Reviewer’s report

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

Version: 0 Date: 25 Jan 2017

Reviewer: James Wofford

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Review of BMC Medical Education manuscript MEED- D-16-00571 - Supervision and autonomy of the ophthalmology residents in the outpatient clinic in United States

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.

RESULTS

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

-- 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.
-- 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.

-- 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

-- 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.

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

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.

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

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
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