**Date:** Jul 19, 2018
**To:** "eva lathrop" [redacted]
**From:** "The Green Journal" em@greenjournal.org
**Subject:** Your Submission ONG-18-1095

RE: Manuscript Number ONG-18-1095

The Impact of Obstetrics and Gynecology Residency Programs' Global Health Training Programs

Dear Dr. lathrop:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 09, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: General: thank you for this work. I believe that a better assessment of GHT is in order and promoting best practices is great. My main comment about your work is that I would focus more time and analysis on the reciprocity angle, as noted in my last comment. This is probably where your analysis can have the most impact.

1. Line 79-81: finish this thought, (it seems abandoned in this paragraph) either by listing the goals or putting them in a small table up front (I know they appear later) so that they are easily referenced

2. Line 139-141; my worry is that resident authored papers with faculty who have since left might have been missed.

3. Line 195-6: I think it would be helpful to report how many papers included a host author, not just the number of authors from host country. A deeper dig on this might also include if may of those authors came from particular programs, and if some programs did not tend to have host authors; and if "research" opportunities were more likely to have authored papers and host authors included, etc…. I think this is an important point and the inclusion of host authors and faculty in developing research and presenting it is a marker for how we are helping to develop sustainable and independent programs abroad.

Reviewer #2: This is a cross-sectional study of the global health training courses among ob/gyn residency programs in the US. This is a well written manuscript with multi-layered analysis of the GHT opportunities available to US ob/gyn residency graduates. This appears to be the first attempt to determine reciprocity between the ob/gyn residencies and collaborating international institutions. The analysis is limited to only research publications, therefore limited to research endeavors and collaborations. I would recommend adding what proportion of host authors were first, second or last author, indicating a greater degree of collaboration. The authors note the limitation with focusing on the publications that underestimates the clinical global impact, however these data are much more difficult to ascertain. Is there any data indicating whether students from host countries had the opportunities to come to the US?

Minor comment: 1) It appears that not all of the countries on Figure 3 have numbers indicating the number of GHT programs. It is unclear why some have numbers and others don't.

Reviewer #3: This manuscript is a review of the current status of Global Health Training among OB GYN residencies in the United States. This paper is very well-written and its goal of describing the state of these programs is useful as a guide for

programs less far along implementation and to create a dialog to hopefully identify and improve best practices. Moreover, the research algorithms are well described and rational and should be expected to confirm the presence and nature of GHT programs in residencies surveyed. Before publication, however, the following modifications will need to be implemented.

1. The Millennial Development Goals may not be familiar to many readers. A short phrase describing the international consensus leading to these would be helpful.

2. The fact that nearly half of the authors in publications were from the hosting partners is reassuring. However, the data on the distribution by program is not introduced until the Discussion and then not in great detail. I would prefer a figure demonstrating this distribution over Figure 5 which I don't think adds much to what is already covered in the body of the paper.

3. I would also be interested in whether the host authors had significant involvement as either first or senior authors.

STATISTICAL EDITOR'S COMMENTS:

1. Table 1: The comparisons are NS, but was there sufficient power to discern differences, esp given the relatively small total for no Global Health Training Identified (n = 49), which was then subdivided into from 3-5 subsets.

2. Fig 5: For the readers not familiar with h-index, should either cite as footnote or brief explanation in Results section.

ASSOCIATE EDITOR - GYN

1. Since the number and types of publications are not necessarily equivalent to their 'impact', the Title should be re-worded to more accurately reflect the data presented.

2. Most readers will not be familiar enough with the h-index to be able to understand its appearance in the Abstract - better to take it out there

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Each author on this manuscript must submit a completed copy of our revised author agreement form (updated in the August 2014 issue). Please note:

a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be listed under I.B on the first page of the author agreement form.

b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

c) All authors must indicate their contributions to the submission by checking the applicable boxes on the author agreement form.

d) The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org):

* Substantial contributions to the conception or design of the work;
OR
the acquisition, analysis, or interpretation of data for the work;
AND
* Drafting the work or revising it critically for important intellectual content;
AND
* Final approval of the version to be published;
AND
* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The author agreement form is available online at http://edmgr.ovid.com/ong/accounts/agreementform.pdf. Signed forms should be scanned and uploaded into Editorial Manager with your other manuscript files. Any forms collected after your revision is submitted may be e-mailed to obgyn@greenjournal.org.

3. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

4. In order for an administrative database study to be considered for publication in Obstetrics & Gynecology, the database used must be shown to be reliable and validated. In your response, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Materials and Methods section of the manuscript.

5. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), and quality improvement in health care (ie, SQUIRE 2.0). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, CHEERS, or SQUIRE 2.0 guidelines, as appropriate.

6. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at http://links.lww.com/AOG/A515, and the gynecology data definitions are available at http://links.lww.com/AOG/A935.

7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words. Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

8. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

9. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

10. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you

submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

11. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com /ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

12. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

13. We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

14.
Our readers are clinicians and a detailed review of the literature is not necessary. Please shorten the Discussion and focus on how your results affect or change actual patient care. Do not repeat the Results in the Discussion section.

15. Please revw the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

16. The American College of Obstetricians and Gynecologists' (College) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly. If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if a College document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All College documents (eg, Committee Opinions and Practice Bulletins) may be found via the Resources and Publications page at http://www.acog.org/Resources-And-Publications.

17. The Journal's Production Editor had the following to say about the figures and tables in your manuscript:

"Figure 3: Is this available as a high res file (eps, tiff, jpeg)? Additionally, is it possible to get a version without numbers? Table 1 should be uploaded to Editorial Manager as a table and not a figure. "

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Figures should be no smaller than the journal column size of 3 1/4 inches. Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce. Refer to the journal printer's web site (http://cjs.cadmus.com/da/index.asp) for more direction on digital art preparation.

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If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 09, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

If you would like your personal information to be removed from the database, please contact the publication office.

EMORY UNIVERSITY SCHOOL OF MEDICINE

**Department of Gynecology and Obstetrics**

Eva Lathrop, MD, MPH
*Associate Professor*

August 6, 2018

Dear Editor,

Thank you for the opportunity to revise and re-submit our manuscript for consideration for publication. We have updated the title to **"A Novel Evaluation of Obstetrics and Gynecology Residencies' Global Health Training Programs**." We are happy to OPT-IN and grant permission to publish this response letter and subsequent email correspondence related to author queries.

The material within this study is original, has not already been published, and has not and will not be submitted for publication elsewhere as long as it is under consideration by *Obstetrics and Gynecology*. The abstract for this study was presented as a poster presentation at the 2018 American College of Obstetricians and Gynecologists Annual Clinical and Scientific Conference in Austin, Texas in April of 2018. STROBE guidelines for observational studies were followed and adhered to for this study and the checklist has been provided.

We have no conflicts of interest to report nor any funding. The authors (7) have all participated in the study and meet the authorship requirements. Drs. Trivedi, Jamieson, Haddad and Lathrop conceptualized the work, while Drs. Trivedi, Narvaez, Kapadia and Ms. Walker had substantial contributions to the acquisition and analysis of the work. Drs. Trivedi, Haddad, Kapadia, Jamieson and Lathrop were involved in critical review of the work while Dr. Trivedi drafted the work. All authors have signed and provided the "Author Agreement" (version updated 8/2014). The authors concur with the submission and subsequent revisions of the manuscript. The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted;

**Emory University School of Medicine**
Department of Gynecology and Obstetrics
[redacted]
[redacted]

and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

We appreciate the editors' and three reviewers' thoughtful comments and suggestions. We have copied the comments and addressed each of them below along with the pertinent line numbers corresponding to the marked-up version. We show changes to the text using the track changes features, as recommended, in the marked-up version of the manuscript. We think these changes have strengthened the manuscript and look forward to working with you to prepare an article appropriate to publish in *Obstetrics and Gynecology*.

Thank you for your consideration.

Sincerely,

Eva Lathrop, MD, MPH
Associate Professor
Assistant Director, Fellowship in Family Planning
Emory University School of Medicine
Department of Gynecology and Obstetrics
[redacted]

**Requests from the editors:**

| **Statistical Editor's comments:** | **Response** |
|---|---|
| Table 1: The comparisons are NS, but was there sufficient power to discern differences, especially given the relatively small total for no Global Health Training Identified (n = 49), which was then subdivided into from 3-5 subsets. | We recognize the limitations in our capacity to evaluate small differences between program type given limited power. We have added the following sentence to our limitations section in the discussion (line 267-268): *"Given the limited number of programs identified, we may have been underpowered to identify some differences in our analysis"* |
| Fig 5: For the readers not familiar with h-index, should either cite as footnote or brief explanation in Results section. | The following has been added as a footnote to Figure 5 with the appropriate citation from the references: *"The Hirsch or h-index is a bibliometric tool that has the advantage of combining productivity (i.e. number of publications) and academic impact (i.e. number of citations) into one index.(13)"* |
| **Associate Editor's comments:** | |
| Since the number and types of publications are not necessarily equivalent to their 'impact', the Title should be re-worded to more accurately reflect the data presented. | Updated title: "*A Novel Evaluation of Obstetrics and Gynecology Residencies' Global Health Training Programs"* This has been updated in the cover letter, manuscript and this revisions letter. |
| 2. Most readers will not be familiar enough with the h-index to be able to understand its appearance in the Abstract - better to take it out there | Lines 35-36 have been updated and the h-index has been omitted from the abstract: *"All eligible articles were evaluated for academic impact."* |
| **Editorial Office comments:** | |
| 1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:<br>1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.<br>2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries. | We have included that we OPT-IN into the cover letter. |

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| 2. Each author on this manuscript must submit a completed copy of our revised author agreement form (updated in the August 2014 issue). Please note:<br><br>a) Any material included in your submission that is not original or that you are not able to transfer copyright for must be listed under I.B on the first page of the author agreement form.<br><br>b) All authors must disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.<br><br>c) All authors must indicate their contributions to the submission by checking the applicable boxes on the author agreement form.<br><br>d) The role of authorship in Obstetrics & Gynecology is reserved for those individuals who meet the criteria recommended by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org):<br><br>* Substantial contributions to the conception or design of the work;<br>OR<br>the acquisition, analysis, or interpretation of data for the work;<br>AND<br>* Drafting the work or revising it critically for important intellectual content;<br>AND<br>* Final approval of the version to be published;<br>AND<br>* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.<br><br>The author agreement form is available online at http://edmgr.ovid.com/ong/accounts/agreementform.pdf. Signed forms should be scanned and uploaded into Editorial Manager with your other manuscript files. Any forms collected after your revision is submitted may be e-mailed to obgyn@greenjournal.org. | The author agreement signed by all authors is dated 8/2014.<br><br>Done<br><br>Done<br><br>Done<br><br>Done |
| Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and | The cover letter has been updated to include the statement provided. |

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| that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor. | |
| 4. In order for an administrative database study to be considered for publication in Obstetrics & Gynecology, the database used must be shown to be reliable and validated. In your response, please tell us who entered the data and how the accuracy of the database was validated. This same information should be included in the Materials and Methods section of the manuscript. | We used Web of Science but all of the data collection was performed by 4 authors (ST, JN, EW, SK) for the programs and articles. The following has been added to line 267-268 in the limitations section of our discussion: *"*Moreover, the validity of our systematically abstracted data is limited as we could only ascertain publicly available data. " |
| 5. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting…observational studies (i.e., STROBE)… Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. In your cover letter, be sure to indicate that you have followed the STROBE, | The STROBE criteria checklist has been uploaded and the following has been added to the cover letter*:*<br><br>*"We have followed the STROBE checklist for observational studies."* |
| 6. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative… | N/A |
| 7. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words. Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).<br><br>Please limit your Introduction to 250 words and your Discussion to 750 words. | Title page, précis, abstract, text, references = 15pgs<br>Figures/Tables = 5 |
| 8. Specific rules govern the use of acknowledgments in the journal.<br>-financial support<br>-manuscript preparation assistance<br>-persons contributing to work but not enough to be an author must be acknowledged<br>-If any part of paper was presented at a meeting then this should be noted | <br><br>N/A<br>N/A<br>Marissa Young acknowledged<br><br>This was included in the acknowledgements section. |
| 9. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for | This has been updated to:<br>*"Impact of OB/GYN Global Health Programs"* |

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| use as a running foot. | |
| 10. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does.<br>Must be less than 300 words, provide Word Count | Confirmed - Word count: 228 |
| 11. Use standard abbreviations. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript. | Done |
| 13. We discourage claims of first reports since they are often difficult to prove. | Done |
| 14. Do not repeat the Results in the Discussion section. Focus on how results affect change | Done |
| 15. Please review the journal's Table Checklist to make sure that your tables conform to journal style. | Done |
| 16. If you cite College documents in your manuscript, be sure the reference you are citing is still current and available | Done |
| **Production Editor's comments re: Figures/Tables:** | |
| 17. "Figure 3: Is this available as a high res file (eps, tiff, jpeg)? Additionally, is it possible to get a version without numbers? | A high-resolution JPEG for Figure 3 has been provided as separate attachment. We have also added an adjacent table with a list of the number of partnerships per country so that the numbers are not required in the Figure. |
| Table 1 should be uploaded to Editorial Manager as a table and not a figure. | Table and Figures have been provided as separate attachments. |

**Reviewers' Comments**

| **Reviewer 1:** | **Responses** |
|---|---|
| 1. Line 79-81: finish this thought, (it seems abandoned in this paragraph) either by listing the goals or putting them in a small table up front (I know they appear later) so that they are easily referenced | We have added the following to Lines 74-82 to further develop this thought and familiarize readers with these ideas:<br><br>*"In 2000, 189 world leaders met and adopted the Millennium Declaration which outlined eight Millennium Development Goals (MDG) to be achieved by 2015. Half of these goals were related to maternal and child health: MDG 3 which promoted gender equality and empowerment of women, MDG4 which aimed to reduce child mortality, MDG5 which aimed to improve maternal health and MDG6 which worked to combat HIV/AIDS, malaria and other diseases."* |
| 2. Line 139-141; my worry is that resident authored | This has been addressed in the limitations |

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| papers with faculty who have since left might have been missed. | section of the discussion from line 262-265. *"Moreover, resident authored papers may have been omitted, especially if the faculty member had since moved to a different program. We hoped to limit these omissions by limiting our search to the past five years."* |
| 3. Line 195-6: I think it would be helpful to report how many papers included a host author, not just the number of authors from host country. A deeper dig on this might also include if may of those authors came from particular programs, and if some programs did not tend to have host authors; and if "research" opportunities were more likely to have authored papers and host authors included, etc….. I think this is an important point and the inclusion of host authors and faculty in developing research and presenting it is a marker for how we are helping to develop sustainable and independent programs abroad. | The number of articles with at least one host author has been included in the results (Line 188-193): *"The calculated h-index based on the included published articles for each GHT ranged from zero to 17 with a median of three (IQR=2-6.75). (Figure 5) In the 698 included articles, there were a total of 7538 authors, of which nearly half (48%, n=3678) were host authors. Almost all (n=633, 95%) articles had at least one host author included. The mean percentage of host authors per article for each institution ranged from zero to 100%."*<br><br>Figure 5 has been updated to provide the mean percentage of host authors per article for each program, and the programs have been organized by type of program (ex: research, elective etc.)<br><br>Due to the small number of included programs for each type, we are underpowered to calculate if there is a correlation between type of program and host author inclusion. |
| **Reviewer 2:** | |
| I would recommend adding what proportion of host authors were first, second or last author, indicating a greater degree of collaboration. | Although we agree that this information would be interesting, due to the number of articles evaluated with at least one host author (n=633), we are unable to provide this additional information at this time.<br>It has been included in the Discussion (line 241-243) as a future area of possible study: *"Future studies may evaluate the level of host author involvement by using first, second or last author as a metric for this, however this was outside of the scope of our study."*<br>Additional information that had been collected (but previously omitted from the manuscript) about the number of host authors per article has been included in the results (line 189-193) and Figure 5:<br>*"In the 698 included articles, there were a total of 7538 authors, of which nearly half (48%, n=3678) were host authors. Almost all (n=633, 95%) articles had at least one host author included. The mean percentage of host* |

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| | *authors per article for each institution ranged from zero to 100%."* |
| The authors note the limitation with focusing on the publications that underestimates the clinical global impact, however these data are much more difficult to ascertain. Is there any data indicating whether students from host countries had the opportunities to come to the US? | There were no data on the websites of the majority of programs regarding any exchange of students from host countries. In general, very little information about the program was available, but the information that was available focused on the role the US resident would have and in what capacity during the GHT rather than addressing if students/residents from host countries came to the U.S. |
| Minor comment: 1) It appears that not all of the countries on Figure 3 have numbers indicating the number of GHT programs. It is unclear why some have numbers and others don't. | Figure 3 has been updated with the country count removed and an adjacent table has been added listing the number of partnerships per country for clarity. |
| **Reviewer 3:** | |
| 1. The Millennial Development Goals may not be familiar to many readers. A short phrase describing the international consensus leading to these would be helpful. | We have added the following to Lines 74-82 to further develop this thought and familiarize readers with these ideas:<br><br>*"In 2000, 189 world leaders met and adopted the Millennium Declaration which outlined eight Millennium Development Goals (MDG) to be achieved by 2015. Half of these goals were related to maternal and child health: MDG 3 which promoted gender equality and empowerment of women, MDG4 which aimed to reduce child mortality, MDG5 which aimed to improve maternal health and MDG6 which worked to combat HIV/AIDS, malaria and other diseases."* |
| 2. The fact that nearly half of the authors in publications were from the hosting partners is reassuring. However, the data on the distribution by program is not introduced until the Discussion and then not in great detail. I would prefer a figure demonstrating this distribution over Figure 5 which I don't think adds much to what is already covered in the body of the paper. | Additional information that had been collected (but previously omitted from the manuscript) about the number of host authors per article has been included in the results (line 189-193) and Figure 5 has been updated in response to this comment: |
| 3. I would also be interested in whether the host authors had significant involvement as either first or senior authors. | Although we agree that this information would be interesting, due to the number of articles evaluated with at least one host author (n=633), we are unable to provide this additional information at this time.<br>It has been included in the Discussion (line 241-243) as a future area of possible study: *"Future studies may evaluate the level of host author involvement by using first, second or last author as a metric for this, however this* |

| | |
|---|---|
| | *was outside of the scope of our study."*<br>Additional information that had been collected (but previously omitted from the manuscript) about the number of host authors per article has been included in the results (line 189-193) and Figure 5:<br>*"In the 698 included articles, there were a total of 7538 authors, of which nearly half (48%, n=3678) were host authors. Almost all (n=633, 95%) articles had at least one host author included. The mean percentage of host authors per article for each institution ranged from zero to 100%."* |

## Daniel Mosier

**From:** [redacted]
**Sent:** Friday, August 17, 2018 10:17 AM
**To:** Daniel Mosier
**Subject:** Re: Manuscript Revisions: ONG-18-1095R1
**Attachments:** 8.16.18_Trivedi_Manuscript_Revsions_Mark Up Version.docx

Dear Mr. Mosier,

Thank you so much for your continued thoughtful review. Throughout the manuscript impact has been replaced with effect or influence (only 3 places) as appropriate to maintain the meaning of the sentence.

Please do let us know if this is acceptable.

All the best,

Eva Lathrop

*Eva Lathrop, MD, MPH*
*Associate Professor, Obstetrics and Gynecology and Global Health*
*Assistant Director, Fellowship in Family Planning*
*Emory University School of Medicine*
*Rollins School of Public Health*
[redacted]

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**From:** Daniel Mosier <dmosier@greenjournal.org>
**Sent:** Thursday, August 16, 2018 9:59:56 AM
**To:** Lathrop, Eva
**Subject:** RE: Manuscript Revisions: ONG-18-1095R1

Dr. Lathrop,

Thank you for responding to the queries in a timely manner. Regarding your response to the query on Line 24, about the use of the word “impact”: While the h-index definition states that it measures the impact of a particular scientist, in our publications we follow the American Medical Association Manual of Style, and both the AMA and ACOG do not use “impact” to mean anything other than “to strike.” Often times the editors prefer to use “association with” instead. If that is more appropriate for their paper, please replace “impact” with “association with” in all instances.

When revising, use the attached version of the manuscript. Leave the track changes on, and do not use the “Accept all Changes” function prior to re-submission.

Please let us know if you have any questions or concerns.

Sincerely,
-Daniel Mosier

**Daniel Mosier**
Editorial Assistant
*Obstetrics & Gynecology*
Tel: 202-314-2342

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**From:** [redacted]
**Sent:** Wednesday, August 15, 2018 12:28 PM
**To:** Daniel Mosier <dmosier@greenjournal.org>
**Subject:** Re: Manuscript Revisions: ONG-18-1095R1

Dear Mr. Mosier,

Thank you for your email. We are grateful for the opportunity to address the remaining edits requested by the reviewers and editors. Below please find a point-by-point response to each query:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.

2. LINE 1: Please replace “Novel” with “Comprehensive” throughout the manuscript.

*Updated in Line 1. In Lines 235 and 273 “novel” has been updated to “unique.”*

3. LINE 4: Please submit an Author Agreement form for Lisa B. Haddad with both the “Disclosure of Potential Conflicts of Interest” and “Authorship” sections completed.

*See attached.*

4. LINE 5: Please submit an Author Agreement form for Dr. Kapadia with both the “Disclosure of Potential Conflicts of Interest” and “Authorship” sections completed.

*See attached.*

5. LINE 24: The journal prefers using “effect” or “association with” instead of “impact. Please change this throughout your paper. Here, in the running title, “OB/GYN” has to be expanded to “obstetrics and gynecology,” which makes the running title too long, so it was shortened.

*We respectfully feel that the use of the word effect does not adequately describe the intention of our study. Our study was designed to evaluate the impact of global health training programs. We used the h-index as our proxy for impact because by definition it “measures the impact of a particular scientist…” Our study was designed to evaluate the academic influence of these global health training programs, rather than a specific effect per se that these programs may be having. To maintain the integrity of our study goals we would like to proceed with the use of the word impact.*

6. LINE 46: 13% or 39% See line 209.

*Originally, in the abstract, the denominator was the 196 GHT programs identified (26/196 = 13%) and in line 209 the denominator was 67 (number of GHT programs with faculty members identified). Both are*

*correct, however for consistency we have changed the wording (line 208-210 and line 234-235) so that the abstract, results, discussion and Figure 4 all use 67 as the denominator and report 39%.*

7. LINE 197: The abstract says 13%. Which is correct?

*Please see #6.*

Attached is a word document of these revision responses, as well as a "marked" version of our manuscript with all tracked changes/edits. Also attached are the two Author Agreements requested.
Please let us know if we can provide anything further and thank you for your time and consideration.

My best,
Eva Lathrop

*Eva Lathrop, MD, MPH*
*Associate Professor, Obstetrics and Gynecology and Global Health*
*Assistant Director, Fellowship in Family Planning*
*Emory University School of Medicine*
*Rollins School of Public Health*
[redacted]

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**From:** Daniel Mosier <dmosier@greenjournal.org>
**Sent:** Monday, August 13, 2018 11:11 AM
**To:** Lathrop, Eva
**Subject:** Manuscript Revisions: ONG-18-1095R1

Dear Dr. Lathrop,

Thank you for submitting your revised manuscript. It has been reviewed by the editor, and there are a few issues that must be addressed before we can consider your manuscript further:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.
2. LINE 1: Please replace “Novel” with “Comprehensive” throughout the manuscript.
3. LINE 4: Please submit an Author Agreement form for Lisa B. Haddad with both the “Disclosure of Potential Conflicts of Interest” and “Authorship” sections completed.
4. LINE 5: Please submit an Author Agreement form for Dr. Kapadia with both the “Disclosure of Potential Conflicts of Interest” and “Authorship” sections completed.
5. LINE 24: The journal prefers using “effect” or “association with” instead of “impact. Please change this throughout your paper. Here, in the running title, “OB/GYN” has to be expanded to “obstetrics and gynecology,” which makes the running title too long, so it was shortened.
6. LINE 46: 13% or 39% See line 209.
7. LINE 197: The abstract says 13%. Which is correct?

Each of these points are marked in the attached manuscript. Please respond point-by-point to these queries in a return email, and make the requested changes to the manuscript. When revising, please leave the track changes on, and do not use the "Accept all Changes" function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Wednesday, August 15th**.

Sincerely,
-Daniel Mosier

**Daniel Mosier**
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**From:** [redacted]
**To:** Stephanie Casway
**Subject:** Re: O&G Figure Revision: 18-1095
**Date:** Thursday, August 16, 2018 7:38:30 PM
**Attachments:** Trivedi_Fig 1 revision.pdf
Trivedi_Figure Legend.pdf

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Dear Ms. Casway,
Thank you for the figures. I have made a few small changes to the Legend pdf and the Figure 1 pdf.

The y-axis for Figure 5 is "Mean percentage of host authors per article," where as the number at the top of each column is the H index for each program. Please let us know if you have any questions or if we can clarify anything further.

Best,
Eva Lathrop

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**From:** Stephanie Casway <SCasway@greenjournal.org>
**Sent:** Tuesday, August 14, 2018 9:39:32 AM
**To:** Lathrop, Eva
**Subject:** O&G Figure Revision: 18-1095

Good Morning Dr. Lathrop,

Your figures and legend have been edited, and PDFs of the figures and legend are attached for your review. Please review the figures CAREFULLY for any mistakes. In addition, please see our query below.

AQ1: We added a label to the y-axis in Figure 5. Please let me know if this is correct, or if it should be changed.

PLEASE NOTE: Any changes to the figures must be made now. Changes at later stages are expensive and time-consuming and may result in the delay of your article's publication.

To avoid a delay, I would be grateful to receive a reply no later than Thursday, 8/16. Thank you for your help.

Best wishes,

Stephanie Casway, MA
Production Editor
*Obstetrics & Gynecology*
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