Author's response to reviews

Title: Willingness to provide behavioral health recommendations: a cross-sectional study of entering medical students

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Author's response to reviews: see over
Dear Editors:

Thank you for reviewing my manuscript and inviting my response to the reviewer. I address the reviewer’s comments below and have uploaded a revised manuscript.

**REVIEWER**

1. **Discretionary Revisions:**

   *I would suggest including the IOM report: "Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula" in the references to further support the importance of this work.*

   I have reviewed this report and included it in the revised manuscript (Discussion, p. 13, para 2).

2. **Minor Essential Revisions**

   *In the Results section, the paragraph about population health knowledge seems to be an orphan. While of interest, it is not mentioned in the Discussion. The author may wish to either omit the paragraph, or to comment about the relevance of these findings in the discussion.*

   I agree that this text appeared “orphaned” in the original submission, and this is indeed not a major point of the manuscript. However, it is important to show that baseline population health knowledge was not associated with responses to the vignettes. I have added text to the Discussion section (page 11, para 1) indicating the lack of association between population health knowledge and willingness to educate, offer preventive recommendations, and respect patient autonomy.
Although the author clearly states that the data may not be generalizable and that this is a cross-sectional study, I am not sure what the implications are for teaching or how this information should be used by other institutions. The following questions are not intended to be required revisions rather examples of thoughts that come to mind while reading the article. For example . . .

The reviewer brings up a host of very important questions (listed immediately below), and I confess to some relief that they “are not intended to be required revisions.” I have added two paragraphs to the Discussion that touch on several of the questions above (p. 13, paras 3, 4) and discuss the specific points below.

. . . How do educators improve student counseling beliefs and practice?

The new text indicates that curriculum should include principles of deciding on the content of behavioral health recommendations. Attention to incongruities (such as why sexual behavioral risks should be treated differently from tobacco or others), while it may not lead to full consensus on content of recommendations, will at least spur thinking and promote a mindful, rather than automatic approach to the patient.

. . . Is there a way to re-survey this cohort before graduation to assess changes in their approach to counseling since beginning medical school? If there were changes, what caused them to change?

We anticipate re-surveying the cohort prior to graduation and include questions getting at reasons for change. Experience suggests that we are unlikely to obtain the 100% participation rate achieved here, which I attribute to the fact that the survey was administered on the first day of class, before the students became overwhelmed with work and other surveys. Moreover, I believe that the issues raised here are important, and that the work in its current state will be useful to promote discussion among educators.

. . . Where is it taught in the curriculum?

The new text (Discussion, p. 13, para 4) indicates that behavioral health recommendations are formally taught in the longitudinal Doctoring curriculum throughout the four years of medical school, including small-group discussions and interactions with standardized patients. These issues also arise naturally during clinical rotations with actual patients.

. . . Can the students identify where preventive health counseling was emphasized?

Unfortunately I have no data on this question.

. . . Is there a way to evaluate student counseling practice in a clinical setting or with an SP?

Student counseling practice is currently evaluated as part of their interactions with standardized patients at UC Davis.
Some comments in the discussion related to teaching methods or strategies for preventive health counseling (even if to say we don’t know) would be helpful.

I have discussed the methods used at the University of California, Davis School of Medicine (i.e., small-group sessions including standardized patients) and recommended addressing specific content of recommendations as a means for promoting a mindful approach, even if consensus is not obtained regarding content of recommendations for fraught subjects such as sexuality (Discussion; p. 13 para 4).

EDITOR

"The manuscript is interesting and well written. However, a compelling case of its importance to medical education is needed. What are the implications for teaching (educational significance) and how should institutions use this information? For example include reference to the IOM report: "Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School. The reviewer provides some suggestions for inclusion that will address educational significance."

The Discussion section, and the manuscript as a whole, notes that preventive health recommendations are critical in view of the high burden of mortality and morbidity from behavioral health risks (Background, p. 4, para 1; Discussion p. 11, para 1). In addition, it recommends that greater discussion of the actual content of behavioral health recommendations occur (Discussion p. 13 para 3, 4). While acknowledging that this may not lead to full consensus for fraught subjects such as sexual behavior, it should deepen thinking and promote a mindful, rather than automatic approach to the patient. I appreciate the mention of the IOM report; it is now included in the revised manuscript (Discussion, p. 13 para 3).

Thank you again for your review and comments. I hope that my revisions are responsive, and I look forward to learning your further thoughts.

Cordially,

Stephen A. McCurdy, MD MPH