Author’s response to reviews

Title: The impact of clinical placements on the emotional intelligence of occupational therapy, physiotherapy, speech pathology, and business students: a longitudinal study

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Author’s response to reviews:

Dear Mr Messin,

Thank you for the comments and suggestions on our manuscript. The table below details how we have revamped the manuscript.

We now wish to re-submit an original research article entitled “Impact of clinical placements on the emotional intelligence of therapy and business students: a longitudinal study” for consideration in BMC Medical Education. We believe your readers will be interested in the practicalities of our findings.

Sincerely,

Nigel Gribble
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Editor Comments:

We notice the order of authors provided on the title page is different from the order listed in the submission data. Please confirm the correct order of authorship and provide the correct order in both the submission system and on the title page.

RESPONSE: Fixed – the order should be Gribble, Ladyshewsky, Parsons

When uploading the figure files, please make sure they contain the image graphic only and not the titles or captions. Please place the titles and captions in the main manuscript after References.

RESPONSE: Added figure and table captions after references

Kristin Janke (Reviewer 1):

The third paragraph could benefit from a topic sentence. The main point seems to actually be made in paragraph four (the literature above presents conflicting results regarding changes in the EI scores). Paragraph 3 also meanders through a number of references and it's not quite clear where it's going. Please tighten this up.

RESPONSE: These paragraphs have been rewritten and tightened up.

Under methods, I appreciated the discussion of the theoretical perspective that was chosen and the selection of the Model of Emotional Intelligence. While I can understand the desire for the emotional strain components, this Model adds elements that are not strong facets of other EI models (Mayer, Goleman). Please explain these differences so the reader is clear that your measure of EI may be different that one's they're accustomed to. As written now, the dialogue describes what's covered, but not what's similar and different to other models.

RESPONSE: More detail has been added differentiating between the ability and mixed models and why the mixed model was more pertinent to the healthcare professions.

Personally, I found the wellbeing indicator a bit curious. Please add a some text describing the thought behind the inclusion of happiness in this instrument. If this is something that needs to be interpreted relative to the other facets of the instrument, please add to results and discussion as appropriate. In addition, be sure to explain the relationship between your chosen Model and the EQ-i2.0.

RESPONSE: A sentence has been added explaining that happiness is included as a well-being indicator because research shows that happiness is higher in people with higher EI. The subsequent results do not include the happiness scores as happiness is an outcome of higher EI,
not a contributing factor. A sentence has been added to explain how the 133 EQ-i2.0 test items ask questions relation to the 15 subscales of the model.

Under results, please provide a more thorough accounting of participants and steps to enrolment. It appears that you started with 1400 students. Perhaps everyone took the instrument? 11 were excluded, but only 376 enrolled? I'm struggling to put the sequence of events and numbers together.

RESPONSE: Eligibility criteria has been added. The sequence from recruitment to participation at T1 and T3 has been rewritten and made clearer,

In addition, please describe the relevance of the Inconsistency Index, Positive Impression and Negative Impression scores as an exclusion criterion. Were there other inclusion and/or exclusion criteria that resulted in the reduced enrolment? What assurance do we have that the remaining participants are representative?

RESPONSE: We are starting to go above the word limit so we are unsure whether a detailed overview of the Inconsistency Index, Positive Impression, and Negative Impression is justified. We could add the following paragraph if the reviewers/editors think this adds to the manuscript:

“Individuals who answer self-report tools may choose to answer questions with a positive or negative intention [1]. AS such, the creators of the EQ-i2.0 have included Positive and Negative Impression Indices that were validated using a standard between-subjects simulation study during the normative phase of the tool’s development. Inconsistent answers in self-report tools occur when a participant rates similar questions in dissimilar or opposite ways. The EQ-i2.0 has an in-built Inconsistency Index which detects inconsistent responses from participants [2].”

In the discussion, it would be helpful to have a closer analysis of your findings vs Clark. Were the same instruments used? Were increases seen in similar EI areas? Similarly, you mention differences from Lewis and Larin. However, please report the timeframes of their studies for comparison.

RESPONSE: Detailed information from the Clarke, Lewis, and Larin et al. studies has been integrated into the Discussion section.

In the conclusions, please add in highlights of your findings, as the text now emphasizes the literature discussed.
An asterix (*) appears next to self-perception in table two. However, I was not able to find its definition in the legend. Happiness appears to be bolded. This might be an error. Consider highlighting p values that meet significance criteria. Figure 2 appears to be sorted by increase. Given the implications for supervisors, educators and employers, consider sorting by decrease. This may aid in reinforcing your text and identifying areas for continued programming and support.

The * was an error and has been removed.

RESPONSE: Good idea – where relevant these have been bolded in the tables. The majority of Subscales and Composite EI scores increased, thus Figure 2 is sorted to highlight the skill areas that increased by 5 or more points.

Bidyadhar Sa (Reviewer 2):

• Method: Mention the exact gap period at three time points.

• In the data collection section mention the data collection procedure followed while collecting data from Business students.

• Also for long period the online survey was opened is not clear. Gaps between T1-T2 and T2-T3 have been added

RESPONSE: This has been added

Also not clear why T2 results were not presented. A clarification is appreciated.

RESPONSE: As indicated, this paper reports the findings of the quantitative phase of a larger study which used a longitudinal, retrospective mixed methods design [25]. An analysis of the therapy students’ baseline scores before commencing clinical placements [de-identified authors, 2017], their changes in the EI skills from T1 to T2 [de-identified authors, 2017], and the qualitative findings [de-identified authors, 2017] have been previously published.

The retention rate for therapy students was not 49% but 50% (142/283).
RESPONSE: Fixed

An explanation may help why there was so poor response for business students at T3.
RESPONSE: Added

I do hope the researchers have used small sample statistics for table 3 as the n for business
collected students dropped here to 20.

RESPONSE: We have added a statement about the reduced power for the business students.

Title  The title of the manuscript has been changed to be more indicative of the participants