Author's response to reviews

Title: Teaching students about uncertainty: the findings of a qualitative study focusing on cultural diversity

Authors:

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Author's response to reviews: see over
Reviewer’s report

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

A major revision that justifies the use of diversity teaching as THE model for teaching uncertainty and ambiguity in medical school is recommended. If this is in fact not the premise of the research hypothesis, then a second approach would be to ask the stakeholders about how and where uncertainty and ambiguity should be taught in the curriculum and to allow a much broader conclusion within which cultural diversity is only a part of the equation. This is clearly a different study altogether. If neither of these suggestions adequately describe the rationale for the project then some other way of presenting the link between uncertainty teaching and cultural diversity as a model that advances this teaching (taking precedence over other models like clinical reasoning or Humanities) needs to be argued. In other words, a clear description and definition of the nature of this study needs to be made - is this a descriptive study that simply summarizes what selected stakeholders think about diversity training, or is this a paper about whether the teaching of uncertainty in medical school is best addressed through the diversity training curriculum (and if not, where is uncertainty best taught then?).

We have now clarified the context of the paper which explains why we interviewed the people that were interviewed. We have also clarified that this paper explores the theme of uncertainty when exploring issues of diversity.

A second major revision suggested is to shorten and focus the introduction and reduce the emphasis on ambiguity, instead focusing on diversity teaching and the role of the selected stakeholders (why they are important in this particular research). For example, it is not clear why patients, residency program directors and medical students or other health professions involved in their training are not included as stakeholders since studies using these types of respondents are included in the introduction.

We have reduced the introduction as suggested. We have kept part of the discussion on ambiguity as in the literature we reviewed, there is overlap and interchangeability in how the terms are used. As we have now explained this paper reports on the theme of uncertainty in the context of interviews about cultural diversity education hence our assertion that the latter is a good place for issues of uncertainty to be raised.

A third major revision suggested is to provide a discussion of general points outside the context of selected individual quotes in the results section (p. 18 to 23) as is the norm in research reports. Since the authors provide only a selected number of quotes it would not seem to be appropriate to use these quotes to advance their position without a clear overview of other quotes that are not selected. The reasoning behind the selection of quotes is not transparent, which introduces a suggestion of bias.
We have provided only quotes that related to the theme of uncertainty as that is the aim of the paper. We have provided the overall data to ensure that the reader is aware of the context from which quotes are pulled. It would not be relevant to give quotes unrelated to the theme of uncertainty - the selection of quotes is not biased as an overview of themes is provided. Qualitative research often uses quotes as an illustration of the themes identified and we have discussed the issues raised by the respondents rather than issues of interest to us as researchers as that is the main purpose of using a qualitative methodology. We have highlighted those parts of the interview where the theme of uncertainty was raised.

A last major revision suggested is to expand the discussion section (using the current discussion embedded within the results section) to really argue for why diversity education is eminently suited to the teaching of uncertainty, if this is in fact the true conclusion reached by the authors (this is currently only a conjecture based on my reading).

We state that as cultural diversity is now required in medical curricula and medical education stakeholders identified the theme of uncertainty within cultural diversity, when teaching cultural diversity, there is an ideal opportunity to discuss issues of uncertainty but also how opportunities to do so may be lost if curricula continue to develop as they have begun.

Reviewer's report:
General
This is an interesting and well-written article that employed qualitative methods to identify how and where the theme of certainty arose in the teaching and learning of cultural diversity, what were the attitudes toward this theme and topic, and how these attitudes and responses reflect and inform this area of medical pedagogy. Semi-structured interviews were carried out with a sample of 61 policy makers, medical educators, diversity teachers, clinicians, medical students, and other key stakeholders. The results indicated discomfort with uncertainty and a preference for more information/fact-based teaching rather than reflective/process-oriented/patient-centered care approaches.

The study adds to our knowledge about the challenges relating to integrating cultural diversity training into medical school curricula and pedagogy. The results would be of great interest to teachers, clinicians, policy makers, and educational researchers working in the cultural competency field. The manuscript could be further strengthened by address of the issues discussed below.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
(pages 4-9): Introduction An extensive literature review is provided which could perhaps be shortened with some focusing.

We have now shortened the introduction.
(pages 10-14): Methods “Additional details are requested relating to the qualitative methods and data analyses that were carried out? (e.g., see Borkan J. “Immersion/Crystallization. In: Crabtree BF, Miller WL, eds. Doing Qualitative Research. 2nd ed. California: Sage Publications; 1999, and other chapters). Was any qualitative data analysis software used? Was any member checking or peer debriefing carried out to assess the trustworthiness and credibility of the findings? (e.g., see Lincoln YS, Guba EG. Naturalistic Inquiry. Newbury Park, CA: Sage Publications, 1985).

Although these references have not been used, the points made by the reviewer have been addressed. The analysis section is more detailed. We have explained why manual analysis was undertaken and how we sought to ensure that the analysis was credible (through the reporting of the findings to the thesis supervisor).

(page 12): For some reason, Box 1 and Tables 1-3 were not included in the article PDF I downloaded from the website. As such, I’m unable to review or assess this extremely important missing information. These should be resent.

This paper has only 1 Table which is now included

(Pages 14-23): Results “Respondents’ answers should be provided to the question, How do you understand the term “ecultural diversity” (page 10)?

This has now been included.

It is unclear what was meant by the themes “unsure” and “contradictory answers” (page 14).

This has now been clarified

Do the authors wish to comment on the respondent’s statement: “Most are Caucasian, so there is not a problem from that point of view” (pages 17-18) which suggests lack of recognition of the heterogeneity that exists within this population as well.

This has been discussed further.

(pages 24ff): Discussion “This section could be further enhanced by discussing the study findings in light of the following developments and resources/references:

Association of American Medical Schools (AAMC) Tool for Assessing Cultural Competency Training (TACCT) (http://www.aamc.org/meded/tacct/start.htm)
AAMC “oeCultural Competence Education for Medical Students”


These references have been included where appropriate and the discussion hopefully enhanced.

(pages 28-31): Bibliography - The Dogra, Dogra and Karnik, Park, Weiss, Culhane-Pera, and Epstein and Hundert references are missing. Please recheck list for accuracy and completeness.

These omissions have been rectified.

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

Discretionary Revisions (which the author can choose to ignore)

Introduction
Regarding the issue of ambiguity and uncertainty in the clinical encounter and medical education, the authors may wish to examine and cite the following excellent recent publications: Montgomery K. How Doctors Think: Clinical Judgment and the Practice of Medicine, New York: Oxford University Press, 2006, and a related Book Review â€œClinical Judgment â€œ by Dr. Donald Moore in the Journal of the American Medical Association 2006; 295(17):2080-2081.
With regard to technocentrism and technophilia, Dr. Cecil Helmanâ€™s provocative book, The Body of Frankensteinâ€™s Monster: Essays in Myth & Medicine. New York: Paraview, 2004 would also be well worth examining as well as the literature relating to â€œscientismâ€ (http://en.wikipedia.org/wiki/Scientism)

Results
The authors may wish to consider presenting their qualitative findings using appropriate matrices and graphic displays (Miles MB, Huberman M. Qualitative Data Analysis: An Expanded Sourcebook, 2nd edition, Thousand Oaks, CA: Sage Publications, 1994).

Discussion
The need for faculty development training and mentoring programs relating to teaching about uncertainty, ambiguity, and cultural proficiency would also be worth mentioning.

This is now included

In sum, we wish to thank the reviewers for their time and efforts on behalf of this manuscript. We are optimistic that our incorporated changes meet the spirit and tenor of the reviewers’ suggestions, and that the incorporation of these changes has improved our manuscript. We respectfully re-submit this revised version for consideration for publication, and look forward to hearing from the Editorial Board regarding this paper.

With best regards-

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