Author’s response to reviews

Title: Building Capacity for Medical Education Research in Family Medicine: The Program for Innovation in Medical Education (PIME)

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Author’s response to reviews:

Reviewer 1:

Comment:
I believe the challenge, as pointed out in the manuscript, is how to find ongoing time and funding to support medical education and primary care research. It is laudable that the Department of Family Medicine at the University of Ottawa has found a way to provide funding to support their faculty to do this research. I think including in the manuscript how the Department advocates for ongoing funding support for the PRIME will be instructive for readers. This could be added in the "Next Steps" section of the manuscript.

Response:

Good idea. A section about funding up to four projects a year at ($20,000). Please see p. 18

Comment:
I appreciate the authors including the information about the projects that have been conducted and how that information is being disseminated (manuscripts and conference presentations) as well as including the amount of external funding that has been received to date. Readers of this manuscript, I'm sure, would be interested in ongoing efforts to obtain external funding for the
continuation of these research efforts. This information could also be included in the "Next Steps" section of the manuscript.

Response:

This is a good suggestion. Internal and external funding has been added. Please see p. 18

Comment:

One area that should be clarified - on page 9, line 207/208, the authors talk about 14 projects and 16 educators/preceptors. On page 10, in Table 1, the authors have 14 projects funded and 15 supported clinician teachers. I find this confusing. I think the authors need to clarify if it is 15 or 16 people who are supported and it would also be helpful if they can use the same language - educators/preceptors or clinician teachers. Or at least clarify in some way the discrepancy between the two numbers.

Response:

This has been clarified. 16 supported clinicians on 14 funded projects. Please see table 1 (page 15).

Comment:

There are also several small editorial changes that likely need to be made. Three of note: page 9, line 188/189, this is an awkward sentence and probably needs to be reworked. Page 12, line 249 - I believe the comma in the "Once they think they can, they often can." sentence is in the wrong place (I put it here where I think it should be). Page 12, line 264, I believe the word "seen" should be "since".

Response:

These editorial changes have been made.

Comment:

The authors also use "faculty", "physician", "family physician" and "faculty physician" somewhat interchangeably. It may be helpful for them to include somewhere who they are using these. Departments of Family Medicine frequently have faculty who are not physicians - clinical psychologists, physician assistants, social workers, PhD to name a few. It would be helpful for readers, I believe, if the authors could clarify these different titles/names to better understand if
this funding is only available to physicians or if this is available to faculty in the Department of Family Medicine.

Response:

Faculty members who are not physicians can apply for PIME grants. This has been indicated in the paper as “non-physician”. See page 6.

Reviewer 2:

Comment:

In the introduction the authors claim that "MER has also been criticized for ignoring relevant literature and for not placing the research question in a wider conceptual context" - ironically this study failed to even provide the reader with a research question, nor any aims or objectives. Without these it is impossible to see if the research fulfilled that which it was supposed to fulfil.

Response:

Goals have been clarified and a research question added to the end of the introduction.

Comment:

The authors claim that research in medical education is declining. The evidence they provide does not back this claim up. Furthermore, research in medical education is experiencing a sharp increase. For example, in 2014, over 1,500 manuscripts were submitted to the top international journal Medical Education alone: a 53% increase since 2007. Other medical education journals report a similar increase. Further, around 82,000 medical education-focused articles were published in over 4,000 different journals between the years of 1960 and 2010, with an 8-fold annual increase over time (Kyungjoon, L., et al. 2013).

Response:

Agreed that research in medical education is increasing. The reason PIME was started was to encourage scholarship in the Department of Medicine for this reason. We did not intend to indicated that there was a decline in medical education but rather physician participation. The introductory section of the paper has been completely revised.
Comment:

This section fails to set the evaluation within any theoretical framework and the reader is left wondering what is to be made of the data resulting from this. Furthermore, no research method has been clarified (no sampling method identified, and no ethical approval was provided - to say "This study was a program evaluation and thus did not require ethical approval" is insufficient - consent forms, anonymity, right to withdraw etc are all required and none of this is explicit.

Response:

The methods section has been completely rewritten to address all of the reviewer’s concerns. Time and effort has been expended to re-analyze the data with the assistance QSR NVivo. The software was helpful in organizing the data.

A copy of the research ethics exception letter can be sent if required.

Comment:

Fourteen stakeholders were invited to participate in the evaluation" - by whom? What is the relationship between the interviewer and programme?

Response:

This was an external review by the former Faculty Development Director.

Comment:

Participants are an eclectic group - but analyses undertaken as one. Why? What is the theoretical driver for this?

Response:

The participant transcripts were analyzed as one group. Multiple perspectives about the same program. Most of the themes are derived from things both PIME administrators and grant recipients said about the program.
Interviews were undertaken in-person or via telephone - these are very different ways of interviewing - why? What do these formats do in terms of the interview process?

Response:

Logistics and convenience. Some of the grant recipients are located in the community and arranging a face-to-face interview was difficult. Telephone interviews miss the non-verbal communication, yes. The “Limitations” section now includes this.

Comment:

"open coding was performed by hand" - why? This is not an appropriate rigorous way to manage qualitative data.

Response:

NVivo has been used to manage the data.

Comment:

"After an initial list of codes was developed, the transcripts were coded a second time to group common codes together to form themes. The coding was reviewed several more times to ensure that no new codes emerged. Once the researcher was satisfied the themes reflected recurring patterns in the study and the needs and views of participants, the data were categorized to provide rich, detailed and comprehensive information. Interview participants ensured the interpretation was according to their intentions and perspective." - in here we have the 'god terms' of 'emergence' and 'member-checking' - these concepts have been recently de-bunked and problematised in Medical Education Research:


Response:

The methods section has been modified to address the reviewers concerns. We also use language in the "Themes" section that recognizes the researcher's in generating themes.
In addition, I feel that the process of analysis being undertaken by a single researcher ("Once the researcher was satisfied...") is problematic, and that they have done this by hand I cannot see how data were "categorized to provide rich, detailed and comprehensive information" - was this undertaken via scissors and paper exercise?

Response:

Coding was done by a researcher and a research assistant during the re-analysis. The re-analysis was performed using NVivo.

Comment:

The section on 'Outputs' comes out of the blue and doesn't seem to fit with any of the research methods outlined in the 'evaluation of the programme' section.

Response:

The “outputs” section has been renamed as the “outcomes” section and is found at the end of the findings.

Comment:

I felt that the final sections were rendered inadequate as they essentially build on an inadequate study.

For this evaluation to have been of any use to the research community it really should have addressed all of the inadequacies highlighted in the introduction and should have been set within a recognizable evaluation framework (e.g. realist evaluation, kirkpatrick's etc).

Response:

The evaluation has now been set within the modified Kirkpatrick framework.