Author's response to reviews

Title: Geriatric assessment in undergraduate geriatric education - a structured interpretation guide improves the quantity and accuracy of the results: a cohort comparison

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Author's response to reviews: see over
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Dear Editors,

We would like to submit the revised version of our manuscript “Geriatric assessment in undergraduate geriatric education – a structured interpretation guide improves the quantity and accuracy of the results: a cohort comparison” for your consideration for publication as a research article in your much valued journal. We hope that we were able to meet all the concerns expressed by the reviewers.

We confirm that the manuscript is exclusively submitted to BMC Medical Education. It is not under consideration by any other journal and has not been published elsewhere. The submitted manuscript does not include any material that infringes existing copyrights, or the rights of a third party.

We are looking forward to your feedback.

Yours sincerely,

Tobias Deutsch, Elisabeth Igenbergs, Dr. med. Thomas Frese, Prof. Dr. med. Hagen Sandholzer

1 Attachment: - Responses to the reviewers’ comments

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Responses to the reviewers’ comments

First of all, we would like to thank both reviewers for the thorough and helpful comments and suggestions with regard to our paper. All comments have led us to modify and/or complement the manuscript. We believe that these modifications have led to a significant improvement. We very much hope that we were able to meet all of the reviewers’ concerns.

Reviewer 1

Reviewer: Linda V DeCherrie

Reviewer's report:
This is a very interesting article, that will have relevance to all undergraduate medical educators who want to enhance geriatric content and interest. This was a simple check list tool that seemed to help students who were all with community practitioners one-on-one so therefore a classroom based curriculum was not feasible. This also was hands on - patient centered which is the goal for optimal learning.
I think the background was well written/clear as was the methodology and results.

Major compulsory revisions:

1) In limitations section - mention must be made that you cannot assume this tool was the only factor in the change in behavior/grades. Potentially some other curriculum was different earlier on in medical school for the two cohorts. This should be brought up and then addressed such as saying no other geriatric content was changed between 2006-2008.

Thank you very much for this helpful comment. We made respective additions within limitations section.

Minor Essential Revisions:

1) I am not familiar with using the term "absolve their rotation", if that is intact the correct terminology in Europe then it can stay - otherwise consider competed their rotation or phrases similar

Thank you for this note. We changed the term (“completed their …”).

2) As a practicing geriatrician, I was not initially familiar with COOP/WONCA - this should be defined/ or described

This important note led us to add a short explanation in brackets within the methods section. We have chosen to provide only a short explanation as we cite the respective manual both times the instrument is mentioned.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests
Reviewer 2

Reviewer: Masami Tagawa

Reviewer's report:
In this manuscript, the authors describe a positive effect of the use of a guide for assessment of elderly patients in comparison with that by students who did not use the guide. Learning how to assess elderly patients is becoming increasingly important in undergraduate medical education, and this research will provide a useful tool for geriatric medicine education.

Major Compulsory Revisions

Methods
1. The authors used two cohort groups, an intervention group (checklist group) and a control group (non-checklist group); the control group took clerkships one or two years prior to the intervention group. The authors should mention that the two groups studied in different classes in different years, and discuss the many possible threats to the internal validity associated with this research design. These threats should also be mentioned in the section about ‘Strengths and Limitations’.

Thank you very much for this important comment. This aspect was addressed also by the other reviewer. As already mentioned, we decided to make respective additions within the ‘Strengths and Limitations’ section.

2. The control group students were asked to undertake comprehensive geriatric assessment (CGA), and instructed to ‘interpret the findings and make conclusion by very general open questions.’ Meanwhile, the checklist group students were ‘asked to think about further diagnosis, counseling, treatment, and referral, if necessary’ when the checklist was introduced to this group. It is not clear whether the control group received instruction regarding CGA equivalent to that of the checklist group. If there was no or insufficient instruction of CGA for the control group, the higher learning outcomes of the checklist group may have been caused by all the instructions related to geriatric patient care. The authors should explain the educational background of both groups and discuss the effect of the guide carefully.

The instruction (as well as the educational background) was the same in both groups: Both groups were asked for a documentation and interpretation of the findings from the CGA. The difference was: While the Non-CL-group used a few very general open questions with free-text answers the CL-group was instructed to use the checklist. Certainly it is the nature of a checklist to be “instructive” to a certain degree. So, the comparison might be seen as “unfair” to some extent. However, important is, that we could show that the structured interpretation guide led to substantially more mentions of aspects that have to be considered in geriatric patient care and to a higher documentation rate of respective positive results. Furthermore, students who analysed the CGA by using the interpretation guide achieved better grades. We conclude that an additional interpretation guide structuring medical students’ considerations when interpreting a CGA increases the quantity and the accuracy of the documented findings and conclusions. This may enhance the students’ learning gain. The comment led us to change/ concretise several formulations all over the manuscript. Thank you.

3. The authors described “all patients consented to the anonymous use of their data for epidemiological research.” This manuscript is not about epidemiological
research, but educational research. In addition, more than 10% of patients had dementia. A well-considered explanation is required for the ethical handling of data collection and use.

We are thankful for this important comment as it revealed the incompleteness within our explanation. Indeed, the exact wording of the patients’ declaration of consent used in our study was (among other things) that the data will be used for “accompanying scientific research with regard to medical education”. We have made the necessary adjustments within the text.

Concerning the presence of dementia, our description was perhaps slightly misleading. First of all, we would like to point out that the reviewer’s statement that “more than 10% of patients had dementia” is a misunderstanding. Indeed, what we have compared between the two groups was not the percentage of patients with a certainly diagnosed dementia, but the percentage of patients with positive results within a short dementia screening carried out by the students in the course of the CGA (described within the methods section). Furthermore, a positive screening test for dementia (e.g. based on mild cognitive impairment or slightly dementia) does not necessarily imply a lack of capacity for consent. It can be expected that every participating patient was able to give informed consent. As described, the mandatory two-week general practice clerkship took place in the offices of general practitioners collaborating with the Department of Primary Care of the Leipzig Medical School (general practitioner teachers for undergraduates (GPTU)). As also mentioned within the methods section, the selection of geriatric patients who are appropriate to be examined/assessed by the students (using the CGA) was the task and responsibility of the respective attending general practitioner (GP). Patients with severe dementia can not be assumed to be appropriate for a student course that is largely based on an interview. Every selected patient received two documents from his (GP):

1. a standardised accompanying letter, sealed and signed by the GP, containing detailed explanations regarding the type, process, and background of assessment/examination carried out by the students as well as additional information with regard to the use of the data obtained and the necessity of a written consent

2. the declaration of consent

It can therefore be expected that the attending GPs did not select patients, of whom they knew that they will be not able to understand their accompanying letter and the declaration of consent or to assist the students in the completion of the CGA.

Discussion

4. The authors said that the subjective evaluation might be the reason for the unimproved grade of students. To reach such a conclusion, the authors should explain what kinds of behaviors were assessed in the whole clerkship, and why students were subjectively assessed.

This comment refers to the grades given by the general practitioners evaluating the students’ performance within the whole clerkship. The reviewer’s confusion led us to a general reassessment of the necessity to present and discuss possible differences between the two cohorts with regard to the grades given by the GPs in our paper. To enhance the clarity in our presentation, we decided to focus on those hypotheses and results which are absolutely central and to leave out the grades given by the general practitioners.

5. The guide in this research does not have the function of a portfolio, so a more accurate description is required.

Thank you for this advice. We revised the manuscript and tried to be as accurate as necessary concerning the description of the guide used in our study.
Minor Essential Revisions

Background, Methods
1. The authors used the terms ‘comprehensive geriatric assessment’, ‘geriatric assessment tool’, STEP, STEP-assessment, structured interpretation guide, and checklist-tool. Please define these terms when initially mentioning them in the manuscript, and use them in consistent and appropriate ways.

Thank you very much for this helpful comment. We checked the consistency and the appropriate use of the respective terms within the manuscript and decided to make several changes.

2. The explanation of ‘Instrument’ is also unclear.

To avoid potential ambiguities we decided to leave this term out.

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, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests' below.