Reviewer’s report

Title: Post-Carnegie II Curricular Reform: A North American Survey of Emerging Trends & Challenges

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Reviewer: Alan Bleakley

Reviewer's report:

This report is of the results of a study of the major curriculum changes in North American medical schools a decade after the '2nd Carnegie Foundation Report'. It is based on an electronic survey including free-text comments to scan 'emerging trends and challenges'.

1. The yield of this study does depend upon its design. While an electronic survey is a convenient method of gathering data it is also potentially flawed through the risk of low response rate, that in turn can be biased towards a particular population and therefore fail to be representative - this study runs that risk. A backstop is to conduct a thorough literature review. On paper, it looks as if such a literature review was carried out (Appendix 1). However, the report on the review does not help the reader. It is thin, uninformative and uncritical. I just cannot imagine that 70+ papers would yield such a meagre summary. The literature review would have been better presented in more depth, critically, and as a key part of the article itself.

2. The opening paragraph presents a useful and succinct summary of Cooke, O'Brien and Irby's meticulous study, but it is presented descriptively rather than critically. Just as Flexner's original report showed bias (towards a preferred 2+2 model, against less well resourced schools), so the '2nd Flexner Report' showed bias (failure to learn from global medical school curriculum reforms; lack of sophisticated curriculum theory to inform the report; a values orientation to instrumentality).

3. The report then moves on to present a theoretical underpinning to the study: 'social cognitive theory'. This seems to be an all-encompassing model that deals with environmental, cultural, social and personal issues and really ends up explaining very little. The model is presented so briefly as to be of little use to the reader in explaining how the researchers used theory. There is reference to 'communities of practice' that in itself is a highly evolved and widely used model to explore how medical students are socialised and gain an identity. But this model is not explored critically and is employed it seems in a clumsy manner.

The authors describe a "triadic reciprocity of the personal/ cognitive, environmental and behavioural influences on behavior". What does this mean? What is a 'behavioral influence on behavior'? This seems to be a circular argument. The guiding framework is called a 'salient
framework'. In what sense is it salient? Salient to whom? Some of the description in this section doesn't make sense to me, eg communities of practice are said to be 'highly instrumental in effecting and communicating curricular changes among and within academic institutions'. But this is stating the obvious. Please give some illustrative examples and provide a critically reflexive rather than a plain descriptive account.

4. I would have liked to have seen some sample items in the survey referred to in the write up. The authors must ask themselves why the survey had such a relatively low response rate.

5. In the Discussion section, the account of movement to competency based education programmes is good and shows a critical approach that could have been more prominent throughout the article.

6. I am surprised to see that there is nothing on the development of the medical humanities within curricula, that seems to be one of the more progressive elements of curriculum development in North American medical schools, and probably more extensive than say the focus on business in medicine that the authors note.

7. Opportunities for longitudinal and early clinical experiences are very important developments in medical schools since the Cook et al report, but this is scantily reported. What kinds of longitudinal models are being developed? How is 'clinical experience' organised (eg briefing and debriefing on clinical placements?) What are the pedagogic developments?

8. Overall, the reader gets no real idea of the pedagogic developments that are happening in North American medical schools. What are the guiding curriculum models - eg spiral, integrative, curriculum reconceptualisation, curriculum as text etc.?

9. Finally, while the research focuses on North American schools, a brief contextualising within developments in global medical education would really help to situate the work.

Finally, had the information in the Tables and Appendices been converted into a cogent narrative, this paper would have been far more informative and successful.

This is clearly a very important piece of research that could inform understanding of the trajectories of North American initial medical education, but the way it is structured means that the quality of the work seems to me to be lost in translation.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No
Does the work include the necessary controls?
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Yes

Are the conclusions drawn adequately supported by the data shown?
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