

Reviewer comments

Article ID: 2022-0080

Article Title: Management of sleep disorder by preceptors in a family medicine residency program in Calgary, Alberta: a mixed methods study

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Reviewer 1: Jean-Pierre Pellerin / Centre Hospitalier de Verdun, Unité de médecine familiale

1. In the title you propose that the exception becomes the norm, but this does not appear in your conclusion. It is appeared only in your interpretation as 'legitimate use of sedatives was presented as exceptional behaviour but was consistent across participant, representing a social norm'.

We removed norm from the title

2. the research question is not so precise. 'How do family physician preceptors manage sleep disorder in clinical practice?' It's look like a descriptive question in which there is no evaluation of what you are looking for. For example, do you want to know to what extend preceptors follows the guideline and how they teach to their residents to apply the guideline rules.

We have refined the research question to focus specifically on how preceptors report they manage sleep disorder.

To illustrate this fact, you will have to question the preceptors and compare with what the resident have to say with these questions and how they practice in their own clinical practice. The only things we know (and it is important for sure), is how preceptors think about your questions.

This was an exploratory question, with a view to gauge a better understanding of how preceptors approach patient care, rather than test any specific hypothesis.

3. the missing of the residents' opinion is a weakness if you want to prove that resident apply the preceptors' rules. You are in a big hospital setting with 76 md supervisors and 70 residents. You will have no difficulty recruiting residents in the same manner of preceptors.

Our aim was not to explore resident views or actions but first to understand how preceptors approach prescribing.

Exploring resident views, would we agree be valuable in future work but was beyond the scope of our current project, particularly in the context of conducting research with stressed learners/service providers during the COVID-19 pandemic.

The mixed study procedure that are use is a current one. The quantitative portion of the study is conducted with Chi Carre test with the variables: gender, years in clinical practice and site of clinic. These results are shown in the table 1. How many women and men are in the variable level in Years in clinical practice and type of clinic? Is this sampling homogeneous? What is the goal of these comparison? You have made no proposition about these comparisons in your question (hypothesis). What difference do you expect to find? Do you simply descriptive research? It is not clear.

In table 2 (I suppose because there is no title in it) you present the main results with only three p value. Only percentage and frequencies are shown. This table is confused and difficult to understand. Three types of asterisks indicate that question #1, #2 and #13 reach signification. Moreover, what is the difference between Strongly disagree and Disagree or Agree and Strongly agree? Doing so you create subgroups of few responders of which it is difficult to find statistical significance in results. I suggest that you join the frequencies of the first two columns and the two last column, for example in question #2 you will obtain 37 disagree vs 6 agree (forget Neutral unless you have a hypothesis about them); it is possible to calculate a score and a confidence interval 95% and a p value for that difference (for instance $z = 6.21$ IC95% (46% - 86%). You now can prove for question #2 that your sampling significantly disagree. Do the same for all questions and your result will be more precise. Better if you report these results graphically on a figure. Name each table and figure you present.

We appreciate this helpful feedback and have removed all comparisons from our reports.

When receiving negative review, it far from being a pleasure. Your topic is an interesting one and it is worth to make a little more work to have it publish if you prove your point in focusing on how preceptors really approach their clinical practice and what the residents really receive as message from them. Observation only is not sufficient.

Reviewer 2: Nicole Grivell / Flinders University, Adelaide Institute for Sleep Health/FHMRI Sleep

I believe this is a well written manuscript that adds value to this field of research.

Thank you.

Add a semi-colon after the word wariness on line 38 page 12.

Added

Elaborate or provide more description to the sentence 'They contrasted this approach with inflexible adherence to guidelines' (line 12, page 13) to give more context to the reader. I believe more information is provided later in the manuscript but at this early part of the manuscript it is as yet unclear what is meant by inflexible adherence to guidelines.

As we address this later in the paper we have, for ease of reading removed this sentence at this point of the paper.

The provision of demographics for each specific participant, linked to a participant number, (table 1) would help the reader with interpretation of each quote.

We agree that linking of demographics to participant quotes is ideal in qualitative research. However, we have opted not to provide this level of detail in this report as addition of this information potentially risks making participants identifiable within our small sample size and participant pool.