

Article details: 2021-0026	
Title	College complaints against resident physicians in Canada: a retrospective analysis of Canadian Medical Protective Association data from 2013 to 2017
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Reviewer 1	Abraham Rudnick
Institution	Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ont.
General comments (author response in bold)	<ul style="list-style-type: none"> • 1. In the Case characteristics part of the Results section (on page 15), number and percentage of cases with more than one contributing factor should be added. Thank you for spotting this omission. We have included these missing data. (page 11; lines 210-211) • 2. In the Themes across College complaints part of the Results section (on page 17), clarification is needed regarding what is meant by a review by the resident ("...were reviewed or appealed by the resident"). Thank you for this request for clarification. We have removed "reviewed or" from the sentence as it was an artifact from a prior draft. (page 12; line 246) • 3. As one of the findings was that in some cases there was deficient supervision of the resident, it would be helpful to elaborate on that in the Results and in the Interpretation sections, e.g., what type of supervision deficiencies were found and what is suggested for their remediation and prevention in the future. Thank you for this feedback. We wanted to include these at the beginning of the study but did not have sufficient data. Therefore, unfortunately, the types of supervision deficiencies were not part of this analysis. We're therefore not able to provide more information in the paper's results. However, we have added a previously removed segment of the Interpretation section that speaks to this issue: "One U.S. study that found that low professionalism ratings on annual evaluations predicted an increased risk for disciplinary actions from state licensing boards.(27) This adds further support to the suggestion that professionalism should be appropriately taught and evaluated in residency education. We believe strategies at the postgraduate medical education level can help improve resident professional behavior and the physician-patient relationship, thereby potentially decreasing the chances of receiving a complaint. Postgraduate educators should also consider that such education strategies can help support residents to cope with, and manage, complaints when they occur." (page 14; lines 288-294) • 4. In the Limitations section, clarification is needed why types of specialty (surgical vs medical vs family medicine) were not separately analyzed and compared with each other (as the noted argument that some specialties are sufficiently small in number of residents to risk identification of residents does not hold for such broad typing). Thank you for this feedback. We added the following sentence to clarify this issue: "While comparing complaints across residents' specialties is a topic warranting further study, our data were also insufficiently powered for comparing results across specialties." (page 15; lines 303-5)

	<ul style="list-style-type: none"> 5. Some of the values in the tables do not make sense, e.g., in Table 1 re: patient sex the total does not sum to 100% (even though there is an unknown category to account for the missing %); I assume that the value 28.2% for Male is a typo which should rather be 38.2% - all values in the text and the tables should be rechecked and corrected if needed. <p>Thank you for noticing this typo. We have corrected this value in Table 1.</p>
Reviewer 2	Judith Kwok
Institution	
General comments (author response in bold)	<p>This is excellent and important work. I would suggest adding under "Implications for Medico-Legal Risk Mitigation" a consideration about how undergraduate medical programs can incorporate educational activities to develop professional and communication competencies early on in training when professional identities are being formed and shaped.</p> <p>Thank you for this point. We thought this comment warranted adding the following previously removed sentences to the beginning of the Interpretation section:</p> <p>“As the medico-legal curriculum has traditionally not been a focus of residency programs, our results underscore the need to address College complaints in medical education, and provide guidance to programs for potentially improving the quality of clinical practice and mitigating medico-legal risk.” (page 13; lines 270-3)</p>