Reviewer's report

**Title:** Understanding and addressing contemporary curricular challenges using the example of obesity management: A qualitative study

**Version:** 1 **Date:** 21 November 2012

**Reviewer:** clare delany

**Reviewer's report:**

1. Is the question posed by the authors well defined?
   The question requires more clarity

2. Are the methods appropriate and well described?
   The methods are appropriate

3. Are the data sound?
   Yes, although the analysis requires closer adherence to the data

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   The discussions could be more in depth and more closely match the findings

6. Are limitations of the work clearly stated?
   Yes

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Yes

8. Do the title and abstract accurately convey what has been found?
   No I think the title is a little misleading –see belos

9. Is the writing acceptable?
   The writing is acceptable although could be more theoretically grounded.

The title contemporary curricular challenges was interesting to me and I was expecting to read about some theoretical and pedagogical approaches to teaching about obesity management. However the paper does not really touch on this area. Instead it examines educators' perceptions of challenges for including obesity management in medical curricular in the UK.

The paper could be titled something along the lines of –Are medical educators following/incorporating GMC guidelines on obesity education? If not why not?
The authors refer to obesity being a ‘multifactorial’ topic but they don’t really explain why or how this feature of obesity education impacts on teaching—although they allude to it in the abstract and discussion.

The study aim could potentially be re-phrased:

What do medical educators perceive as the key factors which influence the inclusion and delivery of obesity education in medical education programs.

The study does not really talk about what ‘successful integration’ looks like as an outcome in educating doctors about obesity management so it is a bit misleading to suggest that the study examined factors which influence this outcome.

Themes

The quotes were interesting but I found that the labels for the quotes were not entirely matching. For example the first theme is labeled ‘selection of teaching and learning methods’ but this theme and quotes discussed somewhat disparate and opportunistic methods of incorporating obesity management into curricula. The key theme I thought, after reading this, concerned a lack of consistency or reference to theoretical frameworks by educators. The quotes were not really about how educators purposefully selected teaching and learning methods. It could be titled ‘opportunistic learning’.

The quote about ‘obesity is probably fairly lightly touched upon amongst other issues like smoking’ also seems out of place in the theme—external resources.

I would also take care that the figures and tables actually add anything to the explanation—they seem to repeat what you have said in the text in some cases.

Findings.

The Implications of the findings section is a little confusing. I didn’t realize the authors were talking about the implications of the individual themes. This section begins with ‘we suggest a number of solutions to these challenges, however I wasn’t at first sure of ‘which challenges’ the authors were referring to.

Discussion

The first sentence suggests the results of the research demonstrate a lack of clarity and consensus about designing and delivering this education.

I would agree with this. Although I don’t think the labeled themes in the results quite state this, although the quotes do.

The next statement in the discussion suggests that the study demonstrates the ‘persistence’ of this problem. I am not sure that the results do this. There were no questions about how long this issue has been a problem. This reference to time seems unwarranted in my view.

Arguably the practical suggestions could be made towards the end of the paper.
rather than straight after the results and before the discussion.

I didn’t follow the comment in the discussion about the hidden curriculum—that might need a bit more explanation.

There could also be a little more reference to theory in this discussion. To me, this study raises the larger questions of ‘who decides the focus of medical education for doctors’? Should pressing public health issues such as obesity directly influence curriculum content? Are educators’ reactive or pro-active. Which other health professionals have responded to this health problem? Could doctors learn from them?

Conclusion

The concluding statement is a little confusing. It refers to an “emphasis by governing bodies to develop doctors proficient in supporting patients to change…” the grammar is slightly unclear in the rest of this sentence

A more accurate statement might be along the lines of the need to develop medical educators’ knowledge and awareness about curricula content and teaching methods…

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'