Reviewer’s report

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

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Reviewer: Rodrigo Cavalcanti

Reviewer's report:

This paper tackles an interesting question of what curricular reforms have been implemented in US medical schools following the Carnegie Foundation’s 2010 report on medical education. It attempts to assess the nature and adequacy of implemented reforms by surveying representatives to the AAMC for 166 US medical schools. It has a typical response rate of 36%, and identifies both curricular changes and barriers to their implementation. While this paper represents a useful catalogue of these themes, it could be improved by better linking results to the proposed Carnegie 2010 recommendations, by better acknowledging the implications of response bias in the survey results, and by looking beyond the specific responses to elaborate on potential solutions to the lack of curricular reform. In particular, this reader was struck by the frequency of 'add on' curricular offerings in contrast to the lack of in depth reorganization of curriculum. Beyond self-reported barriers it may be worthwhile hypothesizing on how incentives for change (and lack thereof) are currently present in US medical school training. Specific comments are found below:

1) Abstract: Would benefit from a bit more detail to engage the reader. Background: What were the main proposed reforms in Carnegie 2010? (space permitting). Methods - make explicit that AAMC reps were the target of survey, and that all meds schools were targeted. Sample of 166 is smaller than the quoted 169 med schools, why? Results: Were challenges predictable from the nature of proposed reforms? Conclusions: Empowering faculty seems like a lofty but hard to enact goal, can you propose more practical mechanisms? The last sentence does not move field forward.

2) Background: Useful and succinct. You quote '169 med schools' but only surveyed 166, why the discrepancy? Good theoretical framework but your survey does not seem to address student perspectives, or environmental factors. This needs discussion either in methods or limitations.

3) Methods: Concise and clear. A section on target population is needed. Why did you chose the AAMC reps as the targets for your survey? Convenience or purpose? Please clarify. Also address the 166 vs 169 med schools issue above.
4) Results: Curricular changes should ideally be linked to the 4 areas proposed by Carnegie 2010, this may highlight areas needing more attention. It seemed to me that 'Promoting Inquiry' was an area of deficiency, making this explicit could be a useful piece of info.

5) Conclusions: "There are two key themes that readers of this paper and/or future Deans might find beneficial when designing". - consider revising to read better, the and/or is confusing in current sentence structure.

Please expand on responder bias as a significant limitation: e.g. accuracy of responses, which might have been drafted to 'put best foot forward' rather than acknowledging more broader systemic failures of curricular reform. The preponderance of 'add-on' curricular initiatives (adding Masters or MBA) also seems like an interesting finding that may reflect imperfect reform as it does not address the med school curriculum in depth.

More broadly, I would encourage you to take a step above the main themes and results and provide a reflection on the deeper systemic issues that prevent curricular reform both at the school and national levels.

6) Tables - would it be worthwhile to organize responses according to the 4 Carnegie 2010 proposals?

I hope these are helpful.

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

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

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Not relevant to this manuscript
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