Reviewer’s report

Title: Motives, Experiences and Psychological Strain in Medical Students Engaged in Refugee Care in a Reception Center - A Mixed-Methods Approach

Version: 0 Date: 30 Oct 2018

Reviewer: Maureen E Kelly

Reviewer's report:

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Please overwrite this text when adding your comments to the authors.

Dear Authors,

Many thanks for the opportunity to read and review your paper. Overall it was a very well conducted study, on an increasingly important topic. The paper was well written, clear and concisely worded and highly readable. I do have some suggestions for improvement however that I believe will strengthen the methodological aspect of the paper. I very much enjoyed reading this paper and my suggestions for improvement are meant to be of help in strengthening an already well written paper.

In summary this paper utilises a mixed methods approach to address the topic of the medical students' motives, experiences and psychological strain as a result of volunteering to work at a refugee reception centre. It found that students expressed a variety of motivations for volunteering ranging from medical interest to a sense of responsibility and that they anticipated challenges with respect to language and cultural barriers, infectious diseases and psychological strain arising from hearing about refugees' experiences of trauma. While volunteering in the centre students saw themselves as playing a significant role as mediators, trying to navigate the difficulties of language and cultural barriers, in what was an emotionally charged health care setting. Following the volunteering some students were preoccupied with the negative experiences they had heard, while for others the experience caused them to re-evaluate their own position and many reported finding meaning in the experience. A series of seven questionnaires were administered to assess students' experiences of the volunteering and to detect any signs of secondary traumatization; depression; anxiety; impact on health related quality of life,
attachment style and sense of coherence. It found that there were some slight differences between this population of students and a norm sample of first year medical students and that 3.2% of this sample had a moderate level of secondary traumatisation, 17.7% had mild depression and 11.2% had mild anxiety symptoms.

Major Revision

1. The main suggestion for improvement relates to the description of the mixed methods approach.

The authors correctly identify this study as a mixed methods, but it would be better to fully identify this study as mixed methods by assigning it to one of the recognised mixed methods study designs.

I refer the authors to textbooks by Creswell and Clarke, that describe 6 well defined mixed methods designs. This study under review is likely best placed as a concurrent triangulated design (albeit that there is an element of sequential timing in the design) as this design puts equal weighting on both the qualitative and quantitative strands (as occurs in this paper), with the results being compared and analysed in the results section of the paper, to add further understanding and contextualisation of the findings (again as occurs in this paper).


2. I also refer the authors to a paper by O'Cathain who tabulates six descriptors for the good reporting of mixed methods research - see Box 1 page 97 of the reference below. The O'Cathain paper is well cited as a framework for reporting mixed methods studies, and I suggest that you try to align the write up of the results of this paper to meet these standards. In fact many of these standards have already been met in the current write-up and it is a matter of making this more overt and explicit, and citing the O'Cathain reference as the reporting standard used.


3. The last major revision is to address the ethical implications of running the course on refugee health as an "obligatory part of the medical curriculum" Discussion page 26, line 12. It
is not that I think this is not a good idea, but I think there is a responsibility on the authors to expand on the last sentence of this current paragraph. We now know from your work that some students will experience secondary trauma. Have you, for instance, identified examples of how to successfully address secondary trauma in health care professionals working with refugees or victims of torture? Can these perhaps be utilised in a proactive, pre-emptive way to minimise the incidence of medical students who experience these negative outcomes? At any rate the implications of running a course that we know will cause stress to a certain number of students needs to be further explored and defended in a few additional sentences.

Minor revisions

Abstract -

1. In the abstract both content analysis and thematic analysis are used interchangeably, however although there are many overlaps these are not exactly the same (see Vaismoradi M, Turunen H, Bondas T. Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Nursing & health sciences. 2013 Sep;15(3):398-405). It would be best to use one term consistently throughout the paper, perhaps content analysis would be best suited to this paper.

Background

1. Please clarify the term "trainer" on page 4, line 3.

2. Can you add a sentence following the last line on page 4, to indicate if early identification of STS or VT results in better outcomes for the sufferer?

Methods

1. Please use the word "explored" as opposed to "assessed" on page 5, line 17.

2. Please clarify what year of students are included in this study, as you compare them to a class of First year norm reference students.

3. Can you please briefly describe in a table - or box,
* What the volunteering in the refugee centre consisted of in terms of total hours/ days/ and content of what the student was spending their time on (eg clerking patients etc)?

* What did the assignments entail?

* What did the introductory course consist of? How many hours of contact? Learning / Reading material etc

4. Please include in an appendix a copy of the semi-structured interview topic guide, the cross sectional questionnaire and the nine item questionnaire.

5. Please identify how the 18 students who were interviewed were selected for interview.

6. Please indicate how long the interviews were and where they took place.

Results

1. There were no FST norms in the table - was this an oversight?

Discussion

1. I think the opening line page 22, line 2, is an overstatement as currently worded, as there have been some previous examples of similar placements with refugees.

For example


Limitations

1. As in the discussion, point 1 above, please ensure that your claim to be the largest study of its kind is accurate, or else re-word this sentence.

2. Qualitative studies are not" generally susceptible to bias" when the method is understood and they are well conducted, so this sentence should be removed.
3. Likewise for the qualitative strand of a mixed methods study, of this nature, then I think that you numbers are not too small. In fact the mixed methods approach is a real strength of this study.

**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?**
If not, please specify which controls are required in your comments to the authors.

Yes

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

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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