| **Item** | **Reviewers’ Comments:** | **Authors’ Response(s):** |
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| 1 | Reviewer C: The author has written a paper that outlines a proposal for the use of duoethnography as a means to foster and support professional identity formation in residency, and the importance of health and wellness as a part of this process. The paper also explores the impact of being located in a more rural and remote region for residency training. This is a topical subject area given the concerns around health and wellness and the challenges in assessing these areas. The author states she has no conflict of interest. | * *The paper has undergone a major revision and no longer includes a focus on DME.* * *The focus of the paper presents duoethnography, as a method of curriculum inquiry, to facilitate teaching professionalism and self-care in resident education.* |
| 2 | Reviewer C: The abstract provides more background than is needed. A brief summary of the background then a succinct description of duoethnography and how it can be used would be more helpful to the reader looking for relevant papers in this area. | * *The abstract has been revised as per reviewer’s comments and now includes a succinct description of duoethnography (i.e. a dialogic and collaborative form of curriculum inquiry).* |
| 3 | Reviewer C: The author provides the background for professional identity formation and the emphasis now placed on this in the context of the CanMeds roles. She also ties in the importance of health and wellness. I found the writing in the first half of the paper clear and easy to read. She provides a description of duoethnography and the eight tenets involved. The table provides a clear summary of each tenet. | * *No response required.* |
| 4 | Reviewer C: In the next section, the application of this approach is not as clear. In order to reach the appropriate audience and be able to utilize this method, I would recommend this section be re-worked to provide a practical approach to the integration of this approach to foster professional identity. Perhaps a table or figure would help in this regard. There are challenges with who would the resident be paired with? In a smaller setting they will be limited numbers of faculty, and this needs to be a safe situation for residents to feel free to share the types of experiences alluded to in the paper. Many faculty members will be involved in assessing the residents, limiting what they would feel comfortable to share. Could they be linked with someone more remote for example, if an online dialogue is the proposed means of communicating. If this is how it is implemented, how do you foster a relationship between the faculty member and resident that would allow for meaningful sharing? | * *This section has undergone a major revision in consultation with two clinical professors responsible for resident training from McMaster University’s Department of Medicine.* * *Page 10 now includes information about the curriculum structure of the internal medicine program at McMaster University. It provides clear examples where reflective practice has been incorporated into resident education, and how those learning forums create the possibility to include duoethnography as a pedagogical model for resident professionalism and self-care education.* * *Page 11 now includes a figure that explains the duoethnographic stages of professional identity currere.* |
| 5 | Reviewer C:  Other questions to consider: How will this be incorporated into an already busy schedule, with other expectations as part of their residency? Could this be part of the mentorship that currently exists? The use of concrete examples from a clinical perspective rather than just the questions provided would assist readers from a variety of backgrounds in applying this methodology. | * *This section has undergone a major revision in consultation with two clinical professors responsible for resident training from McMaster University’s Department of Medicine.* * *Page 10 now includes information about the curriculum structure of the internal medicine program at McMaster University. It provides concrete examples where reflective practice has been incorporated into resident education, and how those learning forums create the possibility to include duoethnography as a pedagogical model for resident professionalism and self-care education.* |
| 6 | Reviewer C:  **Typos and Grammar:**  There is a typo on page 7: it says cistributed instead of distributed.  The line at the top of page 8 appears to be missing a word: “?...more likely to express or another word? lack of confidence in their learning experiences”  At the end of page 9, the end of the line where reference 40 is referenced, should read “differently” rather than different.  On page 11, middle of the page – line that reads: “eludes the researcher/researched dichotomy that situations Other as a subject to be talked about.” Reference 42 given at this point. I believe it should read situates Other, rather than situations Other.  On page 13, there is a new paragraph and indent that should not be there. “It is important… should continue after the “words ease of reference,” in the second line.  Half way down page 13, the phrase: “…all the well while” – I do not think the word “well” should be there.  On page 15: should read “ethical dimensions of “care” no carr. | * *All typos and grammar have been corrected as per reviewer’s comments.* |
| 7 | Reviewer A: The concept of duoethnography is mentioned at the start but it is not until p8 that what this actually is begins to be explored. And then the language is dense and hard to follow. If the goal is to persuade us of the utility of this approach then this needs to be made more accessible. | * *This section has undergone a major revision and now provides a succinct description of duoethnography within abstract and using more accessible language.* |
| 8 | Reviewer A: The phrase “emotionally difficult learning” is used several times without a clear sense of what it means – this needs to be unpacked and explained. | * *The phrase “emotionally difficult learning” has been removed from the paper.* |
| 9 | Reviewer A: Medicine as a privilege is mentioned several times but this doesn’t relate to the thesis of the paper … | * *This has been removed from the paper.* |
| 10 | Reviewer A: The paper is vague what its purpose is – is this about defining or developing duoethnography vs arguing for duoethnography as appropriate to DME programs vs how to do duoethnography? Or is this about professional identity formation or wellness or …? | * *The paper has undergone a major revision and no longer includes a focus on DME.* * *The focus of the paper presents duoethnography, as a method of curriculum inquiry, to facilitate teaching professionalism and self-care in resident education.* |
| 11 | Reviewer A: Absolute claims throughout the paper need to be tempered e.g. “This burden of stress contributes to emotionally difficult learning, which, in turn, hinders professional identity development” should be something like “This burden of stress can contribute to emotionally difficult learning, which, in turn, can hinder professional identity development.” | * *The paper has undergone a major revision and no longer contains “absolute claims.”* |
| 12 | Reviewer A: Multiple instances of syntax errors, needs copy editing throughout. What is “cistributed”? | * *All syntax errors and copy-editing errors have been corrected.* |
| 13 | Reviewer A: What is actually presented is a prospective and rather speculative proposed translation of duoethnographic to medical education. Other than the suggestion that DME students are more likely to be stressed (which is rather questionable in my own experience). The exposition is not grounded in DME issues or dynamics. | * *The paper has undergone a major revision and no longer includes a focus on DME. The focus of the paper presents a theoretical concept to facilitate teaching professionalism in resident curriculum.* |
| 14 | Reviewer A: There is no data, no evaluation, no validation, no real-life test of the proposed use of DE and as such this is an opinion piece that is only very tangentially related to DME. | * *This section has undergone a major revision in consultation with two clinical professors responsible for resident training (now listed as contributing authors) from McMaster University’s Department of Medicine.* * *The paper no longer includes a focus on DME.* * *The focus of the paper presents duoethnography, as a method of curriculum inquiry, to facilitate teaching professionalism and self-care in resident education.* |