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
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Author’s response to reviews:

15th September 2015

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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 my letter to you of 10th August 2015 and your subsequent response, please see the revisions as requested.

Anita Raspovic requested:

1. Changes to the introduction/background section of the paper with regard to ‘Capacity and capacity-building’ and ‘Conceptual framework’.
Response: The introduction/background has been significantly reduced to 2.5 sides of A4 removing the sections relating to ‘Capacity and capacity-building’ and ‘Conceptual framework’.

2. 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.

Response: Following discussion with the Editor it was decided that re-insertion of the following section to the paper would resolve the issue:

‘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 found to have 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.

3. Where were non-parametric tests used and exactly what comparisons were made (how many, between which variables, was the alpha level adjusted to account for type 1 error rate due to multiple comparisons etc).

Response: Explanation for non-parametric tests given in data analysis section. The tables show exactly which comparisons were made, and all listed there (including the non-sig ones). No adjustment was made for multiple testing as the multiple regression acts as a 'control' on the overall sig level.

4. ‘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.

Response: On further discussion with the Editor it was agreed that inclusion of the section (see point 2) relating to method explains the development of the hypothesis and to leave the representation of the hypotheses in the tables as suggested in the first review by Dr Cylie Williams.

Minor essential revisions

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

Response: Advice taken and changes made.

6. Background: Consider expanding on the statement in the 2nd sentence of the background section where it states that clinical education plays an important role in the development of students’ practical skills. While this is a good point and very true, consider referring to broader competency development in terms of key professional skills, knowledge and attributes (rather than more narrowly referring to manual skills).

Response: See radical changes to introduction/background section

7. 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: Aim now sits at the end of background as there is no heading for ‘Aims’ listed in JFAR protocol.

8. 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: Developed discussion to include details of the development of the capacity to engage with clinical educator model.

Discretionary Revisions

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

Response: Change made as suggested.

10. Use of wording: There are several sentences where the author might consider simplifying the sentence to enhance readability. For example, in the aim (pg 10), it states that; “The aim of the research was to survey podiatry clinical educators across 15 English speaking Trusts using the CECE scale to explore factors thought to predict the variability of clinical educator capacity to engage in the mentorship role, thus developing capacity-building for healthcare training in podiatry. This sentence might be reduced to read something like: The aim of this research was to explore predictors for podiatry clinical educators to engage in the
mentorship role.
Response: Changes made as suggested.

11. Check JFAR protocols to see if higher education should be capitalised or not (as it is in throughout the paper).
Response: Changes made as suggested with higher education in lower case.

12. 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 to ‘In the United Kingdom (UK), effective clinical education of healthcare professionals is facilitated through formal collaborations between the National Health Service (NHS) and higher education institutions, and students can spend up to half of their programme of study on placement.’

Cylie Williams requested:

13. Abstract: As you still have enough words within the limit. I would suggest you include how you have analysed your data.
Response: Abstract (method) amended to read ‘Descriptive statistics were used to explore demographic data whilst the relationship between the CECE and socio-demographic factors were examined using inferential statistics in relation to academic profile, career profile and organisation of the placement.’

14. Introduction: From the paragraph: Capacity and capacity-building in clinical education onwards, there are multiple references to nursing clinical supervisor capacity. While this is important, there is nothing within these paragraphs directly relating why and how this relates to podiatry clinical supervising capacity. Even a statement suggesting that there are synergies between nursing and podiatry training capacity (which I would suggest are tenuous) you need to better link these two concepts. This is especially the case as often there are different ratios between supervisors therefore capacity may be different, for example nursing 1:6 and podiatry 1:2 supervisor to student ratios. I suspect the inclusion of this information about nursing is due to the same tool being analysed within nursing placements however there is a good deal of research supporting that. Not so in podiatry and this needs to be presented.

The information contained under the Conceptual Framework heading appears disjointed and would be best linked to the information preceding it. While I understand why the authors have included this, I would encourage them to present the concept of capacity building and how it relates to the education to podiatry students more succinctly in order to better engage the reader in the concept. Authors should consider removing this heading, and rephrasing just the key points or even just minimizing it to the last paragraph and figure 1.

Response: The introduction/background has been significantly reduced to 2.5
sides of A4 removing the sections relating to ‘Capacity and capacity-building’ and ‘Conceptual framework’.

Minor Essential Revisions:
15. Abstract: There are results within the methods section - please move to the results.
Response: Changes made as suggested
16. There is inconsistency in p value presentation with some with and some without a 0 before the decimal.
Response: Changes made as suggested
17. There are often capitals on words that do not require capitalisation ie: Higher Education and Higher Education Institution. Please amend throughout the manuscript.
Response: Changes made as suggested
18. The CECE is used within the text without first spelling it out.
Response: Changes made as suggested
19. 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 to ‘The scale has subsequently been found to have good reliability following piloting with podiatry clinical educators within 25 English NHS Trusts.’
20. first line page 6: extant ?
Response: Changed to ‘existing’.
21. End of page 12: softWare, also remove SPSS as it is not needed.
Response: Changed to SoftWare and SPSS remains as previously requested.
22. 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.
Response: Change made as requested.
23. I will leave the references that still require changing to the editors for suggestion.
Response: References reviewed and amended.

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

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

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

Yours faithfully

Sally Abey PhD