

# Authors' Reply

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**A**uthors' Reply: We thank our colleague Lombarts for writing to the editor. As in any review, there is a risk of missing relevant publications. We checked our search again, but the publication was indeed not identified. We were aware that their instrument was presented in Dutch publications; in our review we only included English publications. We feel happy however to have the opportunity to review the SETQ.

The SETQ—the instrument developed by Lombarts et al.—was based on the Stanford Faculty Development Program (SFDP). We assessed the content of the SETQ on the basis of our criteria about good clinical teaching that are particularly relevant for learning in clinical environments.<sup>1</sup> We observed that 12 out of the 25 items are about teaching, 4 about feedback, 4 about assessment, and 4 about supporting residents. There is one overall question about role modeling. There are no items about assigning work relevant for learning and the planning of teaching activities. In seven items, CanMEDS roles were expressed (5× medical expert, 1× manager role, 1× scholar). This is in line with our general findings. Although the SETQ covers important parts of clinical teaching, like all other instrument it does not cover all clinical teaching domains, which reduces its content validity.

Lombarts et al. state that the psychometric testing of the SETQ covered the five sources of validity evidence.<sup>2</sup> The first

three sources were well analyzed in their study with 30 residents and 36 anesthesiology faculty. Concerning the construct validity, Lombarts et al. correlated the scales with the two global ratings included in the instrument. This approach is, as the authors themselves describe, “an imperfect, opportunistic construct validation testing.” Research data concerning the consequences of evaluating faculty were not described. On the basis of this paper, we conclude that the scientific validation of SETQ has not yet been completed.

Most importantly, the main conclusions of our systematic review remain unchanged: no instrument covers all important domains of clinical teaching comprehensively, and the validation of many instruments shows major weaknesses. Therefore, we should remain cautious when using instruments for evaluating clinical teachers.

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## REFERENCES

1. **Fluit CR, Bolhuis S, Grol R, Laan R, Wensing M.** Assessing the quality of clinical teachers: A systematic review of content and quality of questionnaires for assessing clinical teachers. *J Gen Intern Med* 2010 August 12
2. **Lombarts KM, Bucx MJ, Arah OA.** Development of a system for the evaluation of the teaching qualities of anesthesiology faculty. *Anesthesiology*. 2009;111(4):709–16.

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