Author’s response to reviews

Title: The Impact of a Global Health Elective on CanMEDS Competencies and Future Practice

Authors:

Ashley Lanys (ashleylanys@gmail.com)

Gena Krikler (gena.krikler1@gmail.com)

Rachel Spitzer (rachel.spitzer@sinaihealthsystem.ca)

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Author’s response to reviews:

To the editor and reviewers,

Thank you for your willingness to consider our revised manuscript entitled: The Impact of a Global Health Elective on CanMEDS Competencies and Future Practice. The suggestions you have made clearly enhance the quality of this manuscript. Please find below a point by point response to each recommendation.

We are grateful for this opportunity to enhance and review our manuscript.

We look forward to your response.

Sincerely,

Ashley Lanys

Reviewer #1: Thank you for the general comments.

Reviewer #2:

1) Methodology

a) some detailed description of the setting (in Kenya) would help in appreciating and understanding the context and the type of experiences the elective can offer

We have included further detail on the setting in Kenya to provide a deeper understanding of the context that this global health elective offers. This addition has been added to the Background section of the paper and is copied here:

Through this elective, trainees experience the realities of acquiring surgical skills in a resource-limiting setting and learn techniques appropriate in these different educational contexts (5). MTRH has an obstetrical volume of approximately 15,000 deliveries per year, 500 gynecologic surgeries annually, and over 7000 reproductive health related outpatient visits (5). The Kenyan setting features conditions of post-abortal care, advanced condylomata, patients with pelvic mass, malaria in pregnancy, pre-eclampsia and eclampsia, and pre-term labour and delivery (5). The aim of this elective is to provide trainees with an opportunity to develop an interest in Global Women’s Reproductive Health. It includes exposure to issues of cultural sensitivity, health disparities, human rights and medical ethics (5).
b) more description of the survey questions is needed especially with regards to the type of questions and the balance between quantitative and qualitative items

Thank you for this feedback. We have included a description of the quantity of survey questions in the methodology section. This addition is copied below.

The survey included 36 quantitative questions; 33 of these were derived from the CanMEDS framework to assess the CanMEDS roles and 3 questions were used to evaluate the frequency of ongoing involvement in global health. The survey also provided the opportunity to qualitatively explain how subjects felt this elective had impacted their practice, elements of their work, or parts of their career.

2- Results
a) are there any results showing the constraints and challenges of participating in this elective program or adverse aspects in relation to competencies?! what is included in the article is mainly a focus on the positive dimensions

We have added some responses that were less strongly associated. It is difficult to demonstrate specific constraints in this setting from the questions that were posed in this survey although we know that they indeed exist. Future work could be better poised to elucidate and understand them.

While a number of positive impacts were perceived among participants, the results also revealed areas that were not perceived as strongly. Lower ratings were found for “planning and performing procedures and therapies for the purpose of assessment and/or management” (3), “documenting and sharing written and electronic information about the medical encounter to optimize clinical decision making, patient safety, confidentiality, and privacy” (3), and “handing over the care of a patient to another health care professional to facilitate continuity of safe patient care” (3).

Additional qualitative data was included into the results sections.

One participant indicated that “basic clinical knowledge that is acquired and required in medical school can be obtained in classrooms and regular hospital rotations, but a place like Eldoret proves a higher-volume and exposure to more advanced disease processes”. Participants reported that this global health elective was “crucial in shaping their systems perspective”, as it helped shape an interest in innovation in resource poor contexts, in addition to determining how these innovations might transform our relatively resource rich contexts. It was also noted that participation was important in learning about privilege and difference.

b) any emerging data in relations to possible limitations of the CanMEDS framework?

Thank you for posing this question. To address this, we included a segment in our discussion to highlight the possible limitations of the CanMEDS framework. Additional resources were included to
elaborate on the framework’s potential limitations:

Although the CanMEDS framework is extensive in defining the necessary competencies to produce good physicians, there may be some limitations with the framework itself. It has been suggested that the framework is valuable in laying the groundwork for postgraduate training, but that it needs to be combined with specialty specific competencies to ensure that the curriculum aligns with professional practice (6). Our global health elective used the CanMEDS framework and tailored it to align with obstetrics and gynaecology reproductive health outcomes. For example, objectives for Medical Expert included “learning about the common causes of maternal morbidity and mortality in resource poor settings and relevant strategies to reduce such outcomes” (5). Furthermore, program directors have indicated challenges in evaluating the CanMEDs roles, specifically in evaluating roles other than Medical Expert (7). Global health electives provide many opportunities to explore the other CanMEDs competencies and evaluate how these roles can be perpetuated and furthered in resource-poor contexts.

5. Residency Rotation-Specific Objectives: Elective Rotation at the Moi University, Kenya. [Internet]. Toronto: Department of Obstetrics and Gynaecology, University of Toronto [updated 2018 April 11; cited 2019 Nov 3. Available from: https://webcache.googleusercontent.com/search?q=cacheyYqNe4INkJ4I:https://www.obgyn.utoronto.ca/sites/default/files/Moi%2520Elective%2520v2.6%2520Apr%252010%25202018.docx+c&cd=5&hl=en&ct=clnk&gl=ie


3- Discussion
a) comparison and contrast with other experiences need to be more evident and strong in the discussion in relations to settings in both developing and developed countries. This can enrich the discussion and help to expand the references list which is too small for a scientific article

Thank you for this comment. In response to this feedback we have incorporated more references to expand on the differences between resource rich and resource poor countries in an educational context:

Resource limited contexts provide trainees with a different learning environment than resource rich contexts (8). By participating in a resource poor context, trainees are challenged to maximize and adapt their communication skills and resourcefulness (8). One study found that international experiences led trainees to rely on clinical findings rather than diagnostic tests (9). Global health electives also provide trainees with a unique opportunity to become more culturally competent (9). Additionally, in Kenya, trainees encounter unique clinical circumstances that can challenge their ethical frameworks in a way that is different from what is experienced in Canada (5). While the context may provide an enriching experience for participants, being competent in a resource rich context may not translate to competency in a resource-limited setting (8). However, the positive self-perceived data from this study supports the conclusion that this global health elective provided trainees with a greater appreciation of competency skills as they relate to the reproductive health needs of women in Canada and abroad.