Author's response to reviews

Title: Productivity in medical education research: an examination of countries of origin

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Author's response to reviews: see over
Dear Editors of *BMC Medical Education*,

Attached is a re-submission of our paper entitled “Productivity in medical education research: an examination of countries of origin” (original MS: 7733046729250188). The suggested changes have been made in the submitted manuscript. The specific reviewer comments were addressed as follows:

**Reviewer 1:**

1. The authors seem to insist on using the word ‘developed’ - although placing it in inverted commas. Then use this to say that ‘most people would consider the USA a developed country’. I want to point out that this is outdated terminology entirely, and may be taken as offensive by anyone where one is not sure it is ‘developed’. That is the reason terminology has changed. Instead - using a 'low / middle / high income' terminology is, at least, neutral in a value sense as it is based on an international classification.

As it happens - all the countries that are productive are 'high income countries' - is more meaningful and less value-judging that stating they are 'developed'.

*The word developed has been removed and replaced with ‘high-income countries’.*

2. In the conclusion section, this should then become a solid recommendation: i.e. that medical education research also become more prominent in 'low and middle income countries'.

*This has been done.*

**Reviewer 2**

The data is interesting. The Tables are informative. Therefore, despite my difficulty to accept the definition of authors’ relative productivity per country as the method of measurement, I would accept this manuscript for republication.

However, I have the following request to the authors.

The conclusions in the abstract contain some overstatements which need revision.

1) “Canada was the most productive country”, which is the absolute statement, but it depends on what definition you used. The authors arbitrarily used “the relative publication productivity = the number of publication per medical school”. This definition is only one of many ways to define the productivity. I believe there are many other evaluation methods to determine what constitutes “the most productive”. I personally feel that the authors’ definition may not necessarily important; I would rather identify the medical schools with some of the highest number and/or highest h-index. In this regard, most important information in this
manuscript may be the Table 2, where the authors identified the number of publications per city, which is helpful to identify those medical schools. As a researcher who would identify productive researchers for future collaboration, I keen to know. The information is much more useful to know which group of educators/researchers contributed in this field. I would at least state as “In terms of the number of publications evaluative studies in medical education, Canada was the country with the highest relative publication productivity.

This has been changed as suggested.

2) “A relatively small number of authors, networks…….contribute significantly the literature within medical education.” Where is the evidence to state this in the result section? No result indicating this statement. What is the definition of “a relatively small”? What comparison did you do to measure this? I would delete the statement.

This has been deleted.

Reviewer 3

In the first review, I had listed a number of discretionary revisions. Discretionary revisions

Whilst I would have preferred to have these incorporated into the manuscript, I have classed this as discretionary revisions as it may entail extensive further work and therefore delay the publication of these interesting findings.

1) It would be useful to determine what a search of an alternative database such as Scopus would reveal and whether the numbers would be similar. The indexing in Pubmed is likely to be slightly different from Scopus and may potentially produce different results

2) An additional aspect would be to examine the numbers of non-evaluative studies, as well as the geographical origins of these and whether the numbers would differ from the numbers in the current study.

3) It may be useful to look at developing countries only in a separate subset. Many of these have medical schools and medical education research is not financially demanding as other types of research. The only developing country featured in the list is Brazil.

4) More extensive discussion on the phenomenon of Western medical schools driving medical education curriculum reform which is being copied by the rest of the world where the conditions are vastly different.

As mentioned in our previous response to reviewers, these discretionary revisions have been addressed as follows:

1. It would be useful to determine what a search of an alternative database such as Scopus would reveal and whether the numbers would be similar.
While we recognize the value in validating our finding in an independent source, Scopus does not formally “index” records to the extent that would permit us to isolate a comparable group of records—we cannot isolate the “evaluative studies” in Scopus. As well, the scientific literature in Scopus is drawn from MEDLINE and Embase, with the indexing stripped out. Thus, it does not represent an independent source.

We did search “Medical Education” in Web of Science. It also lacks formal indexing, but does at least represent an independent data source. This term was present in 26,209 records.

We searched for material indexed as “Education, Medical” in PubMed (through the GoPubMed interface, and so examined only the most recent 100,000 records) and compared country rankings

Table 3 summarizes these findings. The order was the same through the first 6 countries, adding some confidence to our findings. As well, we broadened the search to examine country productivity for all records indexed a “Education, Medical”. Again, the order through the first 6 countries remained unchanged.

2. An additional aspect would be to examine the numbers of non-evaluative studies, as well as the geographical origins of these and whether the numbers would differ from the numbers in the current study.

This has been done (Table 2).

3. It may be useful to look at developing countries only in a separate subset...More extensive discussion on the phenomenon of Western medical schools driving medical education curriculum reform.

A section in the discussion has been added, going into more detail regarding the discrepancies between medical education in the West and in the developing world.

Editorial Comments

1. Introduction - Please rename this section so that it bears the title ‘Background’.

This has been done.

2. Appendices - Please remove the duplicate appendix information that appears at the end of your paper.

This has been done.