Author's response to reviews

Title: Identifying factors which enhance capacity to engage in clinical education among podiatry practitioners: an action research project

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Author's response to reviews: see over
Dear Editor

Re: Identifying factors which enhance capacity to engage in clinical education among podiatry practitioners: an action research project

Thank you for accepting the above paper subject to the revision as specified. I have listed the reviewers’ comments and respond to each of them individually below:

1. Shorten the manuscript as advised by the reviewers.

This has been achieved by virtue of the amendments, but with particular attention to the background section as advised.

2. Reformat the manuscript using the journal template as a guide. The template can be found at: http://biomedcentral.com/download/templates/BMC154d.dot

Reformatted as requested.

3. Heading hierarchy: JFAR only accepts TWO levels of heading hierarchy. The first level should be indicated with bold Arial 16#point font, and the second level with bold Arial 11#point font (no italics). If you require a third level, this should be indicated by italics in the standard font used in the main text, followed by a colon and no carriage return.
All headings have been re-formatted as requested.

5. Check that the keywords are MeSH terms.

**Keywords amended to:**

- Capacity building
- Professional education
- Health professions
- Podiatry
- Psychometrics
- Questionnaires

6. Where you have used multiple in text references, combine these within a single bracket (e.g. [4,5]). The reference '(NMC, 2008)' needs to be a numbered style.

**Addressed as requested.**

7. Please do not list Figure and Table headings within the main text. Figure headings should be in a Figure legends subsection (e.g. Figure 1 Capacity-building conceptual framework for placement learning adapted from Baillie et al [39]). Table headings should accompany Tables at the end of the manuscript.

**Addressed as requested.**

8. Change 'et al [ref]' to 'et al. [ref]' throughout the manuscript.

**Addressed as requested.**

9. Please specify the human ethics approval number in the ethics section.

10. Replace hyphens with the word 'to' throughout the manuscript (e.g. 20-29 change to 20 to 29).

**Both elements addressed as requested.**
11. Discussion: please avoid using bullet points. Limitations should be stated prior to the Conclusions section.

Both points addressed as requested.

12. Please move Figures to separate files and uploaded as Figures.

Addressed as requested.

13. Please remove shading from all Tables. Include a '0' before decimal points (e.g., .42 change to 0.42) - check entire manuscript.

Addressed as requested.


This has been addressed by making changes as suggested in point 15. Please see comments below.

15. The background section would benefit significantly from focusing more on the main questions of the paper as these get somewhat lost in the range of other topics covered. For example, validation of the CECE scale is listed as the first aim of the study, however measurement of “capacity to engage” or a history of the CECE was not mentioned in the background discussion at all. A better understanding of what the tool was designed to measure and validation to date would be useful.

The development of the CECE has been explained more clearly within the introduction, but in response to point 19, the aim regarding further development of the scale has been removed along with the data and analysis of this aspect.
16. The data analysis and results were interesting but long and fairly technical in areas, these sections would benefit from streamlining to focus on providing key information in a way that readers will easily understand.

**Point 23 asked for the accepted hypotheses to be put into a table which has been done and this has helped to streamline and focus the data analysis section.**

17. Furthermore, it would be useful to shift the limitations into the discussion section and elaborate further on key issues for consideration. For example, how much of the CECE is based on clinicians’ perceptions of barriers to engaging with clinical education and is this an accurate reflection of what the true barriers are?

**The limitations have been moved into the discussion section and include a response to the above comment regarding perception.**

“As with much survey research of this nature, the study assessed the perceptions of clinicians as to the barriers and facilitators to their engagement with the clinical educator role. Such perceptions are important as they describe the lived experience of clinicians and will affect their practice. Nevertheless, perceptions are not necessarily accurate reflections of the external environment.”

18. There is disparity between the abstract and the article. Within the article there are results presented on the development and validity of the scale however this is not discussed within the abstract.

**The further development of the scale has been removed from the paper.**

19. The aim of "to validate the CECE scale further" should be clarified. Validate further in what way? The authors discuss reliability and then presents results for item correlations, this should have been done prior to reliability and in the current way it is written I am confused as to how this scale was developed. I have re-read the scale development sections a number of times, these sections need to be written much clearer about order and methods. I would suggest that this paper would be improved if the development and validation of the tool was
actually in a separate paper and this paper was simply about the results.

The further development of the scale has been removed from the paper.

20. Within the methodology, the authors present another aim about using the scale. This is in the wrong part of the manuscript and contradicts the aims in the introduction.

The further development of the scale has been removed from the paper.

21. Results are presented within the methodology - please put the results of sample within the results.

This has been addressed as suggested.

22. From the table and results section a forward stepwise regression model was used, this should be further described within the analysis.

This has been addressed as suggested – see page 13.

23. Hypothesis testing section should be condensed into a table with non-significant results for improved readability.

This has been addressed as suggested as Table1.

24. I would encourage the use of only "Assumptions of linearity and homoscedasticity were met overall" rather than the full paragraph about assumptions. This paragraph is appropriate for a thesis however does not add to the article.

This has been addressed as suggested.

25. The discussion length and content is appropriate but disparate to the length of the article. There is nothing within the discussion about the scale results other than what they measures. Again, this suggests that the scale development
should be removed from the article and placed in separate manuscript.

The further development of the scale has been removed from the paper.

26. What the future plans for the scale? Is there going to be Rasch analysis, use with other populations (ie: Allied health - physio’s OT?).

Factor and Rasch analysis have been referred to as part of the future plans with other health professions included as part of a larger scale project – see the discussion on page 17.

Minor Essential Revisions:

1. Please list which organisation and university granted ethics

Addressed as suggested under ethics on page 12.

2. Ambiguity within recruitment: where the participants or the heads of departments offered prizes?

This has been made clearer in the following way (see page 12): ‘Heads of Service in 15 podiatry departments were sent a formal letter by SA inviting podiatry staff who act as clinical educators to participate in the research. Postcards were included which advertised the research and offered potential participants the opportunity to win one of two £25 book vouchers on completion of the survey.’

3. What statistical package was used to analyse the data

This has been addressed on page 13 in the following way: ‘All analysis was undertaken using softWare (PASW®) version 18 (previously known as SPSS).’

4. The limitations should be included within the discussion and not the conclusion

Addressed as suggested.

5. Future directions should also be included within the discussion and not the conclusion.
Addressed as suggested.

6. The introduction of many non-standard abbreviations should be avoided due to unfamiliarity by the reader and limited only to the tool or those commonly known to an international readership ie: NHS and UK.

Only the following abbreviations have been used:

‘CECE: Clinical Educator Capacity to Engage; NHS: National Health Service; UK: United Kingdom’.

Please let me know if there is anything that needs clarifying and I look forward to hearing from you in the near future.

Yours faithfully

[Signature]

Sally Abey PhD