Author’s response to reviews

Title: Why nutrition education is inadequate in the medical curriculum: A qualitative study of students’ perspectives on barriers and strategies

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Author’s response to reviews:

Introduction

We are grateful to the editor for granting us an opportunity to revise the manuscript in light of the reviewers’ comments. We believe that this process will result in an improvement of the readability of the manuscript. Below are our responses to the reviewers’ comments.

Reviewer reports:

Leslie Cunningham-Sabo (Reviewer 1): General Comments

Very well organized and adequate description of qualitative methods. Additionally I have a few minor grammatical suggestions to improve the flow of content. Please see specific recommendations below.

Response: We will like to thank the reviewer for the commendation. We have endeavoured to revise the manuscript in accordance with suggestions.

Abstract

Line 58 - consider adding, ’…semi-structured INDIVIDUAL interviews.

Response: This has been revised accordingly. See line 61
Background

Line 117 - 118 - add AND between 2 phrases

Response: This has been revised accordingly. Refer to line 125

Methods

Line 148 - delete The, begin sentence with Nutrition education…

Also, consider adding, 'Nutrition education IN THE MEDICAL SCHOOL SETTING is…

Response: This has been revised accordingly. Refer to line 141

Line 155 - do not need 'that', i.e. change to '…constructed and realities are…'

Line 170 - remove one from 'The next one year…'

Response: This has been revised accordingly. Refer to lines 149; 165

Line 182 - 183 - how can medical students from the same university and having similar education 'will represent the broad and varied views…'?

Response: This has been revised accordingly. It now reads “ … will provide rich information [36, 37] regarding nutrition education…

And will students in their first or second year (noted in Table 1) have comprehensive enough exposure to their 4+ year curriculum to be able to address the questions from an informed position?

Response: As indicated in line 174, the participants were clinical level students i.e. medical students in their 5th, 6th and 7th year of medical education. Arguably these groups of students have covered over 50% of the medical school curriculum.

Line 187 - why verbal informed consent when interviews were face-to-face, why not written consent? And how free would interviewees be to express themselves when interviewed by their instructor?

Response: Written informed consent was also obtained in addition to the verbal consent. The verbal consent was sought for the purposes of recording. If the students’ views are anything to go by then it is fair for us to say that the students were free to express themselves. Refer to lines 181-183 for the revisions.

Line 209+ - reference Table 1 in the text; confirm with editor that demographics of interviewees belongs in this location of manuscript rather than results.
Response: Revised accordingly. The table has been removed to the results section. Refer to lines 221-227.

Results

Line 234 - suggest revising to 'The majority of students felt…'

Line 263 - remove 'for' in this sentence

Response: This has been revised accordingly. Refer to line 234

Lines 270 - 275 - this statement and quote fits best within the next theme related to adequacy of nutrition education

Response: This has been dully moved to the section relating to adequacy of nutrition education. See line 271-281

Line 287 - this statement about the interviewees being in their senior years of medical education contradicts the data presented in Table 1 (i.e., fairly evenly split between years 1, 2 and 3).

Response: The students were clinical level students who we generally referred to as senior year medical students.

Line 451 - 453 - meaning unclear of 'during their time in the medical school' versus lower years of medical school.' Pre-clinical versus clinical?

Response: It meant current students may not benefit if the changes will be made but the changes may be of benefit to those succeeding them if effected. This has been revised accordingly. See lines 458

Discussion

Line 481 - revise to doctors' roles

Line 499 - revise so that there are no single-sentence paragraphs

Line 537 - suggest revising to 'the student suggestion…'

Line 538 - revise to '…seminars to address the barriers…'

Response: These have been revised accordingly. Refer to lines 479; 492; 509; 540

Fernando Vio (Reviewer 2):
Comments to Author

Methodology

This is a qualitative research with semi-structured interviews. The justification of the instrument is important, with more references about this specific qualitative instrument. The utilization of semi-structured interviews instead of other qualitative methods, such as focus groups, should be justified and backed with references of other qualitative research studies.

Response: This has been revised accordingly. Refer to lines 186-189

The number of 23 participants in the semi-structured interviews should be justified

Response: This was informed by the point of saturation at which further data collection and/or analysis were no longer necessary as it did not bring about new information. This has been revised in the manuscript. The use of saturation to determine sample size is widely accepted in qualitative research. Refer to lines 223-224.

Questions should be described in detail in a Table.

Response: We provide the interview guide as an appendix.

Validation process of the questionnaire should be explained in detail. There is only one sentence "We pilot the semi-structured interviews on a group of 8 students to ensure clarity and understanding of the questions...."

Taking note of the word count requirement for the journal we are unable to provide further details regarding the validation process. While in quantitative research validity is ensured through the use of statistical methods, researchers of qualitative research make use of strategies to ensure “trustworthiness” of the findings [1]. We adopted a number of these strategies to ensure the trustworthiness of our findings. One of such strategies is accounting for personal biases of the researchers which was achieved by us clearly identifying our professional backgrounds and also engaging the process of reflexivity. Another strategy is our inclusion of rich and thick verbatim descriptions of participants’ accounts to support our findings. Furthermore, the data analysis and interpretations were not also done by only one member of the research team but evaluated by other members of the team. We thus think that the information already provided is sufficient to cater for the validation process as we know in qualitative research.

Ethical considerations: "Participation was voluntary and written and verbal informed consent was obtained from all participants who agreed to participate in the study”.

It is necessary a written informed consent to participate in the study and the approval of an Ethical Committee.
This has been revised accordingly. The study was approved by an ethics committee and this can be found in lines 180-183

Results:

Are well described

Response: We are grateful to the reviewer for the commendation.

Discussion:

The first paragraph "General discussion and role of doctors in nutrition care" are the same data described in results. This paragraph (lines 479-495) could be eliminated or included at the end of the results.

Response: We provided this subsection as a summary of the results. It represents a prelude to the discussion.

Barriers: it is important to consider lack of time in the undergraduate clinical students curriculum as an important barrier.

Response: We are grateful to the reviewer for this suggestion. However, this barrier was not identified by our participants, the reason why it is not included.

Reference