Author’s response to reviews

Title: Community-based educational design for undergraduate medical education: A grounded theory study

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Author’s response to reviews:

Dear Editor of the BMC Medical Education,

Thank you very much for your kind information regarding the feedback from the reviewers.

Herewith our responses. We hope that it is adequately addressed reviewers’ queries.

You may distinguish the new sentences/ paragraphs which are in blue colors.

We also consulted a native English speakers from the US, who work formally for the Universitas Gadjah Mada. He has an academic background of master in English-language and also a lecturer at other university.

We hope our paper is now suitable for your journal.

Thank you again, and we are looking forward to your further information,

On behalf of all authors,

Mora Claramita
Reviewer reports:

Nancy McNaughton, PhD (Reviewer 1): This is an admirable study contributing towards a very important area of medical education. Please find my comments below

All authors express high appreciation for the reviewer’s time and valuable comments to improve our paper. Herewith our responses:

Page 2 line 58 - Either take out "to" or change the structure of the sentence to something like "The WHO… clearly recommend all countries strengthen…."

We revised it accordingly.

The introduction to the background is clearly written until we get to page 3 line 18.

Page 3 line 18 - 31

"However, the impact may be less meaningful...." This next section is not clear to me. Which schools are you talking about and why is CBE less meaningful? The explanation that it may be due to teachers or the incorrect global misunderstanding about the poor quality of primary healthcare is too vague. This whole section needs to be rewritten with more detail so that the reader can understand the rationale for your intensive study.

We re-wrote the whole section as you suggested. We corrected sentences to avoid meaning that the phenomena happen globally, but for some countries (based on the references).

Page 3 Line 22. - "less meaningfulness" is an awkward phrasing.

We re-wrote accordingly.

Line 33 - I am not sure what you mean by "gate keepers" here. Is the implication that the teachers who work in primary care are not qualified and are there simply to keep students out? Keep students in? Can you clarify your meaning?
We erased the term of ‘gatekeepers’ since it is also not recommended anymore by the general practice international association. The original meaning is to keep the patients in the community healthy, by doing continuous prevention (to keep them from getting sick in the hospital). It is the role of general practice. But it will be too long and perhaps irrelevant to the background of this study, so we did not use the term.

The background section is extensive and may benefit from subheadings that direct the reader to the focus of the next section.

Thank you very much for your kind comments. We agree with your suggestion if it is also approved by the Editor to have the sub_headings in the Background.

Page 3 Line 47 - "There is a framework…” I got confused in this section about whether the focus was on a critique of traditional primary care curriculum design or a comparison between the traditional primary care curricula design and CBE. You may want to separate these two into different sections.

Before this however I would suggest that you first describe the framework in a little more detail - what is meant by the micro, meso and macro. You do this later in the paper but if you’re introducing the concept here you need to describe what you mean here so that you can bring the reader along with you. Then offer your critique of the traditional primary care training design followed by the comparison with CBE.

This is really valuable comments. We understand the difficulty of the readers about the curriculum in medical education and the critique in regards to the CBE program. We re-wrote the whole section by first explaining the macro-meso-micro curriculum in medical education, following by explanation on the teaching strategies of CBE programs, and then the lack of detail guidance in the CBE program on the overall levels of micro-meso-macro curriculum.

Page 4 line 47 Methods
"We explored information"? What did you do? Interviews? Focus groups? You describe this later on but again bring it up here.

You were either coding deductively - which it sounds like you were - looking for evidence of comments related to particular topics 'student centered learning', experiential learning, etc….. or you were coding inductively for emerging themes. So this description is confusing.

You can code inductively using "sensitizing concepts" such as student centered learning', experiential learning', in order to direct your exploration but coding for emerging themes implies that you were open coding to begin with in order to capture whatever was said by your subjects and to pull meaning from their comments without a filter. These 2 coding strategies are conflated in your description.

We interviewed the subjects. We understand that for a grounded theory methodology we should code inductively and analyze it in constant comparison until we find an agreement between coders from the ground-data we obtained. We did ‘sensitizing the concepts’ as you mentioned. Thank you very much for your feedback, we re-wrote the overall methods section based on your suggestion.

Likewise triangulation needs to be clarified. You were triangulating data sources in order to validate the information you were receiving. Triangulation is also understood to mean using 2 or more data collection methods to ensure methodological trustworthiness - so a researcher might describe having done interviews as well as focus groups as well as something like a text based analysis. This is not what you did.

Too many repeated mentions of "triangulation", "further triangulation"…. And "additional triangulation"

You need to tighten up this section and describe why all the repetition. Were you further securing validity of findings by adding international researchers to your sample?

We agree with your suggestion about triangulation. It was a triangulation of sources. We re-wrote the section.
Was your process exploratory (looking for emergent themes?) or consensus building? (looking for agreement on themes pre-selected as important?)

Thank you for your question. This is really important question to distinguish between grounded theory methodology and participatory action research. Our study is ‘Exploratory’. We revised the methods as we had explained in response to your query above.

The agreement was among coders regarding the categories we found from the ground-data and not the agreement among the subjects/participant in this study.

Page 6 line 51 - The iterative process that leads to a final coding would lead to agreement on main themes (consensus) not result in emergent themes. New themes that emerge unexpectedly from this kind of research are always important to mention. They are sometimes called "emergent or secondary findings".

Yes, it resulted in the agreement (between coders). We revised accordingly.

Page 7 line 47 "The teachers who contributed…..to the first round of "thematic analysis" not triangulation. (too many triangulation references)

We revised it consequently.

When I got to the discussion section I felt like I was reading 2 separate papers.

I would like to suggest that you may want to think about this. You could divide this paper into one methods and finding paper and use this information to support a second paper on the CBE tree model that you arrived at. There is enough material for both without duplication of content.

Thank you for your kind suggestion. The grounded data we obtained using the exploratory methods is to arrive in the results of a CBE – tree model. This is the answer to the aim of this study. So by presenting the CBE- tree model and its details instructional design for the
undergraduate medical curriculum (on the macro to micro levels), we hope to enrich the educational strategies to a more meaningful CBE program.

I believe this is a worthy project that you have undertaken. The paper would benefit from more clarity and detail in the description of your rationale and more organization and clarity in the description of your methods. By the time we got to the discussion and the description of the actual model I was frankly worn out and that is not fair to you and your project.

All the best

We re-wrote the Discussion section by putting extra attention on the clarity, organization, and description of the rationale. And we also consult a native English teacher who works formally for the Universitas Gadjah Mada, Yogyakarta, Indonesia. We hope that this paper is now appropriate for the BMC Medical Education readers.