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Title	Trauma Resident Exposure in Canada and Operative Numbers (TraumaRECON): a study protocol for a national multicentre study of operative, non-operative, and structured educational exposures in Canada
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Reviewer 1	Jaime Escallon
Institution	Surgical Oncology, Mount Sinai Hospital and University Health Network, Toronto, Ont.
General comments (author response in bold)	No specific questions posed.
Reviewer 2	David Mulder
Institution	Division of Thoracic and Upper Gastrointestinal Surgery, Montreal General Hospital, Montréal, Que.
General comments (author response in bold)	How will this study be financed in Hamilton and in participating centers? **The study has been awarded an Education Research Grant from McMaster Surgical Associates which will assist with coordinating the study and its analysis. Each individual participating site, via the CANUCS group, will use their local resources as needed.**
Reviewer 3	Eddy Lang
Institution	Department of Emergency Medicine, University of Calgary, Calgary, Alta.
General comments (author response in bold)	1. Since you have no data to report at this time why do you feel it necessary to publish the protocol in a peer-reviewed journal? Is the intention to recruit sites or other resources into the project? **The concern about the adequacy of trauma education as part of general surgery residency is real and growing, with additional data being published from the USA even since our initial submission of this manuscript. Local pilot data has been obtained, which corroborates these concerns, and is in the process of being peer-reviewed for publication. The need to obtain data on this topic has been embraced and endorsed by CANUCS, as part of the Canadian Association of General Surgeons. Publication of the study protocol would serve to notify the broader surgical community that such concerns are being taken seriously and that there is meaningful research currently being conducted to obtain data on this topic. It would also serve to help disseminate this opportunity for other centres to participate in this bigger effort, and to set out our a priori plans for data collection and analysis.** 2. One of the assumptions for the project is that surgical interventions will always be required for trauma care. While that is likely to be generally true I wonder if it is too broad a statement and it would be helpful if the list of trauma-relevant surgical procedures were evaluated with a critical appraisal lens. Are all interventions supported by compelling research evidence or trustworthy guideline recommendations? **Procedures included in our protocol are those described in "Surgical Procedures List A" and "Surgical Procedures List B" of the RCPSC Objectives of Training in the Specialty of General Surgery, which are operative trauma procedures a resident must A. be able to perform independently, and B. have sufficiency familiarity and knowledge of, in order to be deemed a competent General Surgeon. Because our study is focused**

	on the end-point of resident competency, we did not seek to critically appraise the interventions themselves. 3. This is an ambitious retrospective cohort study that is contingent on the cooperation of survey respondents and the validity of trauma registry data at participating sites. Can the authors address the issue of feasibility of data collection as well as data integrity? A pilot of data collection and verification would have been warranted. **These are very valid points, and we have attempted to address many of the with our response above. Data collection will be standardized across all sites- clear, comprehensive, specific data collection instructions will be provided to participating sites. Data integrity will be ensured with cross-referencing of multiple different sources of information, as described above. A pilot study has indeed been completed, as described above, and clearly demonstrated the feasibility of such a study.** 4. There also appears to be a significant amount of resources required to collect the required data elements. Who will do this and how will they be funded? **Data abstraction will be carried out by site participants, including residents, attending surgeons, and research assistants. While basic funding has been obtained for the Study Coordinating Centre, obtaining resources to conduct the study at each site will be the responsibility of the local site PI. The CANUCS group has already conducted multiple successful multi-centre projects based on this model of collaboration.**