Author's response to reviews

Title: Personal health promotion at US medical schools: a quantitative study and qualitative description of deans' and students' perceptions

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Author's response to reviews: see over
Dear Dr. Puebla,

Enclosed please find the revision to our original manuscript “Personal health promotion at US medical schools: a quantitative study and qualitative description of deans’ and students’ perceptions”. Thank you for encouraging us to re-submit it to BioMed Central Medical Education. We are so pleased with your Editor’s and reviewers’ positive comments, and look forward to this article’s timely publication.

Neither this manuscript nor one with substantially similar content under our authorship has been published or is being considered for publication elsewhere. The final manuscript has been seen and approved by the authors, and we have taken care to ensure the work’s integrity. We have no conflicts of interest related to the research reported in the manuscript. I remain the corresponding author, and my contact information is: Erica Frank, M.D., M.P.H., Emory University School Of Medicine, 69 Jesse Hill Jr. Drive, Atlanta, Georgia 30303, (404) 616-5603 (office); (404) 616-6847 (fax); efrank@emory.edu. Below you will find our responses to the reviewers; we hope our responses are satisfactory.

Response to Reviewer KF

Major Compulsory Revisions

1. Explain why means were used for correlations rather than raw data.
   =The two variables to be correlated were ordinal variables, each with 5 levels. The type of correlation method was therefore limited to a non-parametric method. Additionally, the raw student data was clustered by school, requiring methods suitable for correlated data. Since the non-parametric method needed is not available for correlated data, we determined that the best method was to take the student mean values at each school to correlate with the dean values. While this ignored the student variability within school, this deficit was balanced by the fact that the much smaller n would require much stronger evidence of a relationship to evince a significant result. We would be pleased to include this information in the text, if that would be of interest to the editors and the reviewers.

2. Explain finding that Deans thought their schools were worse than others (seems counterintuitive -- wonder whether scales were inadvertently reversed).
   =The column headings were indeed reversed on this table (4a), we apologize for this, and thank you for pointing this out. We have re-checked the original forms, computer coding, analyses, and tables, and all are correct. In particular, the findings in table 4b relating dean assessment with student assessment are correct, and the result section was changed to reflect the correction of table 4a.
Minor Essential Revisions

1. Need a sentence or two about methods for student survey. It's important to understanding these results and reader will not have access to an "in press" paper.  
   =Several sentences have been added to the methods to address this issue – please let us know if you’d like more. Also (as we had expected), the “in press” paper has since been published, and we include this updated reference.

2. List of best practices is helpful, but would be worthwhile to know which are the most common practices.  
   =Unlike all of our nationally-representative medical student data for this manuscript, and most of our other Dean data, data in this table came from schools that were specially selected because they had something to teach others about student health promotion, and were not meant to be representative of the population. For most of their responses, they are the only school that reported those activities. We agree that it would be very worthwhile to list most-common practices, but we don’t think that this data set can provide this piece (though we’d welcome a suggestion of how to do so, and it sounds like a great follow-up study!).

Response to Reviewer OK

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Under METHODS: 'dean' should be 'deans'

Sorry; we’d certainly be pleased to correct this, though we’re not sure where in the Methods this typo resides?

Discretionary Revisions (which the author can choose to ignore)

- Since the aim of the paper, in the Introduction, is to assess both typical and outstanding health promotion environments, it may be useful to also survey schools NOT known for such practices. It may well be these 'underachieving' schools that need the most attention.

We absolutely agree. As now explained-better in the text, our nationally-representative medical student survey looks at the effect of both types of environments, and as these data become published and more educators become interested in Healthy Doc premises, we hope to survey and work with “underachieving” (but motivated) schools to improve their environments. We now state in the methods section, that the Healthy Doc Deans are actually not chosen to be from above-average schools, the schools were chosen to be representative: “Our sample of schools was designed to be representative of all U.S. medical schools in our geographic distribution, age (our freshman average was 24 vs. 24 nationally), school size (our schools averaged 563 medical students/school vs. 527 nationally), NIH research ranking (our average was 64 vs. 62 nationally), private/public school balance (51% in private schools vs. 41% nationally), under-represented
minorities (13% Blacks, Hispanics, and Native Americans, vs. 11% nationally), and gender (45% women vs. 43% nationally).5,7,

- If the paper wishes to make a stronger point about the value of a healthy environment for health promotion- the conclusion can be strengthened with recommendations on how to measure the impact of healthy behaviors in those schools which include them; why it is essential for the many schools not surveyed to also be studied; and a description of the barriers that accompany implementation of such an environment.

We now discuss how competing demands for faculty time and financial resources are barriers to program implementation. We also explain that there is virtually no systematic study of the effects of such programs beyond our HD work with surveying students’ counseling practices and validating these surveys with simulated patients. On the importance of surveying other schools, as explained above and also within the manuscript, our sample is representative of U.S. schools, so this should not be a problem.

-Table 1a: Was a subgroup analysis undertaken to determine whether the same, single respondent put down ‘Disagree’ for all these sections? If so, was an attempt made to contact this respondent?
Yes, it was the same respondent who put “Strongly Disagree” in 3 rows, and we have discussed these findings with the respondent, who is now a Dean of Students, and is trying to remedy this poor performance. The other “Disagree” answers came from various schools.

-Table 2b: Shows Students having a higher mean score than Deans, on all questions regarding the perceived need for healthy lifestyle promotion. This may represent an opportunity to utilize this enthusiasm by creating innovative health promotion curricula, and a challenge to not lose this level of interest by the time they become more senior. As noted in the footnote, higher scores actually denote less agreement with the statements. Would the editors like to move this information into the table itself to make it more visible? E.G.: “Deans’ mean score (1=strongly agree to 5=strongly disagree)”. We’d be pleased to do so if you’d like.

-Under Discussion, it may be useful to bring out the point that although the Deans surveyed are all from the Healthy Doc schools- and therefore likely to be better than the average- Table 4a seems to indicate that their self-assessment is of themselves as either Average or Somewhat Less than other schools.
As is now explained more-clearly in the methods section, the Healthy Doc Deans are actually not chosen to be from above-average schools, the schools were chosen to be representative.

-Table 5: under Student well-being/physical health: suggest changing 'older' students to 'more senior' students.
Done – thank you.

Accept after discretionary revisions

Sincerely,

Erica Frank M.D., M.P.H.