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Dear Editors,

RE: Manuscript title:

**Hello, Can You Hear Me? Orthopaedic Clinic Telephone Consultations in the COVID-19 Era- a Patient and Clinician Perspective**

Thank you for giving us the opportunity to re-submit our manuscript having addressed the reviewer and science editor's comments. Our responses to the reviewer comments are numbered, with the reviewer comments appearing in bold beforehand.

**Reviewer comments:**

- 1. "Although this is an observational study it does not exempt to use, per example; a reliable scale to establish internal and external validity. Why the author did not make an alpha of Cronbach? They had at least 5 items with five levels of response. At least 500 data."**

Cronbach's Alpha coefficient of internal consistency was measured for the 5 questions (Question number 2 to 6) from the patient satisfaction questionnaire which used a Likert scale with 5 responses- (very satisfied, satisfied, neutral, dissatisfied and very dissatisfied).

- How satisfied were you with the explanation of your condition/ injury?
- How satisfied were you with the outcome received from you consultation?

- How satisfied were you with the answers received to all your questions in the consultation?
- Overall, how satisfied were you with the telephone consultation received from us?
- Would you be willing to have future telephone consultations rather than face to face consultations if deemed suitable?

Cronbach's Alpha coefficient of internal consistency revealed a satisfactory level of reliability and has been included within the manuscript in the materials and methods section under subheading: Statistical Analysis, in the results section under subheading: Patient Perspective and in the discussion section under subheading: Strengths and Limitations.

## **Materials and Methods**

### *Statistical Analysis*

Cronbach's Alpha coefficient of internal consistency was used as a measure of reliability for the results from the Likert scale used for questions 2 to 6 of the patient satisfaction questionnaire. Analysis was performed on SPSS Statistics version 27.

## **Results**

### *Patient Perspective*

The results of the Likert scale used (very satisfied, satisfied, neutral, dissatisfied and very dissatisfied) for questions 2 to 6 in the patient satisfaction questionnaire revealed satisfactory reliability as shown by Cronbach's alpha coefficient of internal consistency 0.763.

## **Discussion**

### *Strengths and Limitations*

We were unable to put our patient and clinician questionnaires through the validation process, but we used a validated Likert scale <sup>[24]</sup> to assess satisfaction to reduce measurement error and we demonstrated satisfactory reliability of the results obtained as shown by Cronbach's alpha coefficient.

2. **“It would be important to establish a baseline with the affluence before COVID-19 pandemic. How many patients did they see and how it has been changed for telephone consultations? Do they establish a satisfaction questionnaire similar before?”**

The total number of clinics carried out and the total number of patients seen in these clinics during our study period in the pandemic (5<sup>th</sup> May 2020 to 20<sup>th</sup> May 2020) was compared with the same time period 1 year prior (5<sup>th</sup> May 2019 to 20<sup>th</sup> May 2019).

Before the pandemic there were no telephone consultations held. All patients were reviewed via face to face consultations. We found that during the pandemic the total number of clinics and total number of patients seen was much less when compared to the same time period 1 year prior. This is likely because of change in people’s behaviour in response to COVID-19 and national lockdown.

Patient satisfaction levels with orthopaedic clinic consultations prior to the pandemic was not obtained and therefore, could not be compared with patient satisfaction levels during the pandemic.

The above points have been addressed in the results and discussion sections of the manuscript as shown:

## **Results**

Telephone satisfaction questionnaires were carried out from the 5<sup>th</sup> May 2020 to 20<sup>th</sup> May 2020, equating to 12 working days. 23 clinics were held during this time with a total of 262 patients reviewed. Of these, 125 patients (47.7%) had a telephone consultation, and 100 patients were surveyed giving us a capture rate of 80%.

This was compared with the same time period 1 year prior (5<sup>th</sup> May 2019 to 20<sup>th</sup> May 2019) which equated to a total of 10 working days. 36 clinics were held during this time with a total of 617 patients reviewed F2F. There were no telephone consultations taking place within the department prior to the pandemic.

## Discussion

During our study period in the midst of the pandemic, the number of trauma and orthopaedic clinics held was 1.5 times less (23 clinics versus 36 clinics) and the volume of patients reviewed in these clinics was approximately twice as less compared to the same time period in 2019 (262 patients versus 617 patients). The reduction in the volume of patients in our clinics is likely a reflection of a change in people's behaviour in response to COVID-19 and the nationwide lockdown. It would be important to assess whether satisfaction levels of telephone consultations amongst our patients remain high when we revert back to running clinics at the pre- pandemic capacity as there would be increased time pressure amongst the clinicians.

- 3. "Want to know the difference on age, sex, motive of consultation and comorbidity of the patients because I think a young patient maybe would be more satisfied to use this method than, example- retired people or ageing. It would be in a table despite there were no statistical differences."**

Fisher's exact test was used to assess differences in the level of patient satisfaction for age, gender and diagnosis of upper/lower limb injuries. A statistically significant level of  $p \leq 0.05$  was set. Statistical analysis was performed on GraphPad Prism version 8.3.

We found no statistically significant difference ( $p \leq 0.05$ ) in the level of satisfaction between age groups, gender and diagnosis of upper or lower limb injuries. This has been summarised in a table as requested by the reviewer- Table 3 within the manuscript.

There was also no statistically significant difference between willingness for telephone consultations during the current pandemic and willingness for telephone consultations in the future.

We were unable to assess statistical differences in the level of patient satisfaction for patient comorbidities because this data was not collected at the time of completing

the patient satisfaction questionnaire and we were unable to collect this information retrospectively as patient identifiable data was anonymised.

**Science Editor comments:**

1. We have completed the Conflict- of- Interest Disclosure form.
2. We completed the STROBE checklist with page numbers.
3. We added the “author contributions” section after corresponding author details
4. We added the “article highlights” section at the end of the main text according to your recommendations.

We very much hope that the revised manuscript is suitable for publication in World Journal of Orthopaedics.

Thank you

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Anuhya'.

Miss Anuhya Vusirikala