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**Article title:** Academic half days, noon conferences, and classroom-based education in postgraduate medical education: a scoping review

**Article authors:** Luke Y. C. Chen MD MMed, Tien T. T. Quach MSc, Riki Dayan MD, Dean Giustini MLS Med, Pim W. Teunissen MD PhD

#### **PEER REVIEW COMMENTS**

**Reviewer 1:** Dr. Elizabeth Cerceo/ Cooper University Hospital, New Jersey

Summary: The authors conduct a scoping review on educational structures, comparing academic half days and noon conferences. They divide up the 88 articles into 3 sections: description, justification, and clarification. The article focuses on an interesting topic but is frequently too abstract with terminology that does not clearly represent the author's stated goals.

**Thank you, please see below for our specific responses. We believe the responses to the specific comments of the Reviewers and Editor make the overall paper less abstract and more representative of the goal of providing an overview of the literature in this field.**

MAJOR

While I understand why the authors included flipped and virtual learning during COVID as there often was no in-person option, it does muddy the waters of their review. Its inclusion results in an unequal comparison of didactic techniques. Rather a comparison of in-person to virtual didactics would be better addressed in its own section with separation of the papers or in another paper if the volume of research justifies it.

**As above, the search and the 4 papers pertaining to COVID have been removed.**

The description of CBE format only lists various structural options of lecture schedules but with no assessments of the pros and cons of each setting.

**Thank you we have added the following: "Dispersed formats entail minimal interruption of acute clinical services as residents are typically on-site at academic hospitals. By contrast, blocked formats require attending physicians or others to cover clinical duties for residents who have  $\geq 3$  hours of "protected time". We did not expand further on this in compliance with the comment below on shortening the "description" portion.**

The authors stated that flipped classrooms would not be included but citation 64 is a randomized intervention study using web-based teaching program.

**Thank you – we did not specifically search for flipped classroom interventions per se, but we also did not exclude studies simply because they included this topic and several of the studies in this paper include flipped classrooms in some form. This study was an RCT of standard didactic lectures vs. a web-based "flipped classroom" and so we included it.**

The paper could be made more succinct especially the Description and Discussion sections.

**Thank you we have shortened the Description and the Discussion (now Interpretation) sections.**

MINOR

Line 65 It is unclear what the authors mean by “acting vs learning.”

**Thank you, we replaced “acting” with “participating in clinical activity” to resolve this ambiguity.**

The framework used of description, justification, and clarification papers does not provide detailed guidance as to the content or outcomes of those papers in a meaningful way. In other words, as an educator, it is not necessarily important to me if a paper is description or justification but rather what that paper finds. A more useful framework for organization would focus on end user goals. If the authors choose to keep the existing framework, there should be explanation for why this was used.

**Thank you – we strongly believe in making a deliberate effort to combine theory and practice in medical education research<sup>10</sup> which is why we decided to use both the ETR and the description/justification/clarification framework in analyzing these studies. We agree with the reviewer that the description, justification, clarification framework does not illuminate the outcomes of the papers, but our understanding of the framework is that it is intended to illuminate the purposes or objectives of med ed research. Although we agree this framework does not necessarily focus on end user goals, we still believe there is value in actually applying influential and widely cited frameworks such as these to an actual body of research.**

Grammar needs to be addressed at the top of page 13.

**Thank you, we broke the one run-on sentence in question into 2 sentences: “Residents wanted content that was clinically relevant, practical and linked to evidence. They also wanted sessions that were structured around cases and questions, and that used active learning with resident engagement.”**

Page 13 “Ownership of responsibility arose as a prominent issue across stakeholder groups” is not clear.

**Thank you for pointing this out. A key finding in Sanne Peters’ et al.’s TLM paper was that there is tension between teachers and trainees as to who is responsible for transfer of learning. Therefore we have changed this line to read:**

**“Clarification for who is responsible for transfer of learning is critical. At times, the trainees felt medical teachers and workplace supervisors needed to take more responsibility for transfer of learning, and vice versa”**

**Reviewer 2:** Dr. Gilberto / Hurtado University of San Luis Potosi, San Luis Potosi, Mexico

Please correct the author name from reference 76 in table 3.

shaffsha et al., 2014b76: qualitative study of resident learning preferences in internal medicine (Experiences). Correct name: Sawatsky.

**Thank you that has been corrected**

Minor ortographic [spelling] corrections:

In Abstract>Results: (17, and (15,In line 71: ‘thingness’”

**Thank you, the term “thingness” is used in Wenger’s original descriptions of reification<sup>11</sup> as a sort of “insider neologism” in this context so we have elected to keep it if this explanation is acceptable to the reviewer.**

**Reviewer 3: Dr. Vijayaraghavan Padmanabhan**

**Madras Medical College & Govt. General Hospital, St. Isabel Hospital Chennai, India**

This scoping review is well designed and has brought out salient features concerning the role of CBE in PGME and its interface with work place based learning. **Thank you for this feedback.**

While analyzing papers using the "experiences, trajectories and reifications" framework, the role of empathy in determining the experiences in the first place, could have been considered.

**This is a very good point. While neither empathy or spiritual intelligence were significant components of the existing literature, we have added a line in “Future directions” about exploring these topics in future studies along with a relevant reference.**

The authors have made the following pertinent observations in their interpretation of results: "There are few studies about how and why CBE works. Studies are needed to clarify how CBE facilitates resident learning over time". In this regard, the role of spiritual intelligence and how its enhancement through appropriate techniques can impact on the quality of learning, may become topics for future studies.

**Please see answer above.**