

## Reviewer's report

**Title:** Computer-based teaching is as good as face-to-face lecture-based teaching of evidence based medicine: A randomised controlled trial.

**Version: 2 Date:** 23 October 2006

**Reviewer:** James Wofford

### Reviewer's report:

#### General

The manuscript is improved over the last version, but there are still opportunities for significant improvement.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

--The format in the "Instructions for Authors" requests that the Introduction of the manuscript be named "Background". The "summary points", which are not part of this journal's format could be easily converted to the "Conclusions" paragraph, which is requested in the "Instructions for Authors". The figure legends should come in the correct sequence. Square brackets are requested by the "Instructions for Authors" for citations in the text. For the references, the BMC Medical Education reference style for an article within a journal is as follows (no months, attention to page numbers).

1. Koonin EV, Altschul SF, Bork P: BRCA1 protein products: functional motifs. Nat Genet 1996, 13:266-267.

#### ABSTRACT

-- The language of the abstract background should be improved.

#### BACKGROUND

-- The authors maintain that there are no studies of CBT for resident or practicing physicians. Two of the three reviewers suggested that there were indeed studies of computer-assisted education among residents or practicing physicians. Rather than find citations for the authors, I think the point is that a fuller acknowledgement that computer-assisted education is well underway, at least elsewhere, is warranted. This manuscript remains a reportable experience, but it is more interesting because of its implementation and setting rather than its novelty.

Fordis et al. Comparison of the Instructional Efficacy of Internet-Based CME With Live Interactive CME Workshops: A Randomized Controlled Trial. JAMA. 2005;294:1043-1051.

Bell DS et al. Self-study from web-based and printed guideline materials. A randomized, controlled trial among resident physicians. Ann Intern Med. 2000 Jun 20;132(12):938-46

--The first paragraph touts advantages of computer-assisted education that are not part of this effort. It would be better to remove "they have more learner led interaction; hyperlinks and additional materials can be provided instantly for the learner." The other advantages stated in the same sentence are enough to convince the reader. Alternatively, point out in the discussion that your educational module did not include these extra advantages but could.

#### METHODS

-- Two of the three reviewers raised the issue of a comparison of participants with nonparticipants. It needs to be stated that if demographic data were not available for nonparticipants, then it should be stated plainly in the methods section that it was not available.

--The authors responded that the knowledge questions can be found by the reader by accessing the references. It should not be much trouble to include them in the current manuscript, as readers will not likely be able or willing to access references in order to find the questions. They should be included verbatim somewhere in the manuscript.

-- How many trainees took the exam at each of the five institutions? It is standard in multicenter trial to report the distribution of participants by participating center.

#### DISCUSSION

--The discussion section could be better organized. The lengthy second paragraph describes the strengths of the study and the weaknesses (limitations) of the study. Make two paragraphs on these topics

--Whether or not this is the first RCT of its kind, the discussion reflects a lack of familiarity with other computer-based education studies. Some context among other studies or trends in computer-based education would make the manuscript more appealing. While this trial may be used to justify computer-assisted education in the local district where it was conducted, it will not have implications for the larger audience unless it is discussed in the context of other studies of computer-assisted education.

--Attention to typos (trail for trial), language choice (massive advantage, better deeper) and punctuation errors in the discussion.

- Nearly every sentence in the third paragraph of the discussion uses a different phrase for the computer intervention (computer-based teaching, computer-based learning, computer-based session). Consistency would help the reader.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests' below