Author’s response to reviews

Title: Just-in-time faculty development: A mobile application helps clinical teachers verify and describe clinical reasoning difficulties

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Author’s response to reviews:

October 14, 2018
Liam Messin
Editor
BMC Medical Education
BioMed Central, UK

To the Editor:

We thank you for the opportunity to submit our revised manuscript, “Just-in-time faculty development: A mobile application helps clinical teachers verify and describe clinical reasoning difficulties”, for consideration by BMC Medical Education.

The recommendations made by the reviewers were very much appreciated. Along with this letter, we are submitting a point-by-point description of the changes that were made in response to these recommendations, as well as the revised version of our manuscript.

In this version, the introduction and discussion have been enhanced. We have notably made our conceptual framework explicit. We have also included a literature review of previous studies related to facilitating clinical supervision for clinical teachers. We have also added a second figure representing screen captures. Finally, our manuscript has been updated to incorporate more of the relevant literature on our topic.
We confirm that this submission is made on behalf of all authors, and that this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere.

Please address all correspondence to Christina.St-Onge@USherbrooke.ca.

Sincerely,
Christina St-Onge, Ph.D.

Paul Grand’Maison de la Société des médecins de l’Université de Sherbrooke Medical Education Research Chair
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RESPONSE TO REVIEWERS

I - TECHNICAL COMMENTS

1) The email addresses for all authors are now on the title page.

2) Because our datasets are not written in English, the hyperlinks to access them have been removed. This section now reads: “The original datasets generated and analysed during the current study are available upon request. As this study was conducted and analysed in French, these datasets are only available in their original language.” (p.19)

3) Figure 1 is a decision tree and the figure itself contains text. The figure title/legend is not within the figure file however: it is listed in the ‘Figure Legends’ section of the manuscript, on page 23.

4) A second figure has been added to this version. Its title is also listed in the manuscript, not within the figure file.

5) A ‘List of abbreviations’ section is included after the Conclusion section, on page 18.
II- RESPONSE TO REVIEWER 1

1) There is no literature review on relevant work or studies. Are there any existing materials or previous studies related to facilitating clinical teachers to perform clinical supervision?

We thank the reviewer for this suggestion and have added a literature review of the few previous studies on this topic on page 5.

2) The proposed mobile app integrates a decision tree based on an existing reference guide and taxonomy. How is the decision tree developed by the authors different from the reference guide and taxonomy?

Differences between the reference guide and our decision tree is now detailed in the Methods section, on page 6.

3) It is suggested that screen captures of the app be provided. This helps readers understand the features of the app claimed in the paper, e.g. no or minimal training required and an algorithmic format.

We are grateful for this suggestion. A sample of 3 screen captures has been added as “Figure 2. Sample screens of the Pdx application”. We refer to this figure on page 6 of the manuscript.

4) How much or how often was the mobile app used by the participating teachers before they took part in the interviews? It was only mentioned that one participant used the app during emergency shifts and the others used the app regularly to review the contents in the app.

More information on frequency of use has now been added to the Results section, on page 11.

5) Despite the limitations mentioned, is the proposed solution context-specific? To what extent is it applicable to other English/French-speaking countries?

We believe that our proposed solution could potentially be applicable in a wide range of contexts and clinical domains, because it is based on a reference guide which has already been validated in various domains. Of course, more study is required before any of these conclusions can be transferred to our mobile version of this guide. These specifications have been added to the ‘Limitations’ section on page 15.
III- RESPONSE TO REVIEWER 2

1) Not Best practice. The paper deals with the adoption of a technology. It would have been useful if the authors had drawn on some adoption model (e.g. TAM or Rogers' DoI, or similar)

We thank the reviewer for this comment, which led us to slightly reframe a part of our introduction and discussion. For although our study was not directly built on this model, Van der Vleuten (1996)’s conceptual framework for gauging assessment methods in medical education did underlie our qualitative approach. We have now made this explicit in our introduction, on pages 5 and 6. This framework is also referred to in the discussion on pages 12 and 13.

2) Of the demographic data gathered: the researchers gathered Gender, yet performed no analysis based on gender. Gender is listed once in Table 1, and then never referred to again, so there is no apparent reason to have collected or stated this data. In future, it is best to gather data only if you intend to use it (beyond simply listing it in a table).

We fully agree that data should not be gathered if it is not meant to be used, if only for ethical considerations. In this case, however, the mention of participants’ gender does serve a research purpose. The relevance of a qualitative study is dependent, among other criteria, on its transferability to other contexts. Transferability can only be assessed if “the characteristics of the original sample of persons, settings, processes, and so on, are sufficiently fully described to permit adequate comparisons with other samples” (Miles, Huberman & Saldana, 2014, p. 314). Thus gender was reported in Table 1 as a central characteristic of our sample of participants.

3) Please see comments on the Discussion:

The Discussion is very thin. Part of the role of the Discussion is to directly relate the results back to the literature, showing how this study addresses issues raised in the literature.

Unfortunately, this paper does not reference the literature in the Discussion (apart from a single reference), and so falls on this point.

If the authors had referred to some theory in the Introduction, then they would be able to reflect on this in the Discussion also.

We have taken good note of this relevant comment. In this revised version, we have enhanced the Discussion section of the manuscript and referred more systematically to the relevant literature (p.12-16).

For the latter part of the comment, please refer to no 1.
4) Many journals request an ethics reference number. It might be a good idea to state this anyway, even if not required.

The ethics reference number for this study has been added to the ‘Declarations’ section of the manuscript, under ‘Ethics approval and consent to participate’, on page 19.

5) Page 4: There is a superscripted 9. I think that should be a [9].

The superscripted 9 has been removed and replaced by an [8].

6) Page 9: "Double-edged resource" should be "double-edged sword" (or don't use the metaphor at all).

The word “resource” has been changed for “sword”, on page 11.

7) Page 10: "A format which facilitates learning" should be "A format that facilitates learning"

This correction has been made.

8) Page 11: There is a superscripted 1.

The superscripted 1 has been replaced by a [1].

9) Page 11: "learners that change daily" should be "learners who change daily"

This has been corrected.