Author's response to reviews

Title: "Men's health - a little in the shadow": a formative evaluation of medical curriculum enhancement with men's health teaching and learning.

Authors:

Carol A Holden (carol.holden@monash.edu)
Veronica R Collins (veronica.collins@monash.edu)
Christopher J Anderson (christopher.anderson@monash.edu)
Sylvia Pomeroy (sylvia.pomeroy@monash.edu)
Richard Turner (richard.turner@utas.edu.au)
Benedict J Canny (ben.canny@monash.edu)
Bu B Yeap (byeap@cyllene.uwa.edu.au)
Gary Wittert (gary.wittert@adelaide.edu.au)
Robert I McLachlan (robert.mclachlan@mimr-phi.org)

Version: 3 Date: 15 October 2015

Author's response to reviews: see over
14th October 2015

Aldrin Joseph Ulep
Journal Editorial Office
BioMed Central

Re: MS: 1423545991673965
Research article: Men’s health – a little in the shadow”: a formative evaluation of medical curriculum enhancement with men’s health teaching and learning


BMC Medical Education (Section: Curriculum development)

Dear Aldrin

Many thanks for the considered reviews of the above-titled manuscript. We have responded to the reviewers’ comments and suggestions as outlined in the table below.

We have also made some minor editorial amendments to the manuscript text.

Thank you again for your feedback and your consideration of this article for publication in BMC Medical Education.

Yours sincerely,

Carol Holden PhD, MPH
CEO, Andrology Australia
Monash University
Response to reviewers’ comments

MS: 1423545991673965, for BMC Medical Education (Section: Curriculum development)


<table>
<thead>
<tr>
<th>Comment</th>
<th>Response</th>
<th>Page or line changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVIEWER 1 (O.M.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The paper addresses an important area of curriculum enhancement and proposes an approach that has the potential to accelerate change across medical schools in Australia. The study's methods are appropriate and well described and the semi-structured interviews give important insight into the local and national barriers and enablers of implementing a male health curriculum framework to provide a common learning experience for students.</td>
<td>Thank you. Taken as comment. No change required</td>
<td></td>
</tr>
<tr>
<td>Thee paper is generally well written, but relies heavily on quotations from interviews to make important points in the results section.</td>
<td>We acknowledge the reviewers comments and have made attempts to reduce the number of quotations in the results section</td>
<td>See Results section: pages 9-17</td>
</tr>
<tr>
<td>The authors clearly describe the limitations of the study and acknowledge previously conducted work in the field of men’s health. The authors could benefit from looking at other networks (or CoPs) that have aimed at improving medical education across medical schools in other fields such as the Leaders in Indigenous Medical Education (LIME) Network and the strategies used to build knowledge, resources and champions. This Network is responsible for implementing the CDAMS Indigenous Health Curriculum Framework that you acknowledge early on.</td>
<td>The reviewers comments are acknowledged and additional references such as the LIME network are now included.</td>
<td>See References 6 and 18</td>
</tr>
</tbody>
</table>
### Major compulsory revisions

1. The authors should revise the results section and redraft elements so that block-quotes provide an example of the point being made and expand on the narrative. The number of quotes needs to be reduced. For instance, the quote on line 147 could be deleted. Quotes should be bookended with text relating to the results being highlighted in the quote. See above. The number of quotes has been reduced, together with improved explanations, as suggested by the reviewer. See Results section: pages 9-17

2. Please define what you mean by external and internal factors in the results section – many of the following subheadings including workforce and crowded curriculum could be considered internal factors. Subheadings have been changed to improve clarity. See Results section: pages 9-17

3. The authors should consider including a conclusion. A conclusion has been included as suggested. Page 22, lines 426-432

### Minor Essential Revisions

1. Can you provide a numerical representation of those you interviewed that considered men’s health to be an important element of teaching in the curriculum? How many were ‘most’? Were there any who didn’t consider it important? (line 113) A quantitative analysis of the themes is not available and this was not part of the thematic approach adopted in this study,

2. Consider providing more statistical data on the numbers of interviewees who considered the same points essential. See above. Statistical analysis would be invalid given the small sample size.

3. In results section, student-focused implementation strategies is part of the broader heading of enablers? Please revise heading structure if this is correct. Heading structure revised as suggested, noting that ‘student-focused implementation strategies’ are a separate theme and not included as part of enablers. Please note the theme is now called “Potential implementation”. Page 15, line 251
4. In a few cases acronyms are used without first spelling it out – line 140, 142 for instance, please amend.

Acronyms have been defined as suggested

Page 10, lines 141-144

**Discretionary Revision**

1. Investigate the approach taken by the LIME Network in implementing curriculum ‘enhancement’ in Indigenous health in medical education.

Thank you for bringing this article to our attention. It follows the CoP approach that we hope to adopt and is therefore very useful in our evaluation planning. Reference to the LIME Network has been included throughout the article.

See Introduction, page 5, lines 49-52; Discussion page 19, lines 340-343 and 350-355

**REVIEWER 2 (J.D.C.)**

This manuscript is a clearly written description of an initial needs assessment for the development of men’s health topics in medical school curriculum, based in part on the efforts of a working group of several universities and agencies. The abstract conveys, in part, the content of the full manuscript. Although this preliminary work resulted in the development of modules for a curriculum, the present study does not include a specific focus on these core modules or their incorporation into medical schools. The questions asked of the informants were more generally about male health issues in curriculum.

The logical flow of these ideas is somewhat confusing to the reader.

The authors agree that the details of the development of the Male Health Curriculum Framework may have been confusing as an additional element of the overarching Project but not an integral part of this evaluation. This detail has therefore been removed from methods. It is noted that this formative evaluation is not a needs analysis but rather an exploration of the barriers and enablers to implementation. The findings of this formative evaluation will be used to inform a pilot

See Methods, page 7
<table>
<thead>
<tr>
<th>Issue</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The issue of exploring attitudes towards a men's health curriculum was clearly posed in the description of the interviews. This effort focused on an exploration of the issues perceived by faculty, no specific hypotheses were stated or needed.</td>
<td>Thank you. Taken as comment. No change required</td>
</tr>
<tr>
<td>The methods for collecting the information and the selection of subjects is clearly described, but there is little information about how the thematic analyses was conducted and the findings were identified.</td>
<td>More detail has been included to better describe the thematic analysis as suggested by the reviewer</td>
</tr>
<tr>
<td>As a preliminary investigation of the intention of the interviews, the data may be considered adequate. In a general sense, this manuscript represents a pilot on which a further and more inclusive investigation of the issues at other schools and held by other shareholders could be undertaken. The results here really cannot be considered as portraying a full picture that can be easily generalized beyond the limited respondents and schools interviewed.</td>
<td>A valid comment and has been noted in a 'Study Limitations' section</td>
</tr>
<tr>
<td>Discussion and conclusion: Although the data are limited by the sample, a wide range of concerns seems to have been identified in the interviews and discussed in the manuscript. The inclusion of three paragraphs on the concept of a 'community of practice' seems to be a leap from limited data to a potential 'solution' to issues identified. While this might be a potential approach to the issues, it seems not well based in the specific findings of the study and somewhat extraneous to the study's purpose.</td>
<td>The authors agree that the CoP section may be overstated and some of the detail has been removed.</td>
</tr>
<tr>
<td>Limitations of the study are not indicated.</td>
<td>See above. A new 'Study Limitations' has been included as suggested.</td>
</tr>
</tbody>
</table>

**Compulsory Revisions**
The specific intention of this manuscript needs to be clearly stated, and its content related to that intention. The mixing of additional issues about men’s health in the introduction as well as the potential ‘solutions’ in the discussion may be of interest, but are not immediately relevant to the content of the needs assessment. It is not immediately clear why the needs assessment was conducted AFTER the completion of the modules. The authors also need to better describe the process by which the coding and categorization of the interview content was completed, along with methods to insure the trustworthiness of the findings.

We trust that the changes made to the introduction, methods, results and discussion as outlined above address this reviewer’s concerns. It should now be clear that this is not a needs assessment, but rather a formative evaluation to inform the pilot implementation of curriculum enhancement with men’s health teaching and learning.