Author's response to reviews

Title: Towards an understanding of medical student resilience in longitudinal integrated clerkships: a grounded theory approach

Authors:

    Jennene A Greenhill (Jennene.greenhill@flinders.edu.au)
    Ken R Fielke (ken.fielke@gmail.com)
    Janet N Richards (Janet.richards@flinders.edu.au)
    Leesa J Walker (leesa.walker@flinders.edu.au)
    Lucie K Walters (Lucie.walters@flinders.edu.au)

Version: 3 Date: 12 April 2015

Author's response to reviews: see over
Towards an understanding of medical student resilience in longitudinal integrated clerkships

Response to referees

Dear Editor,

Please find below the authors response to reviewer comments.

Referee 1: Olwyn Westwood

This is a topical issue in medical education, that of medical student resilience. This paper adds to the literature, the experimental design is sound, and the results obtained are discussed appropriately without over emphasis. I would support BMC Medical Education publishing this article with minor adjustment for more clarity with regards to the data presentation in the tables and the explanation of acronyms in the legends, e.g. PRCC

Thank you for the advice to explain the acronyms in the legend. The authors have made these adjustments.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: No conflict of interest

Referee 2: Malcolm Moore

1. Is the question posed by the authors well defined?
Yes, the authors challenged themselves to gain an increased understanding of student resilience in a setting where they suspected relatively high levels existed.

No actions required by the authors

2. Are the methods appropriate and well described?
a. This qualitative approach is clearly appropriate and the process of thematic analysis looks sound. It could be debated whether this is ‘grounded theory’ when the article references and builds on existing models.

The authors have considered this comment and acknowledge that methodology is better described retrospectively as an interpretive study. We have changed the descriptions of methodology in the paper and deemphasised the methodology by removing it from the title of the paper.
b. The students were selected purposively but I would have liked more information about their selection: 5/33 current students, was it the keen and resilient ones who volunteered?

*Purposive sampling was used to ensure that students from all PRCC regions were included in the study to ensure that location of training and individual personalities in small locations did not unduly narrow the diversity of findings. The students were not asked why they had volunteered for the study. The uncertainty as to whether only the keen and resilient students volunteered is already included in the limitations of the study.*

c. Is ‘triangulation’ the appropriate term? Can the admin and clinicians triangulate the students’ experiences?

*The authors have considered this question carefully and feel confident that triangulation is the correct term. Triangulation is aimed at gaining a view of the student journey in terms of their resilience from a different perspective. The educators and program administrators were able to confirm for us that the LIC students do have their resilience challenged during the academic year. They were also able to confirm that the LIC program has unique supports in place to foster the development of resilience in medical students.*

d. What interview questions were used for the administrative staff and clinician teachers? The questions listed are all targeted to students. Were the other groups asked about what they thought the students were experiencing?

*The administrator/clinician interview has now been provided as Figure 2.*

e. The first paragraph in Methods should really be put into Background as it describes the LIC.

*This paragraph has been repositioned as requested.*

3. Are the data sound?
The article contains many interesting quotes that are well-presented. The themes that are drawn out seem reasonable based on the data presented.

*No actions required by the authors*

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Yes

*No actions required by the authors*

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes

*No actions required by the authors*
6. Are the discussion and conclusions well balanced and adequately supported by the data?
   a. The discussion moves through the three major themes relating to resilience and groups them as ‘The Flinders model’. This is a reasonable grouping of the themes and sub-themes identified.

   **No actions required by the authors**

   b. I don’t agree with the statement in the Conclusion that this model ‘contests the simplistic notion that medical courses can ensure student wellbeing solely through the provision of emotional and tangible supports’. There has been previous work that identifies the need for and outlines such supports. It is not dissimilar to the themes presented here. For example, “A Conceptual Model of Medical Student Well-Being: Promoting Resilience and Preventing Burnout” (referenced in this article) describes: providing psychosocial support and social activities (similar to the ‘safe haven’ concept); helping students to develop their coping skills (similar to ‘the journey within’); and intellectual stimulation, curriculum factors and mentorship (similar to ‘staying on course’).

   The authors acknowledge the referee concerns and have clarified this statement to emphasise the naivety of providing additional stand-alone supports without understanding of how the course influences student resilience.

   c. I think that where ‘emotional and tangible supports’ are provided effectively and creatively – as described in this article – that this will promote student wellbeing. However, students have varying levels of resilience and different personality traits that mean no intervention can ensure student wellbeing. The nature of LICs requires that suitable students are chosen. They are not for everyone, perhaps this is worth commenting on.

   The place of LICs in medical education is hotly debated with similar ‘not for everybody’ claims made regarding traditional block rotations, LICs and hybrid models. The authors do not feel that we can do justice to this literature with a simple statement. The authors respectfully propose not to make this comment in this article as it is beyond the current scope of the article to make.

7. Are limitations of the work clearly stated?
   The limitations cited are all relevant. I think that the findings of the study – in a group presumed to have above-average levels of resilience – could also trigger discussion about the choice of suitable students for LICs.

   **No actions required by the authors**

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Yes

   **No actions required by the authors**
9. Do the title and abstract accurately convey what has been found?
Yes, but please note my previous comments about 1. The appropriateness of the term ‘grounded theory’ and 2. The first statement in the conclusion.

As described above, the term ‘grounded theory’ has been changed to an interpretive study, and reference to the study methods has been deleted from the title.

10. Is the writing acceptable?
I found this an enjoyable read and thought the writing style was clear. There are some punctuation corrections – I only had access to a pdf version without line numbers so this is a bit clunky.

a. Page 3. Abstract/Results/sentence 2. Requires semi-colons between the three items listed, not commas.

Corrected by the authors

b. Page 5, line 3. Incidents

Corrected by the authors

c. Page 5, line 10. Sentence needs to be re-structured as there is confusing use of colon and semicolon. Maybe split into two sentences for clarity.

Corrected by the authors

d. Page 5, line 14. ‘Anecdotally…’ - this sentence also needs re-structuring for similar reasons.

Corrected by the authors

e. p13 second last line – omit the colon

Corrected by the authors

f. p15, line 11. ‘These attributes...’. The meaning of this sentence is unclear. Does it need to read ‘people WHO can’?

Corrected by the authors

Discretionary revisions
I recommend that the authors consider the comments 2a, 2b and 2c. ‘Grounded theory’ (2a) and ‘triangulation’ (2c) might be debatable as appropriate terms. I would like more info about participant selection but not crucial (2b). Also 6c to be considered.

2e. Methods/paragraph 1 needs to go into Background.

These have been addressed –see individual sections for response
**Minor essential revisions**
The punctuation and re-structured sentences in 10a-f should be corrected.

*These corrections have been made*

**Major compulsory revisions**
6b. This is not a very big revision, but I would like to see the conclusion reconsidered. I don’t think this model ‘contests the simplistic notion…’ as suggested. I think the model provides a nice grouping of factors that support students’ wellbeing. As a clinician overseeing an LIC I don’t feel that it challenges current practice but it does describe the various supports that can make LICs such a great learning experience for selected students.

2d. Please clarify what interviews the administrators and clinicians undertook. The instrument described does not appear appropriate for these groups.

*The interview undertaken by the clinicians and administrators has now been included as Figure 2.*

*Figure 2 has been relabelled Figure 3.*

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

*Thank you for this advice. The authors have reviewed the article and corrected the language as indicated.*

Statistical review: No, the manuscript does not need to be seen by a statistician.

*No action required by the authors*

Declaration of competing interests: I declare that I have no competing interests