

Peer Review File

Article Information: <http://dx.doi.org/10.21037/ajo-20-87>

Reviewer A:**Comments:**

Well constructed review and well written article.

Reviewer B:**Comments:**

Little literature exists examining the effectiveness and adequacy of otolaryngology teaching during undergraduate training within Australia. This education influences preparedness of interns particularly during their emergency terms but may also contribute to career choices later in professional life.

This study used a questionnaire to examine interns perceptions of previous teaching opportunities and correlates this with their perceived knowledge of otolaryngology.

Reply: Adopted into Abstract under Background

Changes in text: see page 2, line 42

Introduction:

Line 83-84 -am not sure that pain in throat and chest is the most relevant data to quote - doesn't this predominantly include cardiac and GORD? Is there another statistic that is more relevant?

Reply: Agreed. There is no more-relevant category used in that dataset. We have omitted this sentence as we have included numerous other examples demonstrating the frequency of ENT presentations in clinical practice.

Changes in text: see page 4, line 85

Methods:

This is a cohort study and may be worth calling it such.

Reply: Agreed.

Changes in text: see page 2 line 50, page 5 line 121

This is a subjective study which the authors rightly discuss as a limitation. Interns memory of what their ENT training was may be biased. Although they are likely to

remember placements the more formal teaching, if it occurred, may not be remembered or wasn't attended. Would be nice to have some objective measurement. Is it possible to get information from the medical school regarding what is actually in curriculum?

Reply: Agreed it would be nice to have an objective measurement. We sought curriculum and syllabus information for each QLD medical school, however information regarding the actual number of allocated ENT teaching days is not provided or readily available. Teaching can also often be ad hoc rather than formal. In addition, ENT placement availability differs according to the hospital a student is placed at, or according to student choice of elective. The heterogeneity of this means there is no set number of teaching or placement days that can be provided per hospital or per medical school and thus in practice is unable to be reliably quantified objectively. Added to limitations.

Changes in text: see page 13, line 343

No demographic data to describe the cohort, gender in particular could have been insightful. Don't know how representative this is of all interns across the state. This is a limitation.

Reply: Agreed that demographic data would have been useful. Added to limitations and conclusion.

Changes in text: page 12 line 333, page 15 line 396

Results:

Reminder to authors that tables and figures are asked in the authors instructions to be included at the end rather than embedded within the body of the text.

Reply: Moved to end of text

Changes in text: See "Figures and Tables" – page 16

186 - phrases like "predictably" shown't be used within he results section. The authors would be advised to keep these assumptions to the discussion.

Reply: Word removed

Changes in text: Word removed – see page 8 line 184

Analysis:

This section is difficult to follow as it refers to specific questions which the reader would then need to access from the appendix. Could this be correlated into a table with the question and p values included for ease of reading.

Reply: Tables created

Changes in text: See Tables 7 and 8 – page 18

Discussion:

The discussion raises interesting insights into the findings of this study but doesn't utilise the literature to demonstrate how this study either agrees, disagrees or adds to the literature.

Reply: Utilisation of the literature was achieved with additional literature review – see next reply.

Although there is little in the Australian data on this topic, considerable number of article explore this topic from the UK, Canada and America. I would encourage the author to perform another literature review to ensure the discussion references the most up to date articles (the most recent reference is 2016) with a simple literature review articles like this can be found ;

Current innovations in otolaryngology medical education in the UK: a systematic literature review.

Yip HM, Soh TCF, Lim ZZ.J Laryngol Otol. 2020 Apr;134(4):284-292. doi: 10.1017/S0022215120000493. Epub 2020 Mar 17.PMID: 32178742

This type of reference may be useful for the discussion.

Reply: An additional literature review was performed.

Changes in text: page 10 – lines 257 and 275, page 11 – lines 289 and 303, page 12 line 313

The authors may want to comment further on the influence of poor ENT exposure during medical school on potential career chooses. This may have particularly influence on gender disproportionality within surgical training and Ent specifically. Despite medical school having 50/50 gender divide, the proportion of women applying for ENT training consistently sits around 30%. This may be influenced by women not having exposure to this surgical speciality and thus not considering it as “female friendly”. Clinical exposure for medical students particularly to units with diversity is likely to encourage consideration of more diverse career pathways. This is likely to be true for other minority groups as well and should be a priority for both RACS and ASOHNS.

Reply: Have added additional comments into the text. We have also addressed the lack of data on gender in the limitations as per a previous comment.

Changes in text: page 12 line 334, page 15 line 396