

The Reply



Thank you for the interest in our publication “Put a Face to a Name: A Randomized Controlled Trial Evaluating the Impact of Providing Clinician Photographs on Inpatients’ Recall.”¹

Below I address each of the comments raised in the letter to the editor.

Comment 1: A sample size of 300 patients was calculated. This allowed for α and β errors and a dropout rate of 8%. The actual dropout rate varied from 20%-30%.

Yes, this is correct, the dropout rate was higher than anticipated. This is a reality of the hospital study environment. Had the research team been given more resources, we could have attempted to increase the sample size.

Comment 2: Only 19% of 1371 eligible patients were randomized. The reason for not randomizing 60% of eligible patients is not given.

We followed the Consolidated Standards of Reporting Trials (CONSORT) guidelines flowchart, which does not require providing detailed reasons as to why eligible patients were not randomized. The most common reason an eligible patient may not have been randomized was that the research team was not able to approach the patient for consent within the required time frame as outlined in the research protocol. The inability to approach a patient within 1 day of the patient being admitted into the general internal medicine ward was due to a number of reasons. Most frequently, patients were unavailable (out of their rooms for tests, or sleeping, or with the medical team around them for consultations) or patients were admitted over the weekend when the research team was not available.

Funding: None.

Conflict of Interest: None.

Authorship: The author is solely responsible for writing this manuscript.

Comment 3: The study was stopped with only 256 patients randomized due to lack of resources. I am interested to know what resources are referred to.

“Lack of resources” refers to the insufficient time and manpower available to continue the study to reach the desired patient sample size. The great difficulty approaching patients for consent and the high dropout rate were not anticipated; therefore, the study took much longer than originally planned. Moreover, this study was not funded, and it had to be completed in a limited time frame.

Comment 4: While the results reach statistical significance, the actual differences are minimal. Calculating statistical significance on a margin of one is meaningless and is statistics gone mad. It would be better and more relevant if this study were repeated without these flaws.

The point of computing statistical significance is to determine whether a number (large or small) is meaningful. Even from a nonstatistical standpoint, I’m not sure one can make the claim that any difference, no matter how small, is not meaningful. Patients clearly expressed satisfaction being able to recognize members of their clinical care team; even if only one member, or one additional member.

While I agree that addressing the first 3 concerns would make for a stronger study, the title “Statistics gone mad” is unnecessarily exaggerated... one might label it “Title gone mad.”

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Reference

1. Appel L, Abrams H, Morra D, Wu RC. Put a face to a name: a randomized controlled trial evaluating the impact of providing clinician photographs on inpatients’ recall. *Am J Med.* 2015;128:82-89.