Author’s response to reviews

Title: Development of an Online Public Health Curriculum for Medical Students: The Public Health Commute

Authors:

Sarah Godfrey (sg2902@columbia.edu)
Katherine Nickerson (kgn1@cumc.columbia.edu)
Jonathan Amiel (jma2106@cumc.columbia.edu)
Benjamin Lebwohl (bl114@cumc.columbia.edu)

Version: 1 Date: 16 Jul 2019

Author’s response to reviews:

Dear Dr. Hejri,

Thank you for the opportunity to revise and re-submit our manuscript to BMC Medical Education. Our point-by-point response to the Reviewer’s comments is enclosed. We believe these changes have strengthened the manuscript, and we look forward to your response.

Sincerely,

Sarah Godfrey, MD, MPH
Editor comments:

1. This is a great idea - to be more impactful and replicated in other institutions more information is needed. How did the idea for this curriculum originate? Did the medical students ask for it? a request from the hospital? How was the curriculum developed? Who put it together? Was it done with all existing materials or was any original content created? What was the cost (both time and $$), timeline, etc. What is the plan going forward for sustainability? (i.e, is a staff member assigned to continue work on this?)

AUTHORS’ RESPONSE: We thank the editor for these comments and have incorporated additional information on the creation of the PHC in the methods section (under the needs assessment and course content subheadings). In terms of the question of sustainability, we have added a sentence in the conclusions section to address the future of the project.

Editor comments:

2. There as mention of medical educators reviewing the program - who were the reviewers? There was no mention of other partners? Did Harlem hospital engage in this effort at all? Was there a partnership with the NYC health department to develop the Harlem specific data/information? Any public health faculty engaged in the curriculum development?

AUTHORS’ RESPONSE: We have clarified the role of the faculty advisors and clerkship directors in the methods section. Harlem Hospital faculty created a prior curriculum on social determinants of health for the medicine clerkship, which provided some background on the patient population. However, the creation of the PHC was limited to the Columbia College of Physicians and Surgeons community. While it would have been ideal to additionally engage with Harlem Hospital and NYC DOH partners, this project was driven by student request and student feedback. Some of the manuscript authors/faculty advisors were dually affiliated with the medical school and the Mailman School of Public Health at Columbia University.

Editor comments:

3. Undergraduate medical education is mentioned in the background section - do you mean pre-med education? are the public health requirements for undergraduates referencing the new sections on the MCATs? or some other requirements? The next paragraph notes, "medical education so not clear if this is now medical school? More details are needed to clarify the current status of public health in medical education both in undergraduate as well as within medical school
AUTHORS’ RESPONSE: We recognize that this language was unclear. We have changed the wording to reflect that we are discussing public health curricula within medical schools (and not undergraduate programs).

Editor comments:

4. Clarify which year is the "critical clinical year" - and again perhaps highlight that this program could be useful at any point medical students are having clinical contact

AUTHORS’ RESPONSE: We appreciate the suggestion to acknowledge the importance of public health education across the medical school curriculum. We have added a sentence to the background information to incorporate that feedback and clarify the specific importance of the curriculum in the 3rd year when students rotate through all of the major medical specialties.

Editor comments:

5. How far is Harlem hospital from Columbia medical school? Is it a 30 minute trip? This wasn't mentioned. The manuscript title implies this program is for use during the commute - but seems as if the point should be made that this program is useful and convenient for any medical student regardless of their time to work

How were the students assigned to Harlem Hospital - was it their choice? or were they assigned?

AUTHORS’ RESPONSE: Harlem Hospital is 20-30 minute trip from the Columbia medical school campus, and the curriculum initially was designed to be easily accessible during the commute. However, with the expansion to all Columbia-affiliated hospitals, the curriculum is simply designed to be accessible for students on their own time. We added a few words in the course content subheading of the methods section to reflect this. We also added a phrase in the needs assessment subheading to reflect the lottery system that assigns students to rotation sites.

Editor comments:

6. It was mentioned only 21% responded to the initial survey about their experiences at Harlem Hospital - were there any differences between respondents vs. non-respondents?

AUTHORS’ RESPONSE: Unfortunately, our initial needs assessment survey did have a low response rate despite multiple distribution attempts. We have incorporated this as a limitation in the discussion section. The assessment was collected as an anonymous survey, and without collecting personal data on the respondents, we cannot comment on the differences.
Editor comments:

7. Do I understand correctly that the pre and post quizzes were only after the students completed all 5 modules? There was no knowledge assessment of each module? If this is correct this should be noted as a limitation, along with the other limitations noted. Additionally, how many students started the program, but did not complete it? This should be noted.

AUTHORS’ RESPONSE: We thank the reviewer for pointing out this limitation. A sentence has been added to the conclusions section to address the post-test timing and participation rate.

Editor comments:

8. Are there more specific plans as to how this effort will be expanded? It was mentioned that it will be made available to all students in Columbia affiliated hospitals - but are those hospitals only in the NYC area? Will the population specific information for the local neighborhoods be a part of this expansion? How will the evaluation be done?

AUTHORS’ RESPONSE: Currently, the PHC is available to students at New York Presbyterian Hospital, Harlem Hospital, the Bronx VA, the Allen Hospital, and Stamford Hospital. Each site has population specific statistics for each module. We have clarified this with a sentence in the conclusions section. Further, we added a sentence to indicate that the curriculum is required for all clinical students, and future knowledge assessments will involve a larger sample size.

Editor comments:

9. Would like to see the conclusion expanded to include implications for expanding public health education for medical students more broadly not just at Columbia and the potential impacts this might have in bridging medical practice and public health - perhaps could touch on how this aligns with many ongoing efforts - e.g., expansion of population health emphasis in medical institutions and shift from fee for service to value based payment models.

AUTHORS’ RESPONSE: We thank the reviewer for their suggestion. We have incorporated a section at the end of the conclusions to acknowledge the possibility of expanding and adapting this type of curriculum to other medical schools and patient populations.