Author's response to reviews

**Title:** Global health opportunities within pediatric subspecialty fellowship training programs: a survey of the virtual landscape

**Authors:**

- Cinnamon A Dixon (Cinnamon.dixon@cchmc.org)
- Jonathan Castillo (jcporter@bcm.edu)
- Heidi Castillo (hacastil@texaschildrens.org)
- Katherine A Hom (kahom33@gmail.com)
- Charles Schubert (Chuck.Schubert@cchmc.org)

**Version:** 2  **Date:** 1 June 2013

**Author's response to reviews:** see over
June 1st, 2013

BMC Medical Education Editorial Team  
BioMed Central  
Floor 6, 236 Gray’s Inn Road  
London  
WC1X 8HB  
United Kingdom

Dear BMC Medical Education Editorial Team,

Thank you for your careful review of MS: 2888119218698338 entitled “Global Health Opportunities within Pediatric Subspecialty Fellowship Training Programs: A Survey of the Virtual Landscape.” We appreciated the reviewer’s comments, and have edited the manuscript or responded directly in this letter to address each of these. Please see below for all of the itemized comments and our respective responses (noted in italics).

Referee 1: 8137179409612186 comments

Minor Essential Revisions:

1. In the first line of the Background, the annual under-five mortality rate should please be updated to the latest figure: 6.9 million.

   - We updated the sentence as suggested.

2. With regard to Reference 5, the authors can update the year to the latest, 2012 AAMC Graduation Questionnaire; however, the percentage of 2012 graduates reporting participating in a GH elective is roughly the same as 2011.

   - We updated the reference.

3. Just to note, the authors describe in the Methods that they a priori limited their study to only 6 key pediatric sub-specialties, and I believe doing so is probably reasonable for the arguments provided. However, these 6 sub-specialties only capture 51% of programs.

   - Thank you for this comment, we updated reference 12 and the associated text as suggested in comment #5 below. In doing, so we also recalculated the percentage of programs from the last several academic years (available from the most recent ACGME Data Resource Book). We found that these 6 sub-
specialties capture at least 50% of pediatric subspecialty programs (and 60% of pediatric subspecialty fellows) for the last 5 academic years. We have modified the Methods section to reflect these numbers.

4. When reporting the results from the AMA-FRIEDA database in the Results section, instead of simply stating, “The remaining programs had no information available regarding ‘international experience,’” I would recommend the authors specifically mention the percentages of programs with no information available each year. This no-response rate for this AMA-FRIEDA question will be just under 50%. The authors do correctly mention this study limitation in the Discussion section.

- Good point. We modified the text as suggested.

5. As noted above, please update Reference 5 to the 2012 questionnaire.

- We updated the reference.

6. Please update Reference 12 (and the corresponding data in text, if necessary) to the 2011-2012 ACGME Data Resource Book.

- See above response to comment #3.

7. Table 1: Many might argue the example that is provided to help define “Track” (“In addition to the standard curriculum … additional training and experience in global health”) would not necessarily be an adequate definition or example of a GH track. Typically, tracks are considered an established GH initiative that requires the completion of specific requirements and/or leads to a specific certificate. Therefore, I believe the example the authors use to meet the criteria of a “track” (which may just constitute a couple of arbitrary GH lectures and an abroad elective) would overestimate the number of actual global health tracks. Nevertheless, by appropriately supplying the readers with their example/definition, the authors do allow the reader to interpret this finding accordingly.

- Thank you for this comment, and we agree that the typical definition of a track is one with “established GH initiative that requires the completion of specific requirements and/or leads to a specific certificate.” Our aim, however, was to see what was reported on the individual program websites, and hence our findings included those programs that described or posted having a “track” on their website, though we did not assess their individual requirements.

In summary, this article provides a useful, first-ever contribution to the literature on reported GH opportunities in select pediatric sub-specialties. The response rate of the original data source is limited but is noted as such. Nevertheless, the article is novel and relevant to the readership of BMC Medical Education.

- Thank you for these and all your other comments.
Referee 2: 1504801477982947 comments

The authors present the collation of global health opportunities, gleaned through internet searching, available during pediatric subspecialty training. Although similar studies have been reported at the residency level for several disciplines, this appears to be the first to look at the fellowship level in pediatrics. As such, it represents a unique contribution to the medical education literature, filling an up-to-now vacant niche. It is well written, based on sound methods, with appropriate analytical methods employed.

- Thank you for these comments.

Discretionary revisions follow: Specific, minor suggestions by page.paragraph.line (with the title page given the number “1”):

1. 7.3.1 “total number of opportunity types”, consider adding “within global health” (as on page 8) to clarify that this is specifically global health – vs. total – opportunities.

- We modified the text as suggested.

2. 9.1.6 “…subspecialty fellowship post-residency training.” Please include a citation for this “one third” citation.

- We modified the text as suggested.

3. 9.1.8 Consider adding “or that translates to improved global child health” [from 11.2.8]. If all that global health medical education achieves are skills then applied to North American subspecialty practice, we run the risk of “educational imperialism”.

- Good point. We modified the text to emphasize translation to improved global child health (see Discussion – paragraph 3 – sentence 8).

4. In addition, consider expanding the discussion to further explore the role of fellowship-trained pediatricians in global health settings. Do they contribute via their subspecialty, or as general pediatricians? In other words, is there a meaningful advantage to the local population from their subspecialty, or is the value of the global health experience primarily personal/educational enrichment plus general pediatrics (not to discount their value as general pediatricians, of course). I recognize that your data doesn’t give insight here, but please speculate. Why should fellowships send their fellows abroad?

- Thank you for this suggestion. We modified the text (see Discussion – paragraph 3 – sentence 6).

5. You cite “one-third of pediatric residents desire to have global health as part of their careers” (p.9) and that 40% pursue subspecialty fellowships. Please include your thoughts on how this works out: do a third of the fellows also have this desire, or is the pool from which the fellows is drawn from the 67% without a global health interest?
In our institution, we have seen an increase in the number of resident and subspecialty fellowship trainees/applicants interested in global health. Thus, our speculation is that at least some of the 1/3 of pediatric residents desiring to have global health as part of their careers are also pursuing subspecialty fellowships. We modified the Discussion section to reflect our perspective (see Discussion – paragraph 3 – sentence 3).

Referee 3: 7751384829912426 comments

Discretionary revisions:

1. Why did the authors use 2008 and 2011? Why would they expect or not expect a change to have occurred in the interim? They didn't mention much about why they chose this timeframe in the manuscript.

- These are important questions, and we appreciate the ability to answer them. The years 2008 and 2011 were selected based on the timing of the principal investigator’s own pediatric subspecialty fellowship and her interest in global health opportunities therein. Though we did not anticipate having a large change in the number of global health opportunities over the 3 year time period, we did notice (anecdotally) that there was increased interest in global health opportunities among fellows and fellowship applicants at ours and other institutions. Further, these applicants were comparing/evaluating fellowship programs using the data sources utilized in this study. Our findings hence aimed to see what, if any response, programs may be having to the apparent increased fellow desire to have more global health opportunities in subspecialty training.

2. Would it have been that much more difficult to cover the remaining 50% of pediatric fellowship programs? It's a bit odd to survey half of the programs that only cover 60% of fellows and say something about them.

- We agree that our results would be more robust if they included the remaining 50% of pediatric subspecialty fellowships; however given time limitations in fellowship, the former 6 subspecialties were selected in 2008 and then reassessed in 2011 for comparison.

3. The paper would be more clear if they took the results and had a section devoted to results of each of the data sources and then one looking at overall results. It's cumbersome to keep reading two numbers in each sentence and have to figure out which number refers to what data source.

- We appreciate this input. We modified our Results section to include headings to more clearly delineate which the data source is being presented. Overall results are presented in the first paragraph.

4. Lastly, I understand from the paper that there has been an increase in the interest in GH related offerings at some programs. However, they don't discuss why some programs started increasing these offerings and why most programs don't offer. They don't discuss what kinds of programs should be offered or how programs might consider going about offering this. This paper nicely
describes what exists but so what? Why does it matter? What can/should be done with this information?

- Thank you for these comments/questions. We agree that it is important to consider and present reasons why some programs may offer global health opportunities, while others may not. We have thus modified the text (see Discussion – paragraph 3 – sentences 4-7).

Thank you again for the thorough review of this manuscript and the opportunity to publish it in the BMC Medical Education. We believe that we have addressed all of the reviewer’s comments in changes either directly to the manuscript or in the above responses. If you require further information or clarification, please do not hesitate to contact me.

Sincerely,

Cinnamon A. Dixon, DO, MPH
Assistant Professor of Clinical Pediatrics
Cincinnati Children’s Hospital Medical Center
Division of Emergency Medicine and Center for Global Health
3333 Burnet Ave., MLC 2008
Cincinnati, OH 45229, USA
Phone: (513) 803-6118; Fax: (513) 636-7967
Email: Cinnamon.dixon@cchmc.org