EDITOR/AUTHOR CORRESPONDENCE

Dear Author:  
  
We have reached a decision regarding your submission to University of Ottawa Journal of Medicine, "The Need for Social Accountability in Medical School Education: a Tale of Five Students’ Integration into Vancouver’s Downtown Eastside". Your submission has been reviewed by three reviewers and a member of the Editorial Board. Comments from the review are included at the bottom of this letter.  
  
Our decision is to: Conditionally accept upon revisions  
  
While the reviewers recognized the potential interest in your article, a number of issues were raised that must be adequately addressed before consideration for publication.   
  
Please submit your REVISED MANUSCRIPT WITHIN 2 WEEKS. If you have trouble meeting these deadlines, please notify us ASAP. Please submit the following three documents:   
1) A RESPONSE TO REVIEWERS with an itemized response to each of the points raised by the reviewers. Indicate changes made to the manuscript or where the manuscript has not been altered, explaining why changes were not made.  
2) A marked version (MARKED MANUSCRIPT) showing where the changes were made as a supplemental document.   
3) REVISED MANUSCRIPT with the suggested changes incorporated for secondary review.  
  
Please let us know if you have any questions and thank you again for your submission.  
  
  
To submit the revised manuscript:  
  
1. Logon to OJS at https://uottawa.scholarsportal.info/ojs/index.php/uojm-jmuo/login  
2. Click on [Author]  
3. Click on your article under "Active Submissions"  
4. At the Summary screen, upload the RESPONSE TO REVIEWERS and MARKED MANUSCRIPT as supplemental files. Ensure that "Present file to reviewers" is checked.  
5. Click on the "Review" Tab  
6. Scroll down to "Editor Decision"  
7. Beside [Upload Author Version] use the upload tool to submit your REVISED MANUSCRIPT  
8. Notify Editor by clicking on the email icon. Draft a letter to respond to the editor and click "send email" to deliver the message  
  
Please let us know if you have any questions and thank you again for your submission.  
  
  
To submit the revised manuscript:  
  
1. Logon to OJS at https://uottawa.scholarsportal.info/ojs/index.php/uojm-jmuo/login  
2. Click on [Author]  
3. Click on your article under "Active Submissions"  
4. At the Summary screen, upload the RESPONSE TO REVIEWERS and MARKED MANUSCRIPT as supplemental files. Ensure that "Present file to reviewers" is checked.  
5. Click on the "Review" Tab  
6. Scroll down to "Editor Decision"  
7. Beside [Upload Author Version] use the upload tool to submit your REVISED MANUSCRIPT  
8. Notify Editor by clicking on the email icon. Draft a letter to respond to the editor and click "send email" to deliver the message  
  
Sincerely,  
  
Jason Zelt  
University of Ottawa  
jason.zelt@uottawa.ca  
  
  
The Reviewers comments are listed below:  
Jason Zelt  
------------------------------------------------------  
Jason Zelt, Editor:  
  
1) Please revise lines 54-55 as they were flagged  
for similarity by Turnitin.

🡪 This was changed (Line 64-65)  
  
  
Reviewer A:  
   
Comments to the author:   
  
Thank you for your commentary article on the need for social accountability in medical school education. The concepts that you raise in your article are clearly important to discuss across all medical schools. I greatly appreciated you sharing your personal experience with the Vancouver Street Soccer League, it sounds like you all truly had a very profound and meaningful experience; which I agree all students can greatly benefit from and grow to become a better and more well-rounded physician.  
  
Major comments::   
• Abstract needs to have a clearer statement of your thesis (i.e. the key point you will be proving/arguing for). It was succinctly stated in line 88-90; however, I believe it needs to be presented in the abstract as well to prepare the reader for your thesis.

🡪 The abstract has been changed to have a clearer statement of the thesis (Line 7-10)

• Considering that the current theme for UOJM is "Preventative and Personalized Medicine", it would be suggested that the authors tailor their commentary to fit the theme more aptly. For example, the authors could highlight how their work with VSSL allowed for health promotion strategies; or expand on their concept stated in line 70-71 (increased GPs in marginalized areas) can contribute significantly to preventative care, etc.

🡪 The article has been changed to draw associations to the current theme of the UOJM “Preventative and Personalized Medicine” at multiple locations (Lines 37-38, 50-53, 67-69, 79-83)

• Lines 36-27 It is suggested that the authors use the CanMED framework roles (e.g. health advocacy, leader) to further strengthen their argument on why "social accountability" must be integrated across all medical school curriculums.

🡪 Unfortunately, it is not clear where the editor intends this change to be (“Lines 36-27”). However, the role of the CanMEDS with respect to social accountability has been outlined (Lines 20-25)

• Line 65-66: This sentence needs to be more clear on how having UBC medical students play soccer helps marginalized people from this community build good relationships with their "future" health care providers. This just needs a simple statement about how the relationships developed during soccer matches show the people of the community that medical professionals in general are approachable and trustworthy people; thereby fostering trusting relationships with future healthcare providers.

🡪 The article has been changed to accommodate this suggestion (Lines 75-77)

• Line 70: Could you comment on the element/factor of time? Ref 11 integrated an Urban Underserved Program for all 4 years of medical school and noticed these students were more likely to practice in an underserved area. However, based on your current commentary article it seems like the UBC program is just offered in 2nd year - is that much exposure sufficient to increase physician preference to work in a underserved area? Please clarify if I misunderstood the article.

🡪 Please see lines 95-103

• Line 74 –76: Unclear statement. Please explain how playing soccer and building relationships will solve the "unique and complicated challenges" women face when accessing healthcare.

🡪 This point has been elaborated (Lines 87-93)

• Line 90: Are there any articles to support that social accountability is "most effectively" learned through community based learning modules? If not, then you need to revise this statement as an "opinion" (i.e. we believe that social accountability is best learned...)

🡪 The editor makes a strong point, and the article has been changed to include “we believe that” (Line 116)  
  
Minor comments::   
Line 21-26: Consider dividing into two sentences

🡪 Changed (Lines 27-31)

Line 29: positive outcomes

🡪 Changed (Line 34)

Lines 31-32: It is suggested that you tie this concept to UOJM's theme of "preventative & personalized medicine)

🡪Changed (Lines 37-38)

Lines 43-44: Another potential place where concept can be tied to UOJM's theme of "preventative & personalized medicine)

🡪 Changed (Lines 50-53)

Line 52: Change to numbers rather than writing it out

🡪 Changed (Line 62)

Line 54: Suggested word choice changes i.e. social support

🡪 Changed (Line 63)

Lines 59-60: Another potential place to tie why sustainability of these projects are important as part of "preventative medicine" strategy.

🡪 Changed (Lines 67-69)

Line 64: outside of the typical structured healthcare setting...

🡪 Changed (Line 74)  
  
  
------------------------------------------------------  
  
------------------------------------------------------  
Reviewer B:  
  
   
Comments to the author:   
Positive comments (strengths)::   
It is with great pleasure that I read the article ‘The Need for Social Accountability in Medical School Education: a Tale of Five Students’ Integration into Vancouver’s Downtown Eastside’ that was submitted to the University of Ottawa Journal of Medicine (UOJM). There are valuable points presented and some revisions are needed prior to publication.  The authors have written a piece that is interesting especially given the fact that Ottawa's curriculum also integrates a mandatory volunteer community placement in the medical students' first year.  
  
Major comments::   
Abstract : consider being more specific in regards to the type of article.   
Line 7: interchange the word “article” to inform the reader of the type of article such as a review? Systematic review? Opinion piece?

🡪 Changed “article” to “review and commentary” (Line 7)

Line 9 : first time mentioning Vancouver’s Downtown Eastside; maybe add the abbreviation in parenthesis

🡪 Changed (Line 9)

Line 11 : please consider having more specific subtitles to direct the reader

🡪 The authors thank you for your suggestion but have decided not to include specific subtitles to direct the reader. We feel that the flow of the article is better without subtitles.

Line 22-23 : Invert sentence : Many students start medical school …..but unfortunately …

🡪 Changed

Line 23 : « lose values » is a bit strong

🡪 “lose values” was changed to “do not prioritize” (Lines 27-29)

Line 29 : outcome is singular suggesting only one, consider the need for plural

🡪 Changed (Line 34)

Line 29-30 : Reference needed?

🡪 The authors feel that the first line of the paragraph is an introduction into the rest of the paragraph which includes references. Furthermore, because the other two editors did not make this suggestion, we have decided not to change it.

Line 36-37 : how did they conclude the development of an increase sense of social responsibility? Please expand

🡪 This was expanded (Lines 41-44)

Line 36 : the medical students involved... (involved after)

🡪 Changed (Line 42)

Line 38 : participated in prison health care (add care) Or correctional health care.

🡪 Changed (Line 45)

Line 38 : « this » instead of « a »

🡪 Changed (Line 46)

Line 42-43 : increased THEIR teamwork skills. Also there are four main conclusions so do not put « Overall » as the last point is the fourth point. Consider writing « and GAINED important learning opportunities through THIS community service involvement … »

🡪 Changed (Lines 49-50)

Line 43-44 : specify if community involvement is with marginalized population

🡪 Changed to specify involvement with marginalized populations (Lines 53-56)

Line 54 : provides friendship? Maybe reword

🡪 This was reworded to “social support” (Line 63)

Line 58 : 2 « and », maybe « and also vote… »

🡪 Changed (Line 66)

Line 59 : « may take on » is a bit colloquial

🡪 Deleted (Line 67)

Line 75 : through THESE soccer practices

🡪 This sentence was modified and the suggestion is no longer present

Line 78 : opinion or fact that is is NOT attainable through didactic training?

🡪 The part about didactic training was deleted (Lines 105-106)  
  
Minor comments::   
Line 4 : consider using the word « integration » instead of « introduction »

🡪 Changed (Line 4)

And instead of « medical education », maybe « medical curriculum »

🡪 Changed (Line 4)

Line 23-24 : instead of semi-column, consider putting a period before « however… »

🡪 The sentence was separated into two sentences and “however” was deleted (Lines 27-31)

Line 25 : instead of « provide » consider saying « lead to… »

🡪 Changed (Line 30)

Line 33 : remove « course » after DPAS. Word duplicate

🡪 Deleted (Line 39)

Line 44 : TOWARD (no « s »)

🡪 Changed (Line 55)

Line 50 : « practice and play » redundant. Maybe just « play »

🡪 Deleted “practice and” (Line 60)  
  
------------------------------------------------------  
  
------------------------------------------------------  
Reviewer C:  
  
   
Comments to the author:   
Positive comments (strengths)::   
Dear authors,  
  
Thank you for the excellent article that you have submitted to the UOJM, it was a pleasure to read it. I do think that your article highlights the importance of social accountability and the purpose of community service learning in many medical schools across Canada (and North America).  
  
Major comments::   
In lines 32-34, you introduce DPAS to the readers (UBC's community service learning). I think it would benefit the readers to explain it more in-depth as opposed to making the readers curious about DPAS to search online. Couldn’t one argue that this behaviour is not altruistic but rather an alternative option for an individual to complete their coursework? Is this necessary as part of the curriculum or should it be heavily encouraged by the school instead to give back to the community. Another thing about DPAS - from my understanding, you mention that it is offered as an alternative to the coursework. Couldn't you argue that this service learning is selected not as an altruistic motive (ie. line22-23) but rather students choose this due to the fact that it is a more interesting and easier alternative to the coursework instead? Wouldn't it be better if the schools heavily encouraged the students to give back to the community instead?

🡪 The editor makes a good point. We feel that this is important and perhaps a topic of discussion that our article may raise. We do not believe that we should include this explicitly in our article. The distinction between choosing a community service option for altruistic intent and as an easier alternative to other coursework may not be important if involvement in community work itself fosters giving back to the community. This is an important discussion that we hope our article may stimulate, but not the focus of our article.  
  
Line 68-70 utilizes two citations - from citation 11, the Jefferson Medical College has a four-year proposal to enhance students experience to the underserved population in the urban area of the city. Do you believe that a monthly soccer game exposure to UBC medical students will have an equivalent effect in increasing future practitioners serving the underserved population? If you had any long-term data from UBC, that would be much better.

🡪 We have added a short discussion of timeline to our article. Unfortunately, there is not any long term data from UBC, but we do have short term data that shows that even one year of DPAS has benefit. This can be compared to longer data from other schools which shows benefit. (Lines 95-103)  
  
Minor comments::   
In lines 21-25 - I believe the Couhelan and Williams (2001) citation may serve better for the sentence (within the original paper you've cited).

🡪 Thank you. This has been included. (Line 29)  
  
Line 53 - the comparison of HIV rates to Botswana - although it emphasizes the disparity, I feel is not necessary to deliver the message across.

🡪 The rates of HIV in comparison to Botswana have been deleted. (Line 62)  
  
------------------------------------------------------  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
University of Ottawa Journal of Medicine | Journal Médical de l’Université d’Ottawa  
uojm.ca  
https://uottawa.scholarsportal.info/ojs/index.php/uojm-jmuo