Article: 2013-0094	
Title	**Attitudes and Knowledge Regarding Healthcare Policy and Systems: A Survey of Medical Students in Ontario and California**
Authors	Emil Sherif, Michael Prislin, Elise Mok, Justine Nagurney
Reviewer 1	**Daniel Louis**
Institution	Jefferson Medical College
General comments	Very interesting analysis and helpful to those of us who feel that health policy deserves more attention in the medical school curriculum. A few suggestions: - I did not see any justification for the selection of Ontario and California. OK to select, but they do not necessarily represent Canada or the US. Would students in Quebec or Alabama or New York respond similarly? This should be acknowledged as a limitation. - The first sentence of your abstract says: "Future physicians should lead the healthcare transformation taking place in North America." It is not at all clear that this is true and nothing in your manuscript supports this. I believe that this need to be significantly softened....instead of "lead"...participate in...play a major role in... become informed participants in...? - I found the first sentence of the results section of your abstract to be a bit confusing in terms of differentiating between where the respondents are from and the response rates - which were very similar in the two countries. INTRODUCTION: I suggest moving the waiting time discussion to a separate paragraph and acknowledging that there are waiting time issues in the US as well as Canada. DISCUSSION: I am not convinced that this this statement follows the previous parts of the discussion. "If a goal of medical education is to create physicians who support a fundamental right to healthcare, recruitment strategies may be as important as, if not more important than, the curriculum's influence." Are you suggesting a political litmus test to replace MCAT scores? Does this argue against your conclusion that instruction on healthcare policy and healthcare structure be integrated into the medical school curriculum? TABLE 1: -Add numbers, not just % TABLE 3: - Not sure why you include tests of significance in Table 2 (and of course Table 4) but not Table 3
Reviewer 2	**Mikhail Higgins MD MPH**
Institution	Hospital of the University of Pennsylvania
General comments	I enjoyed reading your team's manuscript! It is well-designed and appropriately discussed. With regards to the methods section, you provided a wonderful summary of the questionnaire. I appreciate the intentional exclusion of the named institution due to the cited biases that might have confounded your results. Your discussion is also well done and references relevant data that I feel nicely contextualizes your study and its results. I have provided minor suggestions for changes mostly ranging from simple grammatical and typographical errors to sentence construction. Feel free to accept or reject my critiques as you see fit. However, again, great job. I look forward to seeing the final manuscript in print! Abstract: 1. 1st line- "NorthAmerica"◊ "North America" Introduction: 1st paragraph: 2. 6nd line- "andhospital"--> "and hospital" 3. 6nd line- "administrative overhea,"-->"administrative overhead" Methods: Survey development: 1st paragraph:

	4. 2nd line- "with individual experts"-◊ "with experts..." 5. 2nd line- "The instrument consisted of several sections including:.."◊ "The instrument consisted of several sections assessing the following:.." 6. 2nd- 3rd line- "demographic characteristics of the students.." ◊"demographic characteristics of the student..." Given that there is one student per questionnaire issued, the singularity of the subject should be consistent throughout (see below). 7. 4th line- "students' current or future participation"◊"student's current or future participation" 8. 6th line- "student views on how various types"◊ "student's views on how various types" 9. 7th line- "the students would prefer to practice in"◊ "the student would prefer to practice in" 2nd paragraph: 10. Combine 2nd paragraph with 3rd. 11. 2nd line- "Canadian health care delivery systems"◊ "Canadian healthcare delivery systems" Data Analyses: 12. 1st paragraph, 2nd line "t tests"◊ "t-tests" 13. 2nd paragraph- "understanding of their own, and others', health care systems before starting medical school and at the time of the survey"◊ " understanding of health care systems, both at home at abroad, before starting medical school as well as at the time of the survey." 14. Combine 2nd and 3rd paragraph Results: 15. 3rd paragraph, 3rd line- "American students were"◊ "American students were" Discussion: 16. 1st paragraph, 1st line- "The primary aim of our study was to assess medical students' knowledge, beliefs, and attitudes towards broad healthcare provision principles and policies."◊ "The primary aim of our study was to assess medical students' knowledge, beliefs, and attitudes towards the principles and policies inherent to the broad provision of health care." 17. 2nd paragraph, 3rd line- "The debt burden was much lower"◊ "The debt burden was much lower…" 18. 3rd paragraph, 4th line- "and a policy statement…"◊ "and a policy proposition" 19. 4th paragraph, 2nd line- "as the healthcare reform debate has waxed and waned in the United States" ◊ "as the healthcare reform debate has evolved in the United States" 20. 4th paragraph, 2nd-3rd line- "To our knowledge, no this is the first study conducted in Canada."◊ "To our knowledge, this is the first study of its kind conducted in Canada." 21. 4th paragraph, 3rd-4th- "These previous American studies have all shown support for universal access by a majority of US medical students, although the level of support differed."◊ "Previous American studies have demonstrated that US medical students largely favor universal access to health care, although the level of support varies between studies." 22. 4th paragraph, 7th line- "and their support for reform that would achieve it." ◊ "and their support for models of reform that might achieve it. " 23. Final paragraph, 7th line- "Despite these limitations, many would agree."◊ "Despite these limitations, many would agree…"
Reviewer 3	**Roy Dobson**
Institution	College of Pharmacy and Nutrition, University of Saskatchewan
General comments	Abstract There appears to be an error in the abstract pertaining to the California and Ontario response rates. In Results (page 8 of 27) the rates are 43.1 and 42.8 respectively, but are reported as 60.4 and 39.6% in the abstract Introduction I found the description of the Canadian health care system with regard to funding to be overly simplistic to the point of being misleading. While a majority of health services are paid via a number of public-payers (16-17 in Canada depending on how you categorize them), there exist many private payers associated with the remaining part of the system not funded through Medicare and other public payers. It is also important to clarify that ability to pay versus waiting lists are examples of how each system copes with excess demand (rationing). At the end of the first paragraph, the authors assert that multiple aspects of healthcare profoundly affect patients and physicians. This is a very strong claim yet no examples or references are offered to support or illustrate this claim.

	At the end of the second paragraph, the authors conclude that progress in health care reform has been quite slow. Compared to which other systems or situations? In the final paragraph of the introduction, the authors discuss the lack of training physicians receive in health policy and how physicians formulate beliefs and attitudes. However, it is not until the top of page 14 of 27 that any explanation is given as to why this matters. I strongly suggest placing this rationale for more health policy education at the beginning of the manuscript to mitigate a "so what" response from the reader. Methods In developing their questionnaire, the authors indicate they conducted a comprehensive review of the literature; but, provide no details. Search terms and basic methodology in identifying relevant literature are needed to allow the reader to assess the content validity of items used in the questionnaire. In describing their data analysis, the authors refer to Likert scales as continuous data; this is incorrect. Likert scales produce interval data. Though often analysed as continuous data if certain distribution assumptions are met, it is incorrect to describe as continuous. The authors also contend that students were considered strong supporters of universal healthcare if they agreed with three statements. How were these items validated as proxies for universal healthcare support? Referencing of other researchers using similar questions and correlation with support for universal healthcare are needed. Results and Discussion No real issues with results as presented, although I thought much of discussion could have easily fitted within the results section. In my mind, discussion is where interpretation and reflection of finding should occur. I found a substantial amount of the discussion was given over to results where only a very brief reference to results would be more appropriate. The approach of the authors is not uncommon; but, in the end, should be avoided. On page 13 of 27, the authors allude to a general consensus about the state of health policy (references???) Also on the same page, authors indicate that the Canadian system was correctly characterized as single payer… Some would argue that that characterization is not correct. Those not characterising as such may lack information OR possibly have a more nuanced understanding of the competing health care systems. Not knowing is a limitation of the study. On a related issue, the authors need to discuss study limitations On page 15 of 27, in stating that, many would agree with responsibility to train physicians who advocate for universal healthcare access, the authors need to provide evidence in the form of references.
Author response	Dr. Daniel Z Louis 1. The limitation of choice of Ontario and California has been added as described above. 2. The first sentence of the abstract was removed. 3. The first sentence of the Results section of the abstract just gives the response rate of the survey and the distribution of respondents between Ontario and California. Introduction: 4. This is not a manuscript to discuss or compare waiting times. It is fair to say that waiting times is a major weakness of the Canadian system, just as lack of insurance is a major weakness of the US system. That is the only point to be made, and is quite self-evident. Discussion: 5. This sentence was removed. Table 1: 6. The numbers would be large, repetitive, make for a very crowded table, and add nothing to the results. The percentages are reflective of the characteristics of the student body. 7. The Likert scale provides a weighted measure of support, whereas the choice of health care system is purely descriptive. Dr. Mikhail CSS Higgins Abstract: 1. Sentence removed. Introduction:

	2. Corrected 3. Corrected Methods: 4. “individual” removed 5. Change made 6. Singular used throughout as recommended. 7. As in 6 8. As in 6 9. As in 6 10. Paragraphs 1 and 2 cobmined 11. Correction made Data Analyses: 12. Correction made 13. Correction made 14. Paragraphs combined Results: 15. No correction suggested Discussion: 16. Change made 17. No correction suggested 18. Change made 19. Change made 20. Change made 21. Change made 22. Change made 23. No change suggested Dr. Roy Thomas Dobson Abstract: 1. There is no error. 60.4% and 39.6% represents the distribution of respondents between Ontario and California, not the response rates, which are 43.1% and 42.8% or 43% overall. Introduction: 2. While we agree with the reviewer that description of the Canadian system as single payer may be somewhat simplistic, we completely disagree that this is misleading. This paper is not concerned with the details and nuances of each healthcare system. The Canadian system is best described as a single payer system despite the participation of private insurance companies in the coverage of certain services. Certainly the US public and the Canadian public, as the well as the medical communities in both countries refer to it as a single payer system. Canada is widely cited as an example of a single payer system in the US media and by US physicians lobbying for such a system, e.g. Physicians for a National Health Program. Health economists describe it as such. For all these reasons, describing the Canadian system as a single payer system is appropriate and accurate for the purposes of the survey conducted and the manuscript as a whole. 3. Again, this is not a health care policy paper. We believe it is simply intuitive that financial aspects of the health care system have a direct impact on patients and physicians. 4. This is not a comparative policy paper. The Canadian system has not yet begun the transformation called for by the CMA in 2010. Describing the progress as slow is accurate. 5. This aspect is discussed in more detail in the interpretation section. This is more appropriate, since it is presented in the context of the results presented. It is not possible to do this in the introduction prior to presentation of the results. Methods: 6. The literature reviewed has been cited. 7. This has been changed in the data analyses section. 8. We did not claim that our index of support for universal healthcare was validated. In the Interpretation section, we clearly provided the rationale for why we believe the index is appropriate: “The composite index represented a measure of solid support for universal access, since it included a fundamental value (access to healthcare is a fundamental human right), a personal commitment (I plan to support universal healthcare coverage as a physician), and a policy proposition (the government should guarantee healthcare access to all citizens).” Results and Discussion: 9. The “Main Findings” section of the discussion comprises only 1.5 pages, or approximately 25% of the Interpretation section. In addition, it presents the results within the context of their implications, rather than simply restate the numbers from the Results section. 10. Four references have been added to support the statement made. 11. The issue regarding single payer has already been discussed above. A limitations section has been added. 12. The reviewer asks us to provide references for the following statement: “Many would agree that

	medical schools and academic medicine in general have a responsibility to train socially responsible physicians who advocate for universal healthcare access of appropriate quality and cost." This is a value judgment that is inherent in medical ethics. We have chan