Author's response to reviews

Title: Beyond Bricks and Mortar: A Rural Network Approach to Preclinical Medical Education

Authors:

Douglas L Myhre (dmyhre@ucalgary.ca)
Paul Adamiak (pjadamia@ucalgary.ca)
Nathan Turley (nturley@ucalgary.ca)
Ron Spice (rnspice@ucalgary.ca)
Wayne Woloschuk (woloschu@ucalgary.ca)

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To the Editors of BMC Medical Education, response to the reviewer comments regarding Subject: MS: 8258804191231107 - Beyond Bricks and Mortar: A Rural Network Approach to Preclinical Medical Education

Thank you for your consideration of our manuscript, we have detailed our response to each of the reviewer comments:

**Reviewer 1 – responses**

1. Abstract results section (line 47) states that the small group learning environment provided comparative academic support however this is not evident in the results provided in the body of the manuscript.

In describing academic support, we were referring to the efforts in developing the networked courses such that the standard of content delivery would be the same at each site. To clarify this we have removed the line in question from the results section of the abstract, and provided additional detail about course development in the methods section of the abstract.

2. Methods section (line 153): how was the qualitative feedback collected and what was the method of analysis; what are the limitations of whatever method you used?

We have added a paragraph to the methods section detailing how the qualitative data was obtained, and how it was analyzed. The important limitations of the qualitative analysis are the same as the general limitations of the study described in the discussion section.

3. Discussion: (lines 228-233; and 255-258): you state that local resources (patients and preceptors) may be an important limiting factor in implementing your model which I agree with. However why would rural communities agree to deliver this curriculum? - what benefits do they get in return, is there any capacity building for the community (preceptors, patients, local services etc). It seems from your discussion that it is all about what these communities can provide for your students and not what you can provide for the communities aside from the hope that some of the students may choose a rural based career in the future. Some reference to how your findings could be interpreted in light of the literature about social accountability and community engagement would strengthen your discussion.

We do recognize that the motivation of a community to participate is a valid question and an important step in building or stabilizing any medical educational intervention. As the
purpose of this study was to discover if it was possible to deliver an academically equivalent experience, and not to investigate the impact on the communities, we do not feel we can speculate or make generalized statements on the subject of community impact. To address this, we have incorporated this topic into a future directions paragraph.

Reviewer 2 – responses

I would have appreciated some more detail around the actual content of the courses described; the wording is a little vague for my liking ("a portion of Course 5" and "a portion of Course 7"). Were the students taught a small percentage of the course, or the majority of it, at the distributed site? This is not clear to me, and I am interested to know whether the proportion of the course delivered was more significant than I am envisaging. A brief description of the course content, and more detail on what the actual amount ("X number of hours...") would clarify this for me.

In the background section we have briefly expanded on our description of the two courses used. We have also added an additional paragraph to the methods section providing further details about the course delivery and the amount of the course that was delivered at the rural sites.

Sincerely,

Douglas L. Myhre, MD, CCFP, FCFP, FRRMS
Associate Dean, Rural Medicine
Distributed Learning & Rural Initiatives (DLRI)
Associate Professor, Faculty of Medicine