Author’s response to reviews

Title: Using electronic patient records: Defining learning outcomes for undergraduate education

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Author’s response to reviews:

Dear Editors,

Re: MEED-D-18-00673

Thank you for your email dated 9th October 2018. We are delighted that our manuscript has been provisionally accepted pending a review. We have revised the manuscript to address these, and for your convenience have reproduced the feedback in full below with a point-by-point response to the issues raised (prefixed R). Our revisions are clearly marked using track changes in the revised submission.

COMMENTS FOR THE AUTHOR(S)

1. Could the authors describe the key objectives of this study at the end of the introduction
   R: Many thanks for highlighting this. We have added a clear aim of the study at the end of the ‘Introduction’.

2. How many experts were invited? How many agreed to be involved? There should be more description of the Delphi method in the methods section. What were the six principles? How did you decide on these? There should be some justification around the approach used. Right now I feel like some key details are missing.
   R: Thank you for raising this. We agree that the methodology needs more detail in regards to the iterative processes involved. We have added three Additional files: 1) Principles and competencies agreed by the working group; 2) Feedback from Round 1 of the eDelphi process; 3) Feedback from Round 2 of the eDelphi process. The iterative process has been explained in the Results section, and examples provided of where principles or competencies were amended in view of the feedback received.

3. Results: Right now the majority of results consists of a single table. There needs to be greater
description of results, iterative processes involved in the study, changes made from throughout the process etc.

R: Many thanks for also raising this. See response to comment 2.

4. What are the strengths and weaknesses of the study and what are the strengths and weaknesses in relation to other studies.

R: Thank you for highlighting this important omission in our Discussion section. We have added information about the range of healthcare professionals involved, and the iterative development process. We have explicitly stated that since all those involved were UK-based, the results may not be entirely transferable to other countries.

5. I am not sure a compelling argument around the value of EPRs in undergraduate education has been made. What are the translational effects of the findings from this study?

R: Thank you for sharing your thoughts. We hope to have strengthened our argument to value EPRs within undergraduate education through our amendments and additions to the paper, particularly within the discussion section.

6. Introduction: Needs a definition for principles and competencies with reference to the literature for clarity. Discuss literature or documents suggesting competencies and principles or explicitly mention if there are none.

R: Thank you for raising this. We have explained why competencies were selected to be identified, and referenced this to the literature.

7. A clear research question or objective is missing.

R: Many thanks for highlighting this. We have added a clear aim of the study at the end of the ‘Introduction’.

8. Methods: I think you need to explain the process of developing principles and competencies in detail. Discuss the recruitment, data collection and analysis. This will help judge the rigor of this study. Also, why students or graduates were not invited to participate at any stage?

R: Many thanks for also raising this. See response to comment 2 in relation to the methodology. Apologies for omitting this important detail about student involvement. Two students were part of the working group; one medical and one pharmacy student.

9. Results: Demographics table is missing. You have reported the competencies - I was expecting results in stages e.g. stages and basis for the refinement, addition, amendment or removal of any competencies or principles. How consensus was built - Any medians or ranks table? Also any analysis on how different groups had different priorities?

R: Many thanks for also raising this. See response to comment 3 relating to the methodology. We have added to the ‘Method’ that two academics (SP, KW), worked to resolve any conflicting opinions and amended the principles and competencies accordingly. Although it would be interesting to know how different groups of professionals had different priorities during the research, it was outside the scope of the study.

10. Discussion: How this adds to the literature? What are the implications for policy and practice? What are the limitations of this study?

R: We agree that we need to include information about what our study adds to the literature. We have added this to the end of the Discussion. Thank you also for highlighting this important omission in our Discussion section. See response to comment 4 regarding the limitations.
11. A description of the method by which disagreements were resolved and consensus was reached should be included.
R: Thank you for raising this. We have added to the ‘Method’ that two academics (SP, KW), worked to resolve any conflicting opinions and amended the principles and competencies accordingly.

12. More should be included in the discussion about how the principles may relate to each other, particularly areas of potential overlap for example: "communication and multi-disciplinary working"; "generating data and monitoring and audit".
R: Thank you for suggesting this. We have added to the Discussion section that in the same way that healthcare is dynamic and non-linear, many of these competencies relate to each other, and will invariably overlap. We have then provided two examples for the reader.

We hope that our responses to your comments address your concerns and that our revisions are to your satisfaction.

Yours sincerely,

Dr Sarah Pontefract MPharm PhD, on behalf of the co-authors