Author’s response to reviews

Title: A self-report of the Healer’s Art by junior doctors: Does the course have a lasting influence on personal experience of humanism, self-nurturing skills and medical counterculture?

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Reviewer commentsAuthor ResponseManuscript ChangesReviewer One1The dataset is very small and from a group of people who self-selected to do the course; the question about the influence of other factors in shaping the respondents' positive attitudes towards patients and how this can be distinguished from the healer's art course; and the fact that the short course was done several years prior to the study.Thank you for your observation. This question was raised in the first round of peer review, and we have responded as best possible (and to the satisfaction of reviewers 2 and 4 in this round of peer review)We cannot retrospectively address sample size, but this topic is discussed in the limitations.Our previous response:It may be the case that participants are recalling general principles learned throughout the medical curriculum rather than specifically the content discussed in HA. However, the content of HA is emotionally powerful and at a personal level, so it is not unexpected that participants would recall this material more specifically than other content. There are numerous reinforcers used by the HA faculty including a voluntary reunion class held in fourth year, the visual cue of the HA pin, a textbook to prompt personal reflection and a prop designed for carrying in the pocket to prompt individuals to reflect on their personal values during patient interactions. Our previous addition: A paragraph has been added in the background describing the reinforcing activities. The potential for incorrectly attributing learned material to the HA is added to the limitation on page 222. The authors recommend that medical schools should audit their curricula (p. 22 line 50 onwards) to identify whether the humanistic values espoused in the HA are present. It is likely that they are present considering the focus this area has had in the past 10 years, but a more pressing question is why aren't they effective, and how can the impact of the hidden curriculum be counterbalanced. I have read a similar paper on compassion training - also delivered alongside the curriculum, hence my reservations about the recommendations. Paper content: “Medical schools could consider auditing their curriculum to ensure the important concepts delivered in the HA are covered in sufficient depth within the core medical curriculum.” We agree with the reviewer that humanistic values are likely to be present in the curriculum, hence our suggestion to ensure they are “covered in sufficient depth”. This implies an evaluation of whether the curriculum is effective (the degree to which something is successful in producing a desired result). We agree with reviewer 1 that that answering the question “why the current curriculum is ineffective in counterbalancing the hidden
curriculum” is worthy of further exploration, but contend that before asking this question, an audit should be undertaken to determine precisely what the current curriculum contains. This paper is an exploration of one strategy that could assist in counterbalancing the impact of the hidden curriculum – research that reviewer 1 suggests would be useful. It is unclear precisely why the paper describing compassion training delivered alongside the regular curriculum makes reviewer 1 hesitate over a recommendation to audit current curriculum. The fact that others are delivering extracurricular courses as we are supports the argument for an audit and evaluation of the current curriculum and whether it sufficiently covers humanistic values. A small change was made to the final sentence as highlighted in red: Junior doctor training programs could explore reasons why current curriculum may have failed to adequately address these issues, and how the core principles of humanism and self-nurturing could be kept alive in the hearts of junior doctors. Reviewer 2 We have not addressed these comments as they were not included in the Editor’s decision note of comments to address. Reviewer 3 This is an interesting study albeit with a small sample size and probably involving some recall bias. We agree with these comments. These issues are already discussed specifically in the limitations on page 20. No change to manuscript 2 Nevertheless, provided the authors do not extrapolate too expansively, there is a need to share results from studies involving the application of humanistic methods in the medical course. In that context, I wish the authors would consider changing the title since impact was self-reported and not actually measured. We do not believe this paper extrapolates extensively. We have reduced any extrapolation with some tracked changes and the change of title. Refer to tracked changes in the conclusion and the title. Reviewer 4 You have adequately addressed the initial reviewers' comments. The overall manuscript and, particularly, the limitations section have been well amended to include the reviewers' concerns. Thank you for your comments. 2 While making changes to the manuscript, it seems like some of the sentences (or parts thereof) were deleted or left out. Please review the grammar and punctuation throughout the document. Also, check the latter part of the background and the methods section for coherence and missing text. Thank you, we have checked the manuscript throughout and made minor tracked changes to rectify. Minor tracked changes throughout