anyone would like to look at the raw data, they could always email me. If the reviewers prefer I include raw data in the chart, please tell me what parameters you would prefer and I will build a table.

-- If urban versus rural is a dichotomous variable why have two different bars? With regard to the current figure 1, the decile categories should be collapsed and whether this graphics should be made available this another question.
RESPONSE: As per the reviewers suggestion, this graph was removed rather than changed since the key data concepts were able to be presented more succinctly in the body of the paper.

-- Figure 4 should be eliminated because it is confusing in format, contains multiple disparate comparisons, and exaggerates the value of the autonomy score.

RESPONSE: This figure was removed.

DISCUSSION

-- A discussion of how socially desirable responses might have been encouraged by the current ACGME policies and the announcement/invitation to join the OPDSG is worth mentioning as a caveat in the discussion.

RESPONSE: This important caveat was added to the discussion.

-- This reviewer's request for deemphasizing the focus on the autonomy score will require adjustment of the discussion section.

RESPONSE: The autonomy score has been eliminated from the paper completely.