Author’s response to reviews

Title: Twenty-five Years On: Revisiting Bosnia and Herzegovina after Implementation of a Family Medicine Development Program.

Authors:

Geoffrey Hodgetts (geoffrey.hodgetts@dfm.queensu.ca)
Glenn Brown (Glenn.Brown@dfm.queensu.ca)
Olivera Batić-Mujanović (oliverabaticmujanovic@yahoo.com)
Larisa Gavran (gavranlarisa@yahoo.com)
Zaim Jatić (jaticzaim@gmail.com)
Maja Račić (porodicnamedicina@gmail.com)
Gordana Tešanović (gordatesan@gmail.com)
Amra Zahilić (azalihic@gmail.com)
Mary Martin (mary.martin@dfm.queensu.ca)
Richard Birtwhistle (richard.birtwhistle@dfm.queensu.ca)

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To the Editor, BMC Family Practice

Thank you for the letter of Nov.29, 2019 with the comments and reports from the three reviewers of our manuscript “Twenty-five Years On: Revisiting Bosnia and Herzegovina after Implementation of a Family Medicine Development Program” (FAMP-D-19-00449). This cover letter will address the changes we have made to the abstract, manuscript and Tables in response to the reviewers’ comments and suggestions.

We would like to thank them for their insights and suggestions which will no doubt improve the paper. All changes have been made using track changes. Where our response did not lead to any textual change, that response is explained in this cover letter.

The following documents have been uploaded to the BMC FP site:

1. Cover letter
Reviewer 1

Thank you for your review and comments about the thematic relevance and importance to many global settings today. As noted in a number of sections of the manuscript and in Tables 1, 2 and 6, the Queen’s program included a specially designed curriculum for the nurses who would staff the new Family Medicine Teaching Centres and also for those who participated in the Program of Additional Training as members of new Family Medicine teams. We agree that the challenges faced by nurses and the specific outcomes of their training would be an important topic. However, in the interest of manuscript length and focus, we did not expound on this further. We believe this deserves a separate article.

Reviewer 2

1. From the point of methodology for a program assessment, "qualitative exploratory research design"-without any quantitative analysis is too weak for an academic publication about program assessment. The current manuscript is more suitable to be as a program report.

1. We would respectfully disagree with the latter comment since this paper was not submitted as a straight-forward Program Assessment with quantitative analysis, but as a qualitative study looking at the perspectives and experiences of health professionals, administrators and overseers in the primary medical care system. However, this could have been made more clear for the reader and so, the purpose of the research has been made more explicit with the addition of a statement of the aims of the study before the Methods section. See page 6, Research Aims and see also the amended Methods section on pages 6,7 and 8.

2. As the authors stated in the manuscript, actually, the program did defined a set of targets, and there was a narrative description of the accomplishments made after implementation of the program. The authors did not conduct any further analysis based on those information. This is a pity.

2. We were unclear as to what this comment meant. We did discuss each of the outcomes with reference to the current status of undergraduate medical education, Family Medicine
specialization, Program of Additional Training and Family Medicine Associations in the text and Tables.

3. I did not see from the manuscript about specific aspects of the assessment would like to focus. Because of this, there was no a well designed questionnaire to structurely collect useful information from the interviewees, except pure status description, which was not fully analized with appropriate method.

3. Again, we would respectfully disagree. Well-designed interview scripts were developed for each focus group or key informant meeting by the Canadian and Bosnian authors and were translated in Bosnia prior to the country assessment visit. For key informants such as Deans, Health Centre Directors and Ministry officials, these were pre-circulated for their information. By omission, these were not uploaded with the initial submission and have now been uploaded as Appendix A.

4. In addition, the authors used purposeful sampling method, however, important stakeholders of the program, like MoH staff, medical associations, etc. were missing.

4. We agree that a purposeful sampling method was used, and this has been emphasized more explicitly in the Methods section and with citations. See page 7, Participants and Recruitment.

We have also added a Limitations paragraph that notes the challenges to gaining access to all stakeholders during the two-week window that was available to carry out the study in Bosnia and Herzegovina. At that time, key individuals in the Ministry of the Federation were not available and there was also limited access to Ministry officials in Republika Srpska’s Ministry of Health and Social Welfare. We have noted this as a limitation. See page 13, Limitations.

Reviewer 3

Thank you for your very detailed and helpful review. We have attempted to address each of your comments as noted below.

1. Abstract: clear and informative. I suggest one change: the text reads: 'Changes were imbedded in new laws and regulations to insure sustainability' which seems to imply that the authors made changes to laws and regulations, whereas on page 4 line 7 states that initiatives were 'founded on new laws' - clarifying which was the case would be helpful.

1. We have clarified this in both abstract and manuscript by substituting the phrase “supported by” for “imbedded in” and “founded on”. See paragraph 1 line 9 of Abstract. See page 5 paragraph 2 of manuscript.

2. Background/lit review:

* The authors provided a clear history of Queen's University involvement in B-H and relevant details of B-H health systems and context. At the end of this material, just before description of
the methods, I suggest providing a rationale for the current study. Why do we need to hear about this initiative, what contribution do the authors hope to make to primary care literature?

* I suggest stating the objective of the study more clearly and including it just before the methods section as well. The objective currently reads '…to review the current state of FM and to assess the impact of the program’s interventions.' (page 5 line 18), could you clarify what impact you were seeking to understand?

2. We have added a paragraph prior to the Methods section to address these suggested additions to explain the rationale and purpose more clearly. See page 6, Research Aims

3. More discussion of literature in this area would help to show the need for and contribution of this paper. For example, in the background sections, what research in health system/primary care development already been conducted? And in the discussion, how do the study findings relate to other similar research? Or to any similar initiatives, where a country re-built their primary care system?

3. While in many senses the context within which this program was implemented was unique - a country coming out of a war and attempting to rebuild itself as a democracy after fifty years under socialist/communist rule - we have addressed this in the discussion section, referencing other reports on initiatives in somewhat similar settings geographically and politically. See page 14 paragraph 2.

4. Methods:

* I suggest organizing the methods section, for example, to start with the study design then sampling then data collection.

The Methods section has been reorganized as suggested with subheadings. See pages 6,7,8.

* More details about data collection are needed, for example, What did the interviews focus on? What did the focus groups address? What are some sample questions? How many focus groups and interviews did you do, how many people were in each focus group, what was the group composition?

See Appendix A for the interview questions for each focus group or key informant. As previously noted, this Appendix had been omitted in the initial submission. These scripts provide information about areas of focus and questions. Table 3 has been also been significantly amended to include more information about focus group numbers, composition and number of interviews. Some restrictions were retained to protect anonymity.

* It makes sense to add interview questions based on ideas that came up in previous interviews, but were these fully developed themes as stated on line 34 page 5?
Yes, any new themes that arose were incorporated into the final clusters of themes and subthemes. The text has been amended to add this statement. See page 7, Data Collection, last line.

* What did the notes address (line 36/37 page 5)?

The notes reflected the content of each meeting with focus groups and key informants. This has been clarified in the Data Analysis section. See page 7, Data Analysis

* Line 36-37 on page 5 implies that three researchers and one translator were present for interviews, what was the rationale for having 4 people interview one participant?

We functioned as a team and, for logistic reasons we had to travel from city to city within the country as a team. A translator was necessary, even when the meeting was conducted in English for both logistic reasons and for accuracy. At no time did any individual comment on this or complain about the numerical imbalance.

* In what way was sampling 'purposeful'?

This question has been addressed by additional text and citations to support the methodology used. In essence, based on long experience with the Queen’s program’s partner groups and individuals, it was clear who the key informants and focus groups should include. Our Bosnian colleagues helped to identify representative groups and individuals who would be available. The Canadian team had no influence on these decisions. The Bosnian research assistant, Ms. Karčić, made the arrangements for meeting times and places, and this sometimes dictated the availability of individuals. This has been made more explicit in the Methods section. See page 7, Participants and Recruitment.

* Can you describe the analysis process in more detail? How did you apply the interpretative phenomenological approach?

This has been explained more fully in the Methods section. See page 7-8, Data Analysis.

* How did you promote rigor in this study?

We attempted to apply rigor to the study design by:

• Developing, translating and circulating the interview scripts in advance

• Remaining outside of the process of selecting participants

• Including co-authors from both political entities and all partner cities/ medical faculties/ teaching centre locations. In a politically divided setting such as Bosnia and Herzegovina it was important to pay equal attention to all ethnic/national groups. We also made some efforts to include the autonomous enclave of Brčko District.
• One co-author (MM) did not participate in the field interviews and provided an objective perspective.

5. Findings

* The findings present a very interesting picture of changes that have occurred in B-H's primary care system and family medicine education.

* The findings seem more descriptive than interpretive, with sub-themes that categorize the data. I wondered if there were more interpretations of the data that could be shared, for example, the authors mentioned that the study participants spoke of an enhanced sense of professional identity - this seems like an interesting thread to follow. Or, did any tensions arise during this work, between approaches to primary care in B-H, and approaches from Ontario? Did approaches from Canada translate to this new context?

In the interests of word length, we necessarily limited the number of quotations from participants and commentary within the Discussion section. The Themes and Subthemes summarized the experiences and perspectives of participants. The theme of enhanced professional identity was raised by many and in different ways. This was reflected in the quotations under several Subthemes.

There was no intention of taking Canadian systems and applying them to a Bosnian post-war setting. From an experiential perspective, the lessons learned in implementing academic Family Medicine in Canada over many decades provided a context to work from. At no time were there any tensions over the approach taken, since this was developed by Bosnians working within their familiar institutions. We deliberately avoided taking the “pilot project” approach that seemed to be so prevalent (and unsuccessful) in B-H at the time.

6. Discussion:

* More discussion of the findings in the context of existing research would strengthen this section.

See notes under #3 above.

* The discussion section includes findings that were not mentioned in the findings section - I suggest adding these topics to the findings section or removing them from the discussion.

Thank you for pointing this out. We identified two findings/comments that were included in the discussion that could have been made more explicit in the Results section: the aging of current Department members and the apparent deterrent to choosing Family Medicine for some medical students of being assigned to rural areas or underserved villages. Both points have been added to the relevant Subthemes in the Results section. See page 8, SubTheme 1a and page 13, Subtheme 3d.
* What new knowledge has the study provided? What are the implications of the findings?

Please see the additional paragraph in the Discussion section regarding implications of the study. See page 13 Discussion, paragraph 1.

* What were the limitations of the study?

Please see the additional paragraph on limitations prior to the Discussion section. See page 13, Limitations.

7. Quality of writing:

* This manuscript is generally well-written and organized.

* The terms 'entity' or 'entities' is used throughout the manuscript and a brief clarification would help readers unfamiliar with this usage of the terms. The introduction on page 3 refers to Figure 1, in which the two entities in B-H are described, but I think the fact that B-H is now composed of two entities should be noted in the introduction itself.

We agree that this terminology can be confusing and so, this has been addressed by moving the text from Figure 1, which explains the political structure of B-H after the Dayton Peace Accord and the term ‘entity’, into the introduction to make this information more accessible to the reader. See page 4 paragraph 2.

Other usage of entity could be clarified as well, including:

Page 4: 'A Family Medicine Association was established in both entities' - does this mean one association was established, or one in each entity? Addressed with editing. See page 5 paragraph 4, third last line.

Page 5: 'entity health laws' - does this mean laws established by one of the entities? Or both? Addressed with editing. See page 6, Program Outcomes in Summary

Figure 1: 'entity structure' - can you further clarify what you mean? Does 'entity' refer to both together?

This text from Figure 1 was moved into the Introduction and was changed to read: “almost all authority for decision-making lay within each entity.” See page 4 paragraph 2.

* Page 3 line 43: 'all three national groups' - can you clarify who you mean? Other uses of 'national' appears to refer to B-H as a whole.
While not necessarily accurate, to address this comment, we have changed it to “ethnic” groups. “National groups” is also used in Bosnia and Herzegovina to reflect the presence of Bosnians who identify as members of national groups, i.e. Serbs, Croats and Bosniaks (mixed ethnicity peoples). To avoid confusion, we have settled on using the term “ethnic”. See page 4, second last line.

* The paper includes many acronyms that affect readability of the paper. Can you consider using the full name for some of these acronyms, for example DZ?

We agree and we had done this to limit word length. We have replaced acronyms where it provides more clarity, as suggested.

* Page 5 lines 19-22: run-on sentence

Corrected by editing. See rewritten Methods section, pages 6-8..

Thank you again for this thorough and most helpful review. We look forward to hearing further from you.

Yours sincerely,

P. Geoffrey Hodgetts MD, CCFP, FCFP

Professor Emeritus,

Department of Family Medicine

Queen’s University, Kingston.