Author’s response to reviews

Title: A global picture of family medicine: the view from a WONCA Storybooth

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Author’s response to reviews:

To

The Editor

BMC Family Practice

Regarding manuscript titled “A global picture of family medicine: the view from a WONCA Storybooth” (FAMP-D-18-00271).

Dear Editor,

Thank you for the opportunity to revise the above mentioned manuscript. We thank the reviewers for the pertinent remarks and suggestions that we believe have helped to improve the manuscript.
Please, find below a detailed description of how we have responded to each of them. We attach a revised manuscript with changes underlined.

Reviewer 1:

Overall, interesting study. Provided some insights about the field of Family Medicine from a wide range of different perspectives. Well done!

R/ Thank you for your supportive comments

Reviewer 2:

Thank you for the occasion to review this paper that aimed to explore a global view on Family Medicine (FM) during a WONCA World conference.

The paper is clear and concise and of interest for readers of BMC Family Practice. Below are some points to consider:

1. Recruitment

The reader needs a bit more info here. How did you recruit participants and what where the criteria to be eligible (e.g. practicing GP?). It would be worthwhile to add 1-2 sentences to provide more details. Maybe some declined because they did not want to be video recorded? Or did not speak one of the four languages?

R/ Thank you for the suggestion. We recruited the participants at a FM conference where the majority of attendants were family doctors. Only opinions of family doctors and residents were included in the thematic analysis, regardless of their current position and function. Many declined, due to time constraints. Others declined due to video recording or language barrier. This information has been added to the manuscript (See methods section, line 126-128, page 5).

2. As you have >60% responses from male participants one asks if gender bias affects the results.
Thank you for the observation. We acknowledged it in the manuscript. We wrote: “The majority of respondents were men (62%), which may affect the results. Since FM is still dominated by men in many parts of the world, these results can still reflect a real perception of the discipline.” (See limitations section, line 289-291, page 14)

3. How was confidentiality handled? Where the videos made available online? If so, I would think that impacts the message your participants gave in contrast to an anonymous response.

R/ The videos are stored on a private YouTube account protected by a password. They cannot be viewed publicly unless a link to a specific video is given to a person. The links were shared only with the researchers who prepared the transcripts for specific videos.

Participants gave their verbal consent for us to use the videos online. This may impact the message some people shared but we believe that this was unlikely given that the information shared was not sensitive in nature.

We did not show the videos online, although we had consent to do so, because of the quality of audio on the recordings.

4. Can you provide some more information on the participants? Age? Years or experience? Something that can be put in a Table 1?

R/ We did not ask the participants for any personal demographics. This has been acknowledged in the manuscript, and may be considered a limitation. We wrote: “Participants were not asked for any other personal demographic data such as age, years of experience, etc., as we wanted to maximize the limited time available for interviews.” (See limitations section, line 291-293, page 14-15).

5. Are you able to give stratified results for gender and/or region? I appreciate your global view on the topic but it would be interesting to know more.

R/ We have chosen not to break down the analysis by gender/region because we did not have enough samples per region, and we didn’t plan to do a subgroup analysis in this way.
Reviewer 3:

General

- Thank you for giving me the possibility to review this interesting paper. The topic is important and the method adequate. Find some minor comments below.

R/ Thank you for your supportive comments.

Abstract:

- not sure that the term « many regions » for the novelty of the discipline of FM is correct in the abstract. I agree that they may be countries where FM is really quite new - but I hypotheze that there are more regions were FM is well known. Furthermore, if you use this affirmation in the abstract you should use it in the background section too and then it would be necessary to references or to better precise what you mean with « many » in contrary to regions or countries where FM is well known.

R/ From a recent review of the state of FM in the world, FM is a new discipline in many countries (see http://www.cfp.ca/content/cfp/63/6/436.full.pdf). In the manuscript, we replaced “regions” by “countries” to be more specific, and added a reference (#7) (See background section, line 101, page 4).

- Furthermore you specifies in your results and in the discussion that there are different answers for participants of these two sub-groups - but we cannot find a description of this differences in the result section - wether in the abstract nor in the result section. This needs to be better described.

R/ Thank you for the comment and the suggestion. Our analytical approach has focused primarily on exploring commonalities rather than differences. In the results section, we report mainly participants perceptions, supported by illustrative quotes from Table 1. Our interpretation is presented in the discussion section. In exploring the transcripts, we realized that there was a difference in the narratives depending on whether the participant come from a region where FM is well established or a new discipline (see illustrative quotes in Table 1). We chose to highlight
this difference in the discussion section as part of our own interpretation. (see discussion section, lines 222-226, page 11).

Background
- First paragraphe : maybe you can consider to cite Starfield too ?

R/ Thank you for the suggestion. We have cited Starfield (Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q. 2005;83:457–502.)

- Second paragraphe : consider to add a references to your last affirmation (« FM continues to present a wide spectrum of ground level challenges related to the variations in this scope… »)

R/ Thank you for the suggestion. We have added a reference (#8)

- the purpose of your study is very interesting. However, it would be important to better explain the relation between the background and your study purpose. Furthermore, other purposes could also be explored within your background context - you choose to limit only to motivations and professional experiences. Please explain why ? And precise a little more what you hope to show.

R/ FM has the potential to respond to health needs of communities. As said in the abstract (and now clarified in the background section), FM is a relatively a new discipline in many regions where the motivation for training and value added to communities is not well-described. We were hoping to discover what attracts and maintains people in practice, from an appreciative perspective and we believe this was well elicited in the manuscript.
Method.

Study design :

- If I agree that a qualitative study is a good design to explore the purpose of your study, please precise why you use this method and in what the method is adequat. (and not a quantitativ method or a mixed method)

R/ To our knowledge, no previous study has explored the purpose of this study. We therefore chose an exploratory approach that uses qualitative research methods to provide a comprehensive and holistic understanding of the perception of their discipline by family doctors. The knowledge generated can be deepened, tested or refined using quantitative or mixed methods. We clarified this in the manuscript. (see methods section, line 117, page 5).

Data collection :

- I'm a little surprised that your data collection are not anonymous. Please explain. Especially because your datas are video recorded and you publish a photo collage in your paper. (maybe some persons didn't participate because of that ?)

R/ We asked for consent to use the photos and videos as part of our protocol, since a visual capture of the diversity was part of the desired outcome. We chose only participants who wished for this, It's possible there is a selection bias, due to some refusing to participate. We have acknowledged the consequences of this choice in the manuscript. (See limitations section, line 285-287, page 14).

- How did you create your three questions ?

R/ A sample of the authors came up with the menu questions through discussions guided by the literature on FM and the experience of global FM.
- Your decision to propose the participants to choose only one question of your three should be explained here too.

R/ We chose to have the participants answer only one question in the interest of time - both that we could only capture people in between WONCA sessions and that we wished to capture more diversity in responders rather than multiple answers from each. (See limitations section, line 299-302, page 15).

Results

- Participants: do you have more information about participants: age, type of practice, students, trainees? This could help to better understand some of the interpretation

R/ We did not collect demographic information from participants nor did we do subtheme analysis using such data. This is discussed in the manuscript (limitations section, line 291-293, page 15).

- You specify that there are different answers between regions where FM is well implanted or newer. Please specify somewhere in the result or introduction section how you separate regions in this two classes. (maybe present a table?) And precises (and discuss) these results.

R/ In the introduction and the discussion section, we referred to a recent study that provides an overview of FM by region, including FM implementation. (Arya N et al. 2017 Family medicine around the world: Overview by region.). Table 1 gives the illustrative quotes and the country of the participant. By looking at the narratives in this table, we could observe two different trends depending on whether the participant come from a country where FM is well established or not. We thought this difference deserved to be highlighted, although we did not do a systematic subgroup analysis. (see discussion section, lines 222-226, page 11).
- Refusals: do some congress participants refuse the participation? If yes, why?

R/ We did not document the exact number of refusals. Many refused due to time constraints, others due to video recordings or language barriers. (Methods section, line 127-128, page 5).

- You present three main topics as a result of your study - please explain a little more how you found them (following the steps of your method)

R/ The three main themes were generated during the development of the master codebook through discussions of the individuals codebooks and categorization of the emerging themes. (we have added more details in the methods section, line 151-152, page 7).

Discussion

- As said before, it would be interesting to understand in what your 2 defined regions (FM well implanted or new) are different and in which way such differences (or not) could help developing FM.

R/ This study was primarily focused at exploring the commonalities (What family doctors share) using an appreciative enquiry approach. We have highlighted a difference in the narrative (of participants from regions where FM is relatively new or not) as part of our own interpretation of the data. The difference described is probably part of the natural history of the implementation of FM programs (See discussions section, line 222-226, page 11).

- limitation: only explored FM already trained - what about other medical students?
R/ We didn't aim for medical students in the sample. Medical students have not yet chosen FM. We are looking for a perspective from people who have already made this choice and had this experience. The menu options only work once they've chosen to enter the profession.

- translation between french, spanish and portugues may be a limitation

R/ Yes, to a certain extent, translation can be considered as a limitation. In order to minimize the distortion of the message that it may cause, translation and transcription was done with native speakers, familiar with the field of FM and who are also fluent in English. We have acknowledged this in the manuscript (See limitations section, line 303-305, page 15)