**Manuscript evaluation guidelines**Title: **The making of a ‘Citizen Doctor’: Can value-based classes in Environmental Science and Constitution of India impact medical student formation?**

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| **S. No.** | **Comments of Reviewer 1** | **Authors’ Responses** |
| 1. | The paper addresses an important field of medical ethics in India. | Thank you for your detailed review and observations. |
| 2. | The paper is specific to the Indian context and the recommendations made by the authors are important to improve the ‘citizen-doctor’ syllabus in medical schools. | The authors agree with the reviewer that *the paper is specific to the Indian context.* The purpose of the course was to cater to the Indian medical student. We hope that through this paper the citizen doctor model will be further developed and taken to other medical colleges in India |
| 3. | The information is new and there is no likelihood of plagiarism. | This course is unique to St Johns Medical College. Although the themes from CoI and ES were used as basis to design the course we have tried to restrict the topics to Indian context and made it more learner-centric through discussion to encourage critical thinking. |
| 4. | The discussion is well structured, but the conclusion is far too short and weak. I suggest the author’s work on the conclusion. Maybe they could speculate a little on how they might go about integrating the citizen doctor program in the mainstream medical subjects. What might be the possible impediments? | The authors agree with the reviewer and have worked on the conclusion.  Conclusion: The “Citizen Doctor” course for I year MBBS student was found to be useful and beneficial. It evoked a sense of wider responsibility and of responsiveness thus laying the foundation of a ‘Citizen Doctor’. ‘Eco-pedagogies’ are useful teaching approaches that follow a bottom-up method for social transformation. This pedagogical approach of the Citizen Doctor course that is student- centered where students are encouraged to think about issues beyond clinical medicine would lead to critical thinking focusing on issues beyond the ‘self’ to the ‘other’. The evidence suggests that this course must continue and even expand to other years of the medical course, possibly even integrating with mainstream medical subjects. How do concerned citizens, whether medical students or health professionals, engage with policy and expand their circles of influence beyond their work and their own ‘clientele’ of patients, who are citizens themselves? Small research studies, understanding health system responsiveness, visits or weekend internships at civic organizations, are some ways that this course could enrich the experience of the students.  However, by making it a credit course under the new curriculum or by spreading it across the five years of the medical curriculum, it would be possible to have successful interventions at different stages. We also see the potential of linking the National Social Service program of medical colleges to this course. Another possibility is to integrate the Citizen Doctor course in the AETCOM (Attitudes, Ethics, Communication) curriculum linked to an evaluation or certification of students completing this course, thus giving it its due credit and importance in the making of a good doctor. |
| 5. | It has to be made clear in the beginning why environmental studies is included in a program on citizenship. The authors also need to give a socio-cultural background to the undergraduate students who responded to their questionnaire. How did that affect the responses they got? A paragraph or two socially locating St John’s Medical College is also necessary. Are these programs run only in colleges in metropolitan cities and would that differ from those run elsewhere? The authors need to contextualize the college and its students more. | The authors have made the following additions to the paper,  Paragraph 3: Rapid economic and technological progress has fueled economic growth but has also led to ecological disturbances and has widened social inequalities. It is only through environmental education that pro-environmental behavioral changes can be brought about (9). An understanding of environmental issues will enable medical students in adopting values and goals to engage as citizens in crucial issues related to the environment. This is all the more important if medical students are to value the social determinants of health, of which environmental/ecological issue are an important part.  Paragraph 4: Although, there is an ongoing discussion in India on educating future doctors to be more socially responsible citizens, there is little attempt in making professional and civic duties of the doctor complimentary to one another. The ‘Citizen Doctor’ course is unique to St Johns Medical College. It was designed with a purposeful shift from providing knowledge to inspiring and initiating responsiveness and critical thinking among medical students.  Under Methods Paragraph 1: The study was conducted in a private Catholic Minority Medical College in Bengaluru City, Karnataka, which has a specific mission to train doctors to work in underserved areas. The majority of the students are Catholic, including 20 religious nuns. Students are drawn from various states, including 30 students from states of particular health need in North and Northeast India. A little less than 2/3 of the students in the last three years are women. Every year, first year students attend Constitution of India and Environmental Classes mandated by the Rajiv Gandhi University of Health Sciences. Students also go through a compulsory Ethics training course throughout their medical education |
|  | **Comments of Reviewer 2** |  |
| 6. | The article brings forward an innovative approach to developing ‘human doctors’ rather than producing ‘professional doctors’ through medical education. While medical education in India is now giving importance to the topics of ethics, professional behaviors with patients, and communication related issues through AETCOM, it is imperative that for AETCOM to be effective, doctors have a foundation in developing their social conscience and have the greater good of society in mind. This paper addresses an approach to develop doctors having this conscience and civic responsibility which can lay a strong foundation for various AETCOM related courses, which is very relevant to the field of medical ethics not only in India but also globally including in developing countries | Thank you for your detailed review and observations. |
| 7. | Since this study is based in the Indian context and restricted to a single medical college in Bengaluru, the topics discussed are likely to be more India-centric, or rather region-specific. | The authors agree with the reviewer that the topics were more India-centric. However, we believe that any medical college in India could adopt the themes, as the dual roles of citizen a medical professional should always correspond with one another. |
| 8. | The study shows promising results and the innovation described in the paper has the potential to influence practice and policy, with an aim of getting incorporated as a course module in the AETCOM as suggested by the authors. However, if the same study / innovation is replicated in other parts of the country, and perhaps with MBBS students studying in the 2nd, 3rd, or 4th years (not just restricting to 1st year students), the evidence generated will only get stronger to encourage policy level changes | The authors agree with the reviewer and have incorporated this suggestion in the conclusion of the paper  Conclusion: The “Citizen Doctor” course for I year MBBS student was found to be useful and beneficial. It evoked a sense of wider responsibility and of responsiveness thus laying the foundation of a ‘Citizen Doctor’. ‘Eco-pedagogies’ are useful teaching approaches that follow a bottom-up method for social transformation. This pedagogical approach of the Citizen Doctor course that is student- centered where students are encouraged to think about issues beyond clinical medicine would lead to critical thinking focusing on issues beyond the ‘self’ to the ‘other’. The evidence suggests that this course must continue and even expand to other years of the medical course, possibly even integrating with mainstream medical subjects. How do concerned citizens, whether medical students or health professionals, engage with policy and expand their circles of influence beyond their work and their own ‘clientele’ of patients, who are citizens themselves? Small research studies, understanding health system responsiveness, visits or weekend internships at civic organizations, are some ways that this course could enrich the experience of the students.  However, due to practical issues like the burden of syllabus, large number of students in a class and non- availability of appropriate teachers it could be difficult to sustain a learner- centered approach of the Citizen Doctor course. But, by making it a required credit course under the new curriculum or by spreading it across the five years of the medical curriculum, it would be possible to have successful interventions at different stages. We also see the potential of linking the National Social Service program of medical colleges to this course. Another possibility is to integrate the Citizen Doctor course in the AETCOM (Attitudes, Ethics, Communication) curriculum linked to an evaluation or certification of students completing this course, thus giving it its due credit and importance in the making of a good doctor. |
|  | The manuscript describes an innovation in medical education and the findings and conclusions add a new perspective in training of future doctors. The interpretations are well-developed | Thank you for your comments. |
|  | Are there any other countries where this kind of a program has been included in the medical education curriculum? If the authors could mention such studies (or the lack of them), the interpretations would also look well-supported. | The ‘Citizen Doctor’ course is a novel way of positioning Environmental Science and Constitution of India classes for first year students of the undergraduate MBBS course. Although the course was built around the core ideas and themes of the CoI and ES, this was unique to St Johns Medical College. The objective of the course was to develop humane doctors by familiarizing the young medical student to contemporary pressing issues and to encourage them to think like civic-minded professional doctors. |
|  | No loose generalisations. Although the results are promising, they arise out of data from first year medical students only. Hence, any conclusion should be made keeping this limitation in mind. | We have included a paragraph on Limitations in our paper  Limitations  An important lacuna identified by students in the present curriculum was lack of engagement with the politics of development, structural issues, centres of power, and policymaking that influence change. The course focused on knowledge to an e extent, and was unable to actively engage all students, with real ongoing problems and advocacy processes to a desired extent  Another limitation was that the Citizen Doctor course was limited to the first year students; its development being structured around lecture time assigned by the university mandated environmental sciences and constitution of India classes. We see the potential of linking the National Social Service program of medical colleges to this course and connecting the newly rolled out ATECOM curriculum to spirally integrating the intrinsic values of this course into ATECOM. We however did not attempt this.  The profile of the single institution that launched this course could also be a limitation in terms of the generalizability of the study to all medical colleges in the country. This medical college where the course was rolled out is in an urban area, places a high value on a social physician who is a link between medicine and society. |
|  | Perhaps it would help to understand why the researchers / authors decided to roll out the Citizen Doctor program only for first year MBBS students, and not included other students? I think that would be important to know. | We agree and have responded to this question in the limitations |
|  | **Accept with modifications (specify)** – Yes  Justification for why first year medical students received the Citizen Doctor training  Are there any such programs implemented elsewhere – developed or developing countries?  Outline the limitations in generalization of the study findings | We have addressed these queries in the above comments |