Reviewer's report

Title: The podiatric surgery theatre environment in the UK; is it conducive to learning? A quantitative study using the Surgical Theatre Educational Environment Measure (STEEM)

Version: 1 Date: 03 Oct 2018

Reviewer: David Tollafield

Reviewer's report:

Thank you for considering the reviewers comments. The changes have improved the paper. You have highlighted the dearth of material in respect to how Podiatric Surgical training has been conducted and this is valid. I advise two areas for consideration, and this is partly due to accuracy and recognition. Under Background line 24 page 4 you talk about legal framework. While legality certainly plays a part in the processes, it would be better to suggest that 'within a framework which meets higher governance standards and contributes to the legislative process.' Or you can use legislative instead of legal. Legislation is passed by Parliament under which the HCPC functions and it is the publishing of the codes by government that makes this legal. Legislative is the key word change from just legal and shows readers you appreciate the difference.

You are correct to suggest that there appears to be limited information on monitoring and evaluation within the practical surgical component. To exclude the relevance of the aims and objectives of surgery however are enshrined within the Part 2 examination which is observed by two independent assessors. In this regard the English component of the Fellowship forms the larger contributor, while the Scottish system is predicated more on the orthopaedic approach which does not use the same criteria. Both are acceptable to the HCPC although their process is not complete. This steers away from any political comment and retains the factual point which would be important for any reader.

The current guidelines have changed little and it would be disappointing to ignore the criteria that have existed for over 10 years. These objective criteria are rather different from PASCOM which looks at final resolution which you are correct in highlighting as not directly part of meeting assessment skills. It is easy enough to acquire these critical components laid down by the College but to disregard them in this review would in my view be an act of missing an important element of assessment which candidates and tutors work toward. This would not affect Table 1 in anyway which is looking at subjective aspects in the main. It is the recognition that they exist and the alteration of the paragraph line 36-39 P4 to recognise the criteria which exists.

P5 lines 9 and 10 lose one of the words 'developed' substitute a different word for one to read better.
On p6 paragraph lines 29-41. This was a good observation and it may help to decide whether you really should recommend an alteration to the questions 20-22 without considering what emergency means in the context of elective surgery. In A&E terms, 'life stabilising' is accepted, but in terms of elective cases emergency means 'an act to deal with a post operative problem expeditiously so as to reverse a state that if left would lead to morbidity'. However this has no citable reference that I know for podiatric surgery, although doubtless one exists. Your paper pre-dates recent changes in risk scoring this July & August (PASCOM Guide) so this is not a critical comment, although the scores on risk have been available since 2014.

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