Author’s response to reviews

Title: Indigenous health: Designing a clinical orientation program valued by learners

Authors:

Tania Huria (tania.huria@otago.ac.nz)
Suetonia Palmer (suetonia.palmer@otago.ac.nz)
Lutz Beckert (lutz.beckert@cdhb.health.nz)
Cameron Lacey (cameron.lacey@otago.ac.nz)
Suzanne Pitama (suzanne.pitama@otago.ac.nz)

Version: 2 Date: 15 Jun 2017

Author’s response to reviews:

Māori and Indigenous Health Institute
University of Otago Christchurch
45 Cambridge Terrace, Christchurch 8140,
New Zealand

16th June 2017

Tēnā koe Dr Partridge,

Re: MEED-D-16-00465

Indigenous health: Designing a clinical orientation program valued by learners.

Firstly, the authors would like to thank the BMC Medical Education editorial committee for considering the manuscript “Indigenous health: Designing a clinical orientation program valued by learners”.
The authors would like to take this opportunity to thank the three reviewers who took the time to consider this paper for publication.

Please find below our point-by-point responses to the reviewers’ suggestions. We believe the suggested changes have improved the quality of the manuscript reporting.

Thank you for your further consideration of this revised paper.

Ngā mihi

Tania Huria on behalf of the authors

___________________________________________________________

Editor comments:

Figures should be provided as separate files, and each figure of a manuscript should be submitted as a single file. Please provide figure titles/legends under a separate heading of ‘Figure Legends’ after the References. If Figure titles/legends are within the main text of the manuscript, please move them. Figure files should contain only the image/graphic, as well as any associated keys/annotations. If titles/legends are present within the figure files, please remove them.

Thank you for your comments regarding the separate files and adjustments of the figure legends including how the files are submitted. All of the editor’s suggestions have been adhered to in the latest manuscript

Reviewer comments:

Reviewer 1

Reviewer 1 comment:

I think this is a very well written and interesting paper. It is easy to understand and its methodology and conclusions are sound. I make the following few recommendations for improvement.

Authors’ response:

Thank you for your comments regarding the manuscript being well written and interesting.
Reviewer 1 comment:

In a couple of places you refer to the kaupapa Māori methodology, but don't really describe what this is and I wonder if it could be made more explicit - perhaps with a figure.

Authors’ response:

We have provided more information regarding kaupapa Māori methodology in the revised manuscript. We have included the following statement in the text (page x):

‘Kaupapa Māori methodologies provide theoretical foundations to support the development of a research process that promotes Māori researchers, Māori pedagogies, and Māori research leadership’.

Reviewer 1 comment:

Is the approach grounded theory if so you need to include this as I was unsure what the term theoretical coding was

Authors’ response:

We agree that this was not clear in the script. The research did not use a grounded theory approach, but instead an inductive approach. We have changed this in the script.

‘Inductive approach’ – instead of Inductive analysis’

We then hope that the explanation given after theoretical coding in the script (and further clarified in the reference provided) Is sufficient to guide readers to clearly understand the coding process undertaken in this research.

Reviewer 1 comment:

There are a couple of typos line 50.

Authors’ response:

The typos have been corrected.

Reviewer 1 comment:
The sentence in line 33 clinicians are aware of the impact of ethnicity on worse health outcomes - aren't you just talking about Māori in this instance, if so why broaden it?

Authors’ response:

We are cognisant that the paper is discussing a Māori specific curriculum, however the above statement is situated in the introduction to identify the broader concept of ethnicity and its impact on health outcomes. The authors consider that taking a broader perspective on ethnicity assists the reader to position the study’s findings within the context of a more global issue of ethnicity in medical education.

Reviewer 1 comment:

Table 1 - I think it would be more useful to have student survey responses with means rather than raw data as it makes it easier to understand.

Authors’ response:

Thank you for this comment. The manuscript includes raw data based on the recommendation to avoid using means and standard deviations to describe ordinal data particularly when the Likert scale analysis does not follow a normal distribution.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3886444/

Reviewer 1 comment:

Figure 1 - not sure of the relevance of this figure apart from to say that the Indigenous orientation program was the best, I don't think it adds much.

Authors’ response:

Thank you for this comment. The authors have reviewed figure 1 and concluded that the figure did add value by providing a benchmark of the students’ perceived value of the indigenous program within the broader clinical curriculum. We have kept this figure in the revised manuscript.

Reviewer 2

Reviewer 2 comment:
This study reports that an Indigenous health program delivered to medical students by Indigenous academics is deemed valuable by medical students. This is a well articulated and scientifically sound paper. Data and tables have been well presented and described. It is an important piece of work that will assist many medical Schools who struggle with evidenced based knowledge to inform better practice and experiences for medical students.

Authors’ response.

The authors appreciate the reviewer’s comments regarding the rigor of the paper, and the positioning of the findings of this paper in supporting medical schools to develop similar curricula.

Reviewer 3

Reviewer 3 comment:

Congratulations on an interesting and valuable paper.

Authors’ response

The authors would like to thank reviewer three for their comments regarding the paper being interesting and valuable. We would also like to thank the reviewer for very constructive feedback that we believe makes the manuscript stronger.

Reviewer 3 comment:

Why did fewer students attend the clinical orientation compared with indigenous orientation? Differing completed responses make the calculations difficult to check when these are not clarified e.g. p9 Line 20 quotes 286 students at 96% yet the number completing the survey is noted on p8 as 351 - 286/351 is not 96%!

Authors’ response:

Thank you for identifying that the calculations in the results section needed further clarification. The authors have reviewed the data and changed the manuscript accordingly.

The reason why there were fewer students that completed the clinical orientation survey than the indigenous orientation survey is related to student attendance during the administration of the surveys. The clinical orientation program survey was administered in a lecture situation with some students absent; the indigenous health orientation program evaluations were completed during the situated learning program that required compulsory student attendance.
The authors have added the following sentence in the manuscript to explain this:

‘Student participation was varied in the quantitative surveys namely due to student attendance at the time of the survey administration’.

Reviewer 3 comment:

- Median scores described on p9 appear incorrect from the descriptors in the text, which are in reverse numeric order compared to those in Figure 1

- Table 1 - headings could be more explicit

Authors’ response:

We agree with these comments and have reordered the median scores and descriptors so that they reflect figure 1.

We have addressed the headings of table 1 as suggested.

Reviewer 3 comments:

Occasionally long convoluted sentences could be more simply expressed e.g. p 16 "These findings provide empirical evidence of the core elements of curriculum development that might enable clinicians to overcome their inability to enact culturally-sensitive care [20], which is particularly relevant, as health practitioners frequently express concern about implementing specific cultural competencies during clinical encounters" Also the sentence lines 21 -32 on p17

Greater use of commas may assist with understanding of some of the longer sentences. Some sentences unclear e.g. p18 "First, we did not include detailed interviews with respondents to explore the findings with an opportunity for dialog between respondent and interviewer to explore the concepts in more detail."

Authors’ response:

We have amended the manuscript as per reviewers’ suggestions regarding long sentences and increasing the use of commas. We have also amended the sentence on p18.
Reviewer 3 comments:

- Outcomes of the research are a little overstated as on p16 "only two previous studies have evaluated the effects of indigenous health education on clinician practice" - implying an evaluation of clinical practice which is not a part of this study.

I would further argue that the next stage of the research, before "...exploration of the impact of the curriculum on patient experience and clinical outcomes" should be some objective measurement of clinical competence (rather than just confidence and self reported competence as in this study).

Authors’ response:

We agree with the reviewer’s comments and have amended the outcomes of the research statement and have deleted this sentence from the manuscript.

The next stage of the research statement has also been amended to read:

‘Future work would include exploration of the impact of the curriculum on objective measurements of clinical competencies’.

Reviewer 3 comments:

- Typos as in Reference 22; first sentence of conclusions

- Occasional use of words that appear to be more jargon than to add meaning e.g. use of "meaningful" in last sentence of conclusions.

Author response:

The typo has been corrected. The word “meaningful” has been deleted from the last sentence.