Dear Dr. Ma,   
  
Thank you for the opportunity to resubmit our article “**Pediatric faculty and residents’ perspectives on In-Training Evaluation Reports (ITERs)**” to the *Canadian Journal of Medical Education*. Attached is a copy of the article with the required changes made. Below we outline how we addressed each of the reviewers' specific concerns. The minor changes suggested have all been made to the text. Please contact me if you have any further concerns with the article.

Sincerely,

Roger Chafe, PhD, MA

Director, Janeway Pediatric Research Unit

Assistant Professor, Faculty of Medicine

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**Introduction:**

**Reviewer 1: The complexity of assessing non-Medical expert CanMEDS roles, and the issues of the validity and reliability of the ITER, should be highlighted in the background. See Current Concerns in Validity Theory by Michael T. Kane. Reviewer 2: A more comprehensive review of the existing literature on in-training assessment and a more robust framework is needed which will help frame the results. See Govaerts MJB et al. Broadening perspectives on clinical performance assessment.**

We further reviewed this literature, including the Kane and Govaerts articles suggested, and added to the introduction, including the following text:

“A survey of medical program directors in Canada found that they were relatively satisfied with their evaluation of the Medical Expert role, but less so with assessment of the other CanMEDS roles, including communicator, collaborator, manager, professional and health advocate (Chou, Cole, McLaughlin, Lockyer, 2008). Current approaches to validating evaluative practices focus on the need for validation to be tailored to the specific context and to examine the assumptions underlining each aspect of an evaluative structure (Kane, 2001). In the context that there are seven CanMED roles, insufficient work has been done to validate ITERs as a means of appropriately evaluating each of these roles within the different educational contexts across medical education in Canada.”

**Reviewer 2: The authors need to make explicit why perceptions of ITERS for pediatrics should be expected to be differ from other specialties. Are the issues identified unique to pediatrics?**

We revised the introduction to say: “It is our understanding that the ITER and its evaluation are very similar across the country and sub-disciplines. In this way, we hope that the findings that we have found in our program will be of use to other residency programs across the country.” We also include a copy of the ITER to compare.

**Methods:**

**Reviewer 1 and 2: More details on the methodology is needed, including further information on how their themes were developed, the qualification of the focus group facilitator, the dates of the focus groups, and whether focus group were audio-recorded.**

We now provide this information in the methods section.

**Reviewer 2: Move description of Memorial University’s program and ITER forms to the Methods section and provide further information on the process relating to whether it is a computer-based system or not, and the training provided to preceptors.**

The text is moved and added to in the methods section. We have also included a copy of the ITER in appendix 1.

**Reviewer 2: Provide a copy of the semi-structured interview guide.**

Provided in appendix 2.

**Results:**

**Reviewer 1: Provide information on the number of residents and clinical faculty the authors sampled from.**

We added the following text to the methods section: “Nine of a twenty three (39%) invited residents attended (7 female, 1 male, N=8), representing a spectrum of training years (3 PGY-1; 3 PGY-2; 2 PGY-3). For the staff focus group, nine of forty (23%) invited attended (5 female, 4 male, N=9) which included the following specialties: cardiology, gastroenterology, infectious disease, developmental pediatrics, emergency medicine and general pediatrics.” We also explain that no sample was taken, but rather that all eligible people were asked to attend a focus group.

**Reviewer 2: Move Table 1 and Table 2 to after their discussion in the results.**

Both tables have been moved.

**Reviewer 2: Use sub-heading to better organize results.**

We now include more sub-headings and reorganized parts of the results section.

**Discussion:**

**Reviewer 1: Discuss suggestions of how the issue of insufficient contact with residents by their assessors can be addressed.**

We added a conclusion paragraph to the article which addresses this point.

**Reviewer 1: Reference the statement that there is a move towards 360 degree feedback for assessment.**

Included.

**Reviewer 1: Given the CanMEDS 2015 revisions which will include milestones and a move away from measuring specific CanMEDS roles, the authors should include this point as well as a few sentences about the applicability of the ITER they are referring to as well as the use of ITERs in general.**

Added to the discussion.

**Reviewer 1: The authors may wish to include in their discussion that a survey with the themes outlined from their current study could be undertaken to ensure other residents and clinical faculty share the same ideas.**

We added this point to the discussion.

**Reviewer 1: A comment should be made about the predominance of female residents in the focus group and how this could have impacted the results.**

Added to the limitation section.

**Appendix:**

**Reviewer 1&2: Attach copy of the ITER as an appendix.**

A copy of the ITER is now attached.