Author's response to reviews

Title: The association between Colombian medical students’ healthy personal habits and a positive attitude toward preventive counseling: cross-sectional analyses

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Author's response to reviews: see over
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BioMed Central Editorial Team

Mark Todd, Assistant Editor
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Dear Mr Todd:

Enclosed you will find a revision of our manuscript, “The association between Colombian medical students’ healthy personal habits and a positive attitude toward preventive counseling: cross-sectional analyses”. We would like to thank the editor and the referees for their thoughtful and constructive comments. We have considered all of the referee’s comments, and have either incorporated them into the revised manuscript or offered our rationale for not doing so. Changes to the original manuscript are highlighted and we believe our manuscript is stronger as a result of these modifications. Our responses to the editors’ and the referees’ comments are presented below.

Editorial requests:

Comments to Author:
1. Please remove the authors’ qualifications from the Title Page, i.e.: "John Duperly, MD, PhD" should appear as "John Duperly" etc

2. Can you please include some background information in the "Background" section of your abstract, placing your investigation in context. Please be aware that BMC imposes a 350-word limit on abstracts.

Authors’ Response:
We have removed the author’s qualifications from the Title Page and have included some background information about our investigation in the revised version of the abstract: “Physician-delivered preventive counseling is important for the prevention and management of chronic diseases. Data from the U.S. indicates that medical students with healthy personal habits have a better attitude towards preventive counseling. However, this association and its correlates have not been addressed in rapidly urbanized settings where chronic disease prevention strategies constitute a top public health priority”.

Reviewer #1 Comments to Author:
This is an interesting study examining the association between personal health habits and attitudes towards preventive counseling among two cohorts of
Colombian medical students. The study question is accurately and well defined. The methods are appropriate and described in enough detail. The study has a representative sample with adequate response rates both among first-year and fifth-year students, and uses a questionnaire that has been also previously used. Overall, the manuscript is comprehensive and clearly written. The title, albeit rather lengthy, clearly conveys the topic of the study. Methods for statistical analyses are appropriate and the findings are interesting. Both limits and strengths of the study are adequately addressed. Below there are a couple of minor essential revisions that need to be made as well as some discretionary revisions that I want to suggest the authors consider.

Authors’ Response:
Thanks for your positive feedback on our manuscript.

Minor essential revisions:
1. Abstract.
   a. Physical activity is NOT associated with positive attitudes (CI=0.6-4.4, p=0.25).
      Remove from the findings.

Authors’ Response:
We agree. This statement has been removed from the abstract and from the manuscript’s text.

   b. Abbreviations of confidence intervals should be CI, not IC.

Authors’ Response:
This has been corrected in the abstract, text and tables where appropriate.

2. Results & Tables.
   a. As in the abstract: Physical activity is NOT associated with positive attitudes
      (CI=0.6-4.4, p=0.25).

Authors’ Response:
Corrected.

   b. Abbreviations of confidence intervals should be CI, not IC.

Authors’ Response:
We believe that it will be advantageous for readers to have the operational definition of variables in the tables as well as in the text. Given the online nature of the Journal, space used for the tables might not be as restricted. We will be happy to remove this information from the table (or they can do it themselves) if the Journal’s Editorial staff requires us to do so.
d. Table 2. Include the reference categories. Highlighting hypothesis-driven associations is confusing, especially as the p-values are missing. I understand that the p-values won’t nicely fit into the table, but I suggest rather highlighting all statistically significant associations and emphasizing in the main text which of these were hypothesis-driven and, further, which confirmed the hypotheses.

Authors’ Response:
Reference categories are now included in Table 2. We have kept the hypothesis-driven associations highlighted because we think is important for the readers in order to understand the analyses presented in the tables. However, to improve clarity, statistically significant associations are now in bold.

e. Table 3. Include the reference categories.

Authors’ Response:
Reference categories are now included in Table 3.

3. Discussion.
First paragraph, 4th line. Shouldn’t this read: “…but to our knowledge, has not been studied elsewhere’?

Authors’ Response:
That is correct. It has been modified.

Discretionary revisions:

4. Methods. Covariates. On what grounds is 60% correct answers defined as ‘adequate’ knowledge? I hope that the average level of knowledge is higher for acute care…

Authors’ Response:
The 60% threshold was set a priori rather than based on data distribution. This threshold was chosen because it corresponds to the minimum level of knowledge that medical students are required to have in Colombia to approve written tests. However we agree that it would be desirable to have more than 60% of correct answers.

5. Shorten the discussion overall

Authors’ Response:
The discussion has been shortened.

6. When discussing the rationale behind the study – i.e. that showing a positive association between own health behavior and positive attitude towards preventive counseling implies that by promoting healthy habits among medical students one would also promote their later professional practices – one should be a bit more cautious. The hoped for outcomes (more frequent engagement in preventive practices in the future) are really distal and there are many
gaps between even the more proximal factors. E.g., attitudes only predict a rather small variance of intentions, intentions some 30% of variance in actual behavior.

Authors’ Response:
We agree with the reviewer that we are only measuring the medical students’ attitudes towards counseling and that there are several factors that influence their behaviors and future practices; therefore, we have toned down the study conclusions to this effect throughout the revised version of the manuscript. However, previous studies have shown that practicing physicians that report healthy personal habits are also more likely to provide more (and better) preventive counseling to their patients. This suggests that promoting healthy behaviors among medical students could help create healthier physicians that in turn would be in a more credible position to deliver preventive counseling and motivation to their patients. The present study is the first step in order to understand this relationship in Latin America but we agree that we also need to evaluate practicing physicians’ performance in order to better understand this relationship, ideally in the context of prospective investigations. This rationale has also been included in the revised version of the manuscript “Future research including intervention studies in developing countries that demonstrate the effectiveness of healthy behavior promotion among medical students for improving attitudes towards and delivery of preventive counseling are warranted and will help bridge the gap between medical students’ behaviors and related attitudes towards counseling and physicians’ preventive practices.

Reviewer #2 Comments to Author:
Thank you for the opportunity to review this is interesting and well-written article. Its findings have important ramifications for medical education and public health in both Colombia and South America more generally.

Authors’ Response:
Thanks!

Minor Essential Revisions:
1. I have made some relatively minor changes to punctuation and expression throughout (see mark-up), e.g. The definition of a smoker within the text (page 7, line 7 under “Independent variables”) needs to be consistent with the correct definition given in Table 1, note (a) (“… during their lives and who currently smoke”).

Authors’ Response:
The changes suggested have been incorporated and the definition of a smoker within the text and Table 1 now match.

Major Compulsory Revisions:
1. However, the most important issue which needs to be clarified is: Were there specifically-worded questions relating to whether or not the students’ schools encouraged healthy behaviours (Table 3, note c; page 8, paragraph 2, lines 1-3)? The phrase “… medical school has an adequate environment to promote…” is very vague. As it stands, it appears that the authors have inferred from students’ more general responses that their schools positively encourage healthy behaviours etc. This is not justifiable. If there were specific
school-related questions, these should be made explicit so that a legitimate inference may be drawn.

Authors’ Response:
We understand the reviewer’s concern. The survey did include specific questions relating to whether or not the students’ schools encouraged healthy behaviours and adequate training on these aspects (one question was asked for each habit). A description of the questions is now included in the revised manuscript’s methods section (page 8, line 10) and read: “My medical school encourages their students to be physically active, to eat healthily and discourages smoking and alcohol drinking” and “How much training have you had on the topics of nutrition, exercise/physical activity, smoking cessation and alcohol?”.
We thank the reviewer for these suggestions which we believe have improved the clarity of the manuscript.