Author’s response to reviews

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

Authors:

Sally Abey (sabey@plymouth.ac.uk)
Susan Lea (susan.lea@kcl.ac.uk)
Susan Callaghan (L.Callaghan@plymouth.ac.uk)
Steve Shaw (S.Shaw@plymouth.ac.uk)
Debby Cotton (D.Cotton@plymouth.ac.uk)

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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. Following the initial comments by the reviewers, I returned my responses and the revised paper on 11th May 2015. Subsequently, I have received further comments by the reviewers and where able, have made the changes as suggested (see table at the end of this letter with my responses).

Some of the comments from the reviews, however, I feel unable to resolve without further guidance and would be grateful for your comments. I outline the issues below:

1. Anita Raspovic made few comments at her first review of the paper, but did request that the background section should focus on the main question of the paper and this was undertaken. Cyline Williams’ comments at the first review were fairly lengthy, but there were no comments relating to revisions to the introduction/background. Both reviewers have now made comments regarding the introduction/background section of the paper with regard to
‘Capacity and capacity-building’ and ‘Conceptual framework’. Anita has suggested that ‘Capacity and capacity-building’ be removed from this paper or condensed and discussed in context of the primary focus of the paper, whereas Cylie’s comments relate to better linkage of the nursing literature to the concept.

I suggest a way forward might be for the inclusion of a sentence to make the position clear (the emboldened area relates to addition material):

‘The healthcare literature, and higher education institutes in the UK, predominantly uses the term capacity to indicate the number of students that can be supported in a particular placement area [8,23,27, 28,30 to 32]. Currently, there is a dearth of literature in the area of capacity relating to podiatry clinical education, but some of the challenges identified predominantly in nursing and midwifery may have relevance for other health professions placement learning providers. A number of issues pertaining to capacity have been identified, including limitations on the number of placement settings [28], challenges to increasing student numbers, organisational resistance to facilitating placements and lack of experienced staff [27]. Tensions exist between capacity and the provision of quality placements [33] whilst also providing quality patient care and maintaining professional standards [8]. Decision-making in relation to capacity lies principally at an organisational/strategic level, based upon clinical educator to student ratios, by those responsible for staffing and financial investments [8,19].

Anita suggests that the section entitled ‘Conceptual framework’ be reduced and placed in the discussion, whereas Cylie suggests removing the heading and rephrasing just the key points or minimising it to the last paragraph and figure 1.

I suggest that I remove the heading and minimise the section to just include the last paragraph and figure 1 as suggested by Cylie Williams.

2. First review Cylie Williams:

Under ‘Minor Essential Revisions’ (point 3) Cylie asked for the statistical package to be included, but in her second review of the paper commented ‘end of page 12: software, also remove SPSS as it is not needed’.
I suggest that I leave the information regarding the statistical package in the paper.

3. Second review Cyliie Williams: Table 1: As you have introduced your levels of significances within the manuscript, rather than text, I would suggest you just list the p value.

Please can you clarify what this means?

4. Cyliie Williams’ first review of the paper:

‘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’.

Second review Aita Raspovic:

Methods - This section requires work to improve clarity. It is not 100% clear how the first section (titled Action Research Team) relates to the data collection section and requires better linking. It is suggested that details of the CECE tool are provided here, including any references to its development and validation. The methods section should be presented in enough detail that anyone could replicate the study should they wish, therefore it is suggested that adequate details of what was done are expanded upon.

I suggest that I re-insert the following section to the paper:

Capacity to engage with clinical education scale

During the planning phase the ART and SA, SL and LC developed an instrument for measuring Clinical Educators’ Capacity to Engage with the mentorship role, the CECE scale [44], consisting of 74 items within nine sub-scales: anxiety; confidence; culture; job satisfaction; leadership; management; support; positive attitude towards the role of clinical educator; negative attitude towards the role of clinical educator.

The scale has subsequently been validated with good reliability following piloting with podiatry clinical educators within 25 English NHS Trusts. Cronbach’s alpha coefficients were calculated to ascertain the reliability of the individual
subscales and total scale. These ranged from 0.782-0.951 demonstrating overall reliability of the scale. Cronbach’s alpha scores of 0.7 are considered acceptable [45], good at 0.8 and excellent at 0.9 [46]. The development and piloting of the scale was an important first step to ascertaining reliability and validity. However, the aim was to use the scale to determine the variables that predict clinical educator capacity to engage with the role of mentorship with podiatrists who provide placement learning opportunities in one region for one UK University.

Workshop 1: Research model and independent variables

The ART initially met with SA to discuss the development of the scale alongside identifying the potential factors that might impact upon an individual’s capacity to engage with clinical education. As part of the discussion, factors (variables) that were thought to impact upon this capacity were identified from the considerable combined pedagogical experience of the clinical educators within the team, alongside nursing and midwifery literature. These predictive factors were reworked into hypotheses that could then be tested against the CECE scale (see Figure 3). The independent variables that were identified as potentially influential were socio-demographic factors, academic profile, career profile, and placement organisation.

5. First review Cylie Williams:

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

Second review Anita Rasovic:

‘The results section refers to hypotheses testing however no hypotheses were framed earlier in the paper. The numerous hypotheses listed in Tables 1 and 2 provide key detail on discrete study research questions, which would have been useful to read at outset. Consider reducing peripheral discussion in the background section (see points below) and increasing discussion on key research questions / study hypotheses sooner. In addition, consider alternative options to presenting these ideas and related data in a way
that might be more digestible to readers, rather than large lists of hypotheses in table format.’

I suggest that the inclusion of the section above (see point 4) explains the development of the hypothesis, but that the representation in the tables remains as suggested in the first review by Cylie Williams.

Given that there is some variation in views between the two reviewers, I would be grateful if you could provide some guidance with regard to point 7 and specifically the areas you feel should be presented from the study results.

Thank you very much for your kind assistance in this matter.

Yours faithfully

Sally Abey PhD
Responses to reviewer’s second comments

**Cylie Williams’ comments:**

1. Abstract: As you still have enough words within the limit. I would suggest you include how you have analysed your data.
   
   **Response – revised as suggested.**

**Minor Essential Revisions:**

1. Abstract - There are results within the methods section - please move to the results.
   
   **Response – revised as suggested**

   2. There is inconsistency in p value presentation with some with and some without a 0 before the decimal.
   
   **Response – revised as suggested**

   3. There are often capitals on words that do not require capitalisation ie: Higher Education and Higher Education Institution. Please amend throughout the manuscript.
   
   **Response – revised as suggested**

   4. The CECE is used within the text without first spelling it out.
   
   **Response – revised as suggested**

   5. Careful in the use of word validate, if you only reporting Cronbach's alpha of the CECE, then you have measured the reliability/internal consistency, not the validity.
   
   **Response – changed word ‘validate’ to ‘develop’ on page 9**

   6. First line page 6: extant?
   
   **Response – changed to ‘exist’**

**Anita Raspovic’s comments:**

1. Whether the last paragraph of the section titled, ‘placement environment’ (starting from “In addition to these elements……”) is directly relevant to this topic.
Perhaps the point could be made more succinctly?

Response – ‘In addition to these elements, efficient administration and management of placements have been identified as important factors for building organisational capacity, thereby facilitating clinical educators in their role [19].’

**Minor Essential Revisions:**

4. Abstract, methods: consider making the final statement in the conclusion more explicit to the study findings. Should this perhaps refer to ‘good clinical supervision’ rather than ‘good clinical education’ more generally?

Response – revised as suggested

5. Background: Consider expanding on the statement in the 2nd sentence of the background section.

Response – revised as suggested

6. Should the aim be presented under a separate heading or should this sit at the end of the background (introduction) – please check JFAR protocol / preference.

Response – the information for authors states ‘illustrate - the background to the research and its aims’. Therefore, the aim has been included at the end the background, but not under separate heading.

7. The discussion raises some interesting points but could be developed further to pick up on the complexities and detail presented in the study results.

Response - the discussion has been reviewed in light of the amendments to the paper to ensure that it remains consonant with issues and complexities.

**Discretionary Revisions**

8. Abstract, methods: It may be useful to note that the clinical educators recruited in this study were podiatry clinical educators.

Response – revised as suggested
9. Use of wording: There are several sentences where the author might consider simplifying the sentence to enhance readability.

**Response – revised as suggested**

10. Check JFAR protocols to see if higher education should be capitalised or not (as it is in throughout the paper).

**Response – revised to lower case throughout for higher education and higher education institute.**

11. Background, sentence 3: Please specify that “effective clinical education, which in the UK is facilitated through formal collaborations between higher education institutions and the NHS.”

**Response – revised as suggested**