

Data Analysis

For readers of these comments who are more statistically inclined, program evaluation research typically looks at small clinical samples in order to improve services and patient experiences, rather than make inferences to a larger population. As such, statistical analyses are usually simple and used to determine any differences between groups that might suggest changes to programs or policies.

The sample size here is decent for a clinic evaluation, but from a statistical perspective, can present problems. Chi square tests are highly sensitive to sample size, however the problem is with larger sample sizes, so I think you are okay in that respect. The problem I see here is that the cell counts are <5 in all of your tables, and this can lead to a Type I error. I think this needs to be specifically stated, as well as exactly what tests were invalid, and that the issue was remedied by Fisher's exact test.

If the patients receiving telemedicine in your study were lower in severity (e.g. stable fractures, ankle fractures vs. hip replacements etc...) it might be worth a mention as they are not fully representative of the client population of the clinic.

Discussion

Although program evaluation doesn't have the prestige of "research" what I really like about it is that common sense and clinical wisdom can be integrated and interpreted along with the data.

I was curious to know a bit more about what your theories were regarding the differences between groups and some more commentary on patient needs among the groups, based on your clinical experience. You spoke of the importance of rapport with new patients, and less satisfaction among the post-op patients. Tell me more! I imagine that some consults would be very amenable to telemedicine (e.g. history taking), and others (such as post-op consults which could benefit from hands/eyes on) might not be optimal.

Your results suggest that the concerns documented by Good et al (clinical risks, unacceptable to patients), may not be warranted. It might be worth drawing this into the discussion, and expanding a bit.

There are lots of possibilities for future program evaluation here, and you made some good suggestions.

I think some qualitative responses from patients that may highlight any differences in acceptance and satisfaction among groups, and help us become more sensitive to the needs of these patients. The concerns and needs of these patient groups may be very different, especially as they are dealing with pain, injuries and I imagine in some cases legal/administrative issues with insurance, workers compensation, accident claims etc..

I congratulate you on your efforts to pivot to telemedicine during a pandemic, and document your work too. Bravo! Feel free to provide any comments back or email me at saralapsley@cmail.carleton.ca