Author’s response to reviews

Title: Perceptions about trust: A phenomenographic study of clinical supervisors in occupational therapy

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Author’s response to reviews:

Dear editor, Ref. No: MEED-D-19-00801

Thank you for your letter dated 2019-09-18. We hereby submit our revised paper “Perceptions about trust: A phenomenographic study of clinical supervisors in occupational therapy”. Please hence the change of title!

First and foremost, we would like to extend our gratitude to the reviewers for constructive feedback and suggestions and who identified the weaknesses in the paper. It indeed helped us to see the material from new angles. We are also grateful to the editor for giving us an opportunity to revise our work. We have now revised the text and present below a point-by-point response to the reviewers comments.

We believe that our empirical findings fill an important gap in the scientific literature and could be of interest to the readers of BMC Medical Education. We hope that the major revision of this manuscript will now be deemed as acceptable to the high standards of BMC Medical Education and be found suitable for publication.

We just again want to highlight that Terese Stenfors is a section editor on the editorial board of BMC Medical Education but declare no competing interests and so do neither of the other authors.

Sincerely yours,

Pernilla Lundh, Per J. Palmgren and Terese Stenfors
Editor

- Please include a cover letter with a point-by-point response to the comments, describing any additional experiments that were carried out and including a detailed rebuttal of any criticisms or requested revisions that you disagreed with. Please also ensure that all changes to the manuscript are indicated in the text by highlighting or using track changes.

Response

- Amended

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- Please also ensure that all changes to the manuscript are indicated in the text by highlighting or using track changes.

Response

- Provided

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- Please include additional information in the Methods section regarding the experience level of the 12 participants. In addition to providing the range of years experience, please provide a mean/median.

Response

- Thank you for the opportunity to revise our manuscript. We have added a table with the requested information.

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- Also, provide information regarding the number of students supervised and the typical length of time that each supervisor-student interaction took place (how long were the clinical placements?). This may be better suited in a Table format for ease of interpretation by readers.

Response

- A clarification regarding the educational context of the study has been made on page 7.

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- Please provide more information regarding the qualitative methodology in terms of number of codes, etc. A flow diagram may be helpful to the reader to understand the iterative process.

Response

- We have described the analytic process in more detail on page 9-10 and added a table (table 2) to further describe the phenomenographic analytical process.
Reviewer 1 (Kevin Ramey)

- While the authors do include the years of experience for subjects, they do not include the number of students supervised. Trust in students could be affected by the number of students supervised over time. Including subjects with 6 months of experience could affect responses. A new professional who is inexperienced could develop trust differently than someone who has seen multiple students over a number of years.

Response

- Thank you for this valuable reflection and comment, we do agree that trust will vary depending on experience, hence, according to the phenomenographic methodology, we aimed to recruit respondents according to the principle of maximized variation. However, we have also more specifically addressed this on page 19 in the discussion section in the revised manuscript.

- The number of students supervised and more information about the educational context has been amended and articulated on page 7.

Reviewer 2 (Masahiro Ogawa)

- The authors researched an important subject in the clinical education for occupational therapists. Forming trust between clinical supervisors and students with appropriate risk management be able to lead to successful clinical education. However, I have a few comments.

Response

- Thank you for your positive feedback!

- Please address how long you interviewed them and how many cords you obtained from interview transcript.

Response

- Detailed regarding the lengths of the interviews are now provided on page 8.

- Moreover, I couldn't evaluate the process of qualitative analysis. Please show structure of the results, because I couldn't understand how you made groups of the cords and named them.

Response
- Thank you for your comment and remark, we understand that the steps in phenomenographic analysis may require further description, hence, the analytic process is in the revised manuscript described in further detail on page 9-10, and also illuminated in table 2.

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- I think that relationship between supervisor and school teacher to lead to successful clinical education are important. In this paper, you didn't write anything about school teachers. I'm curious why you make no mention of them. Please address.

Response

- Thank you for your valuable comment. We have added details regarding this aspect on page 7.

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- What field of speciality do participants have? Their speciality, e.g. OT for physical dysfunction or mental dysfunction, may affects the result. Please specify the speciality of the participants. If the speciality inclines towards one side, I recommend to refer it in research limitation.

Response

- Details are now provided in a table 1.

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- Please indicate the detail of the participation with a table

Response

- Thank you for this suggestion. Please see table 1 for rectification.

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- In addition, you need to show more characteristics of them, eg. department of office, mean of clinical work experience, etc.

Response

- Thank you. This has now been addressed in table 1.