Author's response to reviews

Title: Facilitators of high-quality teaching in medical school: Findings from a nation-wide survey among clinical teachers

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Author’s response to reviews:

Dear Mr. Newbury,

We were delighted to hear that our manuscript (Manuscript ID MEED-D-17-00312 "Facilitators of high-quality teaching in medical school: Findings from a nation-wide survey among clinical teachers") is potentially acceptable for publication in BMC Medical Education if some essential changes are successfully made.

Below please find a point-by-point reply to your comments and suggestions.

Kind regards,

Sarah Schiekirka-Schwake, Sven Anders, Nicole von Steinbüchel, Jan Becker & Tobias Raupach

Editor Comments:

The structure of junior physicians and assistant professors is well described as this is not a uniform categorization in all countries. The background section is well structured and progresses to an aim that describes the study. The development questionnaire and its testing is well described.

Reply: Thank you for your positive feedback on our work.
I would recommend that the questionnaire be available as a supplement to the paper.

Reply: Thank you for this suggestion. We added a translated version of the questionnaire as an online supplement.

The authors acknowledged they did not know the denominator of possible teachers from the 9 medical schools and I think that being unable to calculate a response rate is not a drawback in this sort of exploratory study.

Reply: Thank you for your appraisal.

Although the structure of the course in the 9 medical schools is described, it is unclear how recently medical education has been reformed in Germany and whether indeed the subjects of this study had graduated through traditional medical education.

Reply: Thank you very much for this comment. On page 6, we explain the two different models for undergraduate medical education in Germany. The two mentioned curricula are existing in parallel, and each medical school can choose which model they would like to run. There was no recent change in medical education as a whole, and we are sorry if the terms “traditional” and ”reformed” may have caused confusion. Readers who are interested in the details of medical education in Germany should refer to reference #11.

Overall the results section presents some differences noted between the junior physicians and associate professors but again these are only perceptions of their facility as teachers and the results therefor runs a risk of describing a lot of opinions, without actual data to support whether teaching was being effective or not.

Reply: Thank you very much for this important hint. We added the following sentence “Interpretation of our results is limited in that only subjective data were assessed and the above-mentioned results and differences between the two groups are based on perceptions only.” in the limitation section (page 14, lines 24-16).

Page 13, line 15; doesn’t seem to consider the role of associate professors in improving patient care by educating the junior doctors to work as part of their ward team.

Reply: Thank you very much for this hint. Now, we have tried to address the fact that assistant professors might also have more teaching experience through educating junior doctors in the following sentence (page 13, lines 16-19): “Presumably, assistant professors have more possibilities to cope with these conditions due to their experiences (made in undergraduate education as well as made as supervisors in continuing medical education) and a higher grade of self-determination.”

The end of the discussions section, imputes that the differences observed are real; rather than what we actually have which is the description of perceptions by the two classes of medical professionals.
Reply: Thank you very much. As mentioned above, we added this important hint to the limitation section.

Ian Wilson (Reviewer 1)

Thank you for asking me to review this article. It describes some of the factors impinging on medical staff of academic medical centres that impact on their teaching and its quality. It is a descriptive study applicable to Germany. This focus is listed in the limitations.

I am not surprised by the results and to some extent am left feeling what is new?

However it is highly important for the German system and should be of great value to them.

Reply: Thank you for this very encouraging comment.

Vivian Isaac (Reviewer 2)

This paper explains the perception of clinical teachers on high-quality teaching, barriers and facilitators & training and evaluation utility. They have made a comparisons between junior physicians and assistant professors' perceptions. The study is of importance and the findings could be useful to highlight the significance of junior doctors training in teaching.

Reply: Thank you for your positive feedback on our work.

There are certain concerns that need to be addressed:

* The research question/aim in the abstract is not clear or specific. The themes investigated should be clarified and the need to compare junior doctors and assistant professors on these themes.

Reply: We are sorry that the research question/aim in the abstract was not clear. Due to the word limit of 350 words we had to be brief. We rewrote the background of the abstract and tried to make it clearer (page 2, lines 8-11).

* The authors have to be cautious about their statements without adequate reference or authors assumption should be clarified

"Not all of them may have chosen this work environment because they wanted to become clinical teachers, and in most medical schools the completion of a didactic training programme is not a prerequisite for being allowed to teach medical students."

Reply: Thank you for this hint. However, we think that we can hypothesise this.
* How was the qualitative data analysed?

Reply: Thank you for this question. We added more details (“Results were categorised based on qualitative content analysis using MaxQDA (VERBI GmbH, Marburg, Germany). Trigger questions served as orientation for coding, and subthemes were identified in an iterative process. Themes and subthemes were subsequently included in mind maps”) and the reference on page 6 lines 23-27.

Was any psychometric testing considered for the developed tool?

Reply: Thank you for this question. Because the questionnaire was not developed to assess one specific construct psychometric testing was not intended.

* Local Institutional Review Board - the organisation name could be mentioned.

Reply: Thank you. We changed “The Local Institutional Review Board” in “The Institutional Review Board at Göttingen University Medical Centre” (page 8, line 12).

* The authors have to be cautious of their interpretation and make sure if their interpretation is derived only from their data or supporting literature. For example the following statement is long drawn from the results

"Teaching should be supported and valued as equally important as patient care and research. This means there can be no trade-off between either of these goals, but all of them should count towards performance measures of individual clinical teachers"

Reply: Thank for this hint. We changed the sentence in “The authors feel that teaching should be supported and valued as equally important as patient care and research. This means there can be no trade-off between either of these goals, but all of them should count towards performance measures of individual clinical teachers". However, we can delete these sentences, if desired.

Hubertus JERSMANN (Reviewer 3)

Facilitators of high-quality teaching in medical school: Findings from a nation-wide survey among clinical teachers

MEED-D-17-00312

This is interesting work focusing on clinicians at teachers. The sample size is large (833) with 9 Medical Schools participating, giving credibility to the conclusions. The authors should be congratulated on developing the questionnaire.

Reply: Thank you for the positive feedback.
The results are likely to be applicable to other jurisdictions other than Germany, that the clinician/researcher/teachers are time poor, want to be upskilled but have not got the time to do so.

The work also reveals that not only medical students want feedback constantly: clinical teacher want that, too! The second conclusion that junior teachers find teaching less easy is not surprising: the others have done it before and often.

In the discussion on page 13 the authors would do well being a little more constructive and suggest solutions: For example, a way to combat the situation uncovered by the work is to involve medics in teaching early and skill them up when still undergraduates. Another strategy to support junior doctors with their teaching are especially created roles of "medical education registrars", who not only receive specific training to teach, but can take a large part of the workload of organizing teaching etc off the junior doctors and also support them with peer review. With respect to the lack of recognition the introduction of annual teaching prizes and awards serve to elevate the prestige and satisfaction of teachers.

Reply: Thank you very much for these helpful suggestions. We added some of your suggestions to the first paragraph on page 14.

The authors have done well to lay bare old dilemmas:

- The love of teaching versus a given load of clinical service
- The lack of remuneration for going the extra mile
- The lack of academic recognition for being a hard working teacher

Given the current economic climate No 2 is likely to remain a dream, but our Universities would do well to improve on No 3!

This well designed work can be used to labor that point with Health authorities as well as the academic institutions.

Reply: Again, thank you very much for this positive feedback on our work.