Author's response to reviews

Title: Assessment of an Undergraduate Psychiatry Course in an African Setting

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Author's response to reviews: see over
To whom it may concern

**MS: 1048459025176459 - Assessment of an Undergraduate Psychiatry Course in an African Setting**

This letter contains a response to the reviewers’ points for the above manuscript. The revised manuscript will accompany this letter. Formatting changes have been made to the manuscript as requested.

This letter includes

i) General Changes

ii) Response to Reviewer 1

iii) Response to reviewer 2

Below the response to each comment is written in bold next to each specific comment.

**General Changes**

1. COMPETING INTERESTS

The authors declare that they have no competing interests'. Now included in the manuscript

2. AUTHORS' CONTRIBUTIONS

BB conceived and designed the study, wrote and carried out the Edinburgh MCQ exam and drafted the manuscript. AB carried out the Edinburgh MCQ exam and made significant contributions to writing the study. RS, LB, JL and DB made significant contributions to marking the Malawi MCQ and writing the manuscript. FK coordinated
and lead the Malawi MCQ exam and made significant contributions to writing the study. All authors read and approved the final manuscript. Now included in the manuscript

3. ACKNOWLEDGEMENTS

Dr James G Strachan, Dr Julie Platt and Dr Arvid Nedal helped with the marking of the Malawi students MCQ and were heavily involved in delivering the Psychiatry Course in Malawi. Julie Copeland kindly helped with the marking of the Edinburgh exam. Now included in the manuscript
Response to Reviewer 1 Adamson Muula

Reviewer’s report:

Comments
This is an interesting manuscript that is not just descriptive but also attempts to assess how a psychiatric training program in Africa (Malawi) compares with a program in Scotland; at least in as far as examination results are concerned.

Major compulsory revisions

There are however several comments that I wish to raise and invite the authors to respond to:

1. Firstly of course, the authors need to be commended for the work that they have done and are reported. However in the analysis, there is an implicit assumption that the medical students in Malawi and Scotland are the same and differ only in the way the training program was offered. The fact is likely to be that these students are different in many ways. Just because they are similar in age may not fully explain their similarities. I do not feel that the authors have gave serious considerations on the alternative explanations as to why the examination scores were different; possible reasons are:

We thank for the reviewer for his important and relevant comments. We acknowledge that Malawi and Edinburgh students are likely to be different in many ways including background education, culture, social class etc and we have modified the manuscript accordingly. This paper is in essence a comparison of teaching NOT students. In fact what we think these results show is that in spite of getting much less teaching Malawi students did very well; Edinburgh students have amongst the highest entrance requirements in the UK yet despite this and several months more teaching they did only marginally better than the Malawi students.

a) Although the authors suggest that both groups were familiar with multiple choice testing; the familiarity may be different.

It is true that the familiarity with MCQ format may be different between groups of students. All we wanted to establish was that both groups had done medical MCQ exams previously. Indeed this may account for some of the difference between the scores but the main point of the article is that the scores were remarkably similar in spite of very different teaching exposure. We will further highlight this in the manuscript.
b) To what extent are the examination scores a reflection of the teaching staff and not the students per se?

This point is completely valid and we will modify the discussion accordingly. In fact it was the same staff who taught both the Edinburgh and Malawi students. While there may have been many non-specific differences between teaching practices the teaching staff used the same teaching material in Malawi that they use in Edinburgh.

c) Were the students in Malawi taught by the same students as were taught in Scotland?

Yes see above

d) Is this a comparison between didactic learning versus problem-based learning and not the students' aptitude per se?

In essence the Edinburgh course is a mixture of didactic learning (i.e. the same as Malawi) but interspersed with clinical experience. This is now mentioned in the manuscript. Problem based learning does not feature in the Edinburgh psychiatry course at present.

e) Do the authors think that the two week, crammed course in Malawi resulted in lower scores than a much more spread out course laced with clinical attachments in Scotland?

Yes. However, we would suggest that the scores were in fact very similar between Malawi and Edinburgh students. The point of this work is to justify the effectiveness of a two week course. Ideally, a spread out course laced with clinical attachments would lead to higher scores. It is hoped that this paper may go on to justify funding for this.

f) My sense is that the 4th year of medical school in Malawi has traditionally been a no-fail year i.e. no one fails the year to repeat. There have been effort to change this such that year 4 is as punitive as the rest of the years. Do the authors think that such a situation may have resulted in students not really dedicated to psychiatric teaching than if the year's results were a matter of life and death
This is indeed possible. We would still assert however that the Malawi scores were very good and the effort the students put in to the course (attendance and participation was very notable)

g) The distribution of males versus females is different between Scotland and Malawi. Does this matter?

There is some evidence that women perform better than men in MCQs. I note a paper from Nigeria in which female students performed better than male undergraduates in their psychiatry MCQ. (Omigbodun OO, Omigbodun AO. Influence of gender on undergraduate performance in psychiatry at Ibadan, Nigeria. Med Educ. 2003 Dec;37(12):1091-3.)

As Edinburgh had a higher percentage of females sitting this exam it is possible that this could explain some of the variance between the grades.

Again it must be noted however that this paper shows that the Malawi exam was the same standard as the Edinburgh exam and that Malawi students performed very well after just two weeks of teaching. There are many factors which could lead to the Malawi students scoring less (gender being one of them) but the main point is that the Malawi students scored very well.

Minor revisions

The formatting of the references do not follow the journal instructions and so do author affiliation

Changed

References are also not accurate. Specifically, names of authors like in reference 5 (should be Kirigia); 6 (should be Muula) and Panulo Jr. B (Ben Panulo Jr).

Changed

Formatting of references are in both Vancouver and Harvard Style; in some cases volume and issue number including month of publication are shown.

Changed

In the Background of the Abstract, the authors talk of the effectiveness of an undergraduate psychiatry course; I guess it may be less appropriate to refer to effectiveness when there are many variables that were unmeasured that could have explained the differences in scores.
It is true that there are many unmeasured variables in this study and we will try and emphasize this more in the discussion. We feel that had these variables been taken into account the scores of the Malawi students would be higher and the project would be shown to be more effective. For instance, had the Malawi students had 4 months of psychiatry teaching, we would assume they would do better on their exam. Although we cannot measure this it would surely add (not detract) from the effectiveness of the project.

In the Methodology section of abstract, there is no mention of the Scotland exam that student up there did that Malawi students did not take.

See text

“This same MCQ exam was given to 71 Edinburgh University medical students who subsequently sat their own Edinburgh University examination. “

Sections of the manuscripts are sub-titled contrary to journal guidelines.

**Changed**

The first sentence of the Introduction section may inadvertently suggest that mental health issues are well recognized or appreciated in the developed nations. This is certainly not the case in the United States where I have stayed for the past several years. The medical literature is also replete with reports of a general lack of appreciation for mental health across the world.

**Changed to “mental health is less recognized”**

The author say that; â##Before 2005 the undergraduate psychiatry module was delivered by a single lectures and provided limited clinical experience to the students.â## There is some truth in this statement but also some error. I know this was not the case when I took the course way back more than a decade ago at the College of Medicine in Malawi.

**Changed**

“Before 2005 the undergraduate psychiatry module was delivered at times by a single lecturer and provided variable clinical experience to the students.”
In the subtitle, the authors suggest that the examination emphasized the cultural context of clinical psychiatry in Malawi; is it possible for the author to put up a supplementary file for the reader to make judgments about this or not. This should not unduly compromise the examination question bank at all as some of the questions were said to be adapted from the MRCP Psychiatry questions anyway.

We would be happy to submit this to the reviewers but feel that publishing questions themselves would compromise the examination for Malawi students. The exam questions will definitely be used for future exams irrespective of whether they were adapted from the MRCPsych exam.

Ethical approval
I find the ethical approval statement problematic especially when one notices that the Chief Government Psychiatrist who gave permission is a co-author. However, I am also familiar with the ethical guidelines within the medical school. The authors would not be required to submit for ethical review if this were an audit or a review of an ongoing program. My sense though is that the authors can explain this a little different rather than highlighting the fact that the study was approved by one of the co-authors.

This is an extremely valid point. Our understanding was that this is a review of an ongoing program. This was based on our understanding of College guidelines and by the Chief Government Psychiatrist. We have since clarified the position with Professor Eric Borgstein (head of College of Medicine Research and Ethics Committee) who has given further written approval for the project.

How did the authors collect student’s ages? Did the examination paper have a question on age?

This was gathered from the students’ dates of births during the course

In the discussion, the authors write: As Malawi is unlikely to increase resources for undergraduate teaching. In fact Malawi is current increasing its resources year by year.

Changed

We note that the psychiatry budget alone has not changed significantly in the past few years, but have amended the text.
“As Malawi is unlikely to be able to significantly increase its resources for undergraduate psychiatry teaching, evidence must be found to validate educational methods”

The authors also state that it would not have been possible for Malawian students to write the Scotland exam. Why was this a problem?

The University of Edinburgh did not allow dissemination of any of its undergraduate exam questions unfortunately.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
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.
Response to Reviewer 2 Isaac Gukas

Comments

The paper by Baig et al has addressed an important topical issue about the need for academic faculty assistance from developed countries to less developed ones while assuring global standards and cultural appropriateness in medical education. In reviewing this article, I wish to bring the attention of the authors to the following:

We thank the reviewer for his interesting and valid comments

Minor essential Revision

1. Timing of test. It is not clear in the manuscript if the MCQ was administered to the Malawian students in their 3rd year after the first 2 weeks of theoretical teaching or in their 4th year after their second two weeks of lecture. The authors need to make that clear.

Changed

Major Compulsory Revisions

2. Ethical approval. In the last paragraph under "Methodology", the authors made reference to ethical approval from the University of Edinburgh Committee but were less clear as to whether ethics approval was needed, asked for and received from Malawi. This is important as this study was more about the Malawian students than the Edinburgh ones.

This is an extremely valid point. Our understanding was that this is a review of an ongoing program. This was based on our understanding of College guidelines and by the Chief Government Psychiatrist. We have since clarified the position with Professor Eric Borgstein (head of College of Medicine Research and Ethics Committee) who has given further written approval for the project.

3. Comparison with Edinburgh students. I do not think that we are comparing like for like here. The Malawi students have had only 2 weeks (or 4 weeks if the second period is considered) of lecture and no clinical encounter at all of psychiatry before the test. Meanwhile, the Edinburgh students have had 5 months of encounter which includes lectures, tutorials, and clinical interviewing in 3rd year followed by 6 weeks of clinical attachment in 4th year before the test. The intention of this comparison is good but the methodology is unacceptable.
My suggestion is for the authors to remove the comparison with the Edinburgh students as this really adds nothing to the study and the conclusions are misleading. If the authors desire to conduct a comparative study of the performance of Edinburgh students and Malawian students, they must ensure similar learning experience.

This is a valid point. However, the principle of this paper was not to compare Edinburgh and Malawi students but to assess the effectiveness of teaching. This has been modified in the discussion. Primarily what this paper shows is that the Exam given in Malawi is a similar standard to an exam given in Scotland. This is based on Edinburgh students performance on both exams. The MCQ mark was a primary outcome measure for teaching quality NOT student quality.

There can be no doubt that the Edinburgh and Malawi students are very educationally and demographically different. The main point is that their results were quite similar in spite of the fact that Malawi students had only 2 weeks of teaching. Again this has been modified in the discussion.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

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