

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Nov 14, 2019
To: "Nancy C. Chescheir" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1807

RE: Manuscript Number ONG-19-1807

Ethiopian and American Collaborative Project: Process, Accomplishments and Lessons Learned

Dear Dr. Chescheir:

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 Dec 05, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: ONG-19-1807

Title: Ethiopian and American Collaboration Project: Process, Accomplishments and Lesson Learned
TYPE: Current Commentary

Precis: International collaborations between medical societies, while complex, can be successful in reaching host-country goals.

Overall: This commentary describes in detail the global health collaborative efforts of Ethiopian and American based medical centers and providers to enhance education and clinical care as well as research and publication efforts in Ethiopia.

OTHER:

Disclosures: The Center for International Reproductive Health Training (UM-CIRHT) at the University of Michigan provided funding for this effort.

Human subjects: not applicable

Abstract:

1. The abstract is specific to the manuscript.

Introduction:

2. Line 97: Complete the acronym listed here.
3. Useful background information provided.

Collaboration (Methods):

4. Presented in sufficient detail
5. Line 162: Spell out I.T.
6. Line 165: Please clarify what "Box 1" is.
7. Line numbers stop after Line 297. The comments that follow seem to provide conclusions/discussion. It might be useful to give this section a subtitle along those lines.
8. Please clarify the following: "Initial transparent delineation of how funds are to be utilized (such as business vs

coach flight tickets, multiple speakers vs smaller number) helps to avoid conflict". There appears to be no context for this comment.

References:

8. Appropriate and useful.

Reviewer #2: This is a very well written and interesting manuscript.

Specific comments:

1. I realize you intend to publish this in the Green Journal, which is an ObGyn journal. But wouldn't it be good to make it clear in the title that this is an ObGyn Medical Education focused Ethiopian and American Collaboration Project?
2. On line 97, I believe you are missing a close parenthesis. Should it be after the word "Michigan"?
3. Are there any other references that could be helpful on the topic?
4. Is it possible to show any results of the efforts? As an example:
 - a. Improvements in (or results from) the in-service examination since inception?
 - b. Board pass rates (or board scores) since inception?
5. Are there plans for oral Board examinations to take place?

Reviewer #3: The manuscript is well written and clearly outlines the process that was undertaken. Here are my questions:

1. Did you follow up to make sure that the programmatic changes in GME were indeed made through out Ethiopia?
 2. Can you provide us with more substantial information on faculty development Outcomes?
 3. from the readers perspective the we would like to know more about what happened after these changes were made.
- Any information that you can provide on this topic would add credibility to your work.

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. 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:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. 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 has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

5. Specific rules govern the use of acknowledgments in the journal. Please note 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 response in the journal's electronic author 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).

6. 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: Current Commentary articles, 250 words. Please provide a word count.

7. 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.

8. 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.

9. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

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

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 Dec 05, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

December 7, 2019

Dear Editors:

Thank you for the opportunity for us to revise this paper. Below, please find a point-by-point response to the reviewers' comments that requested clarification or additional information. All of the co-authors have contributed to this revision. I apologize that this revision is submitted 2 days late.

Nancy Chescheir

Reviewer #1: ONG-19-1807

Introduction:

Line 97: Complete the acronym listed here. **DONE**

Line 162: Spell out I.T. **DONE**

Line 165: Please clarify what "Box 1" is.- **SUBMITTED PREVIOUSLY, NORESPONSE**

Line numbers stop after Line 297. The comments that follow seem to provide conclusions/discussion. It might be useful to give this section a subtitle along those lines. **SUBTITLES NOT ADDED; NO RESPONSE**

Please clarify the following: "Initial transparent delineation of how funds are to be utilized (such as business vs coach flight tickets, multiple speakers vs smaller number) helps to avoid conflict". There appears to be no context for this comment.

ADDITIONAL INFORMATION PROVIDED.

Reviewer #2:

This is a very well written and interesting manuscript.

I realize you intend to publish this in the Green Journal, which is an ObGyn journal. But wouldn't it be good to make it clear in the title that this is an ObGyn Medical Education focused Ethiopian and American Collaboration Project? **AS THE FOCUS OF THE PROJECT WAS NOT STRICTLY FOCUSED ON MEDICAL EDUCATION, THE AUTHORS DO NOT FEEL THAT ADDING "MEDICAL EDUCATION" TO THE TITLE IS APPROPRIATE; NO CHANGE.**

On line 97, I believe you are missing a close parenthesis. Should it be after the word "Michigan"? **PARENTHESIS ADDED**

Are there any other references that could be helpful on the topic? **NONE OF US ARE AWARE OF OTHER RELEVANT REFERENCES; I HAVE REPEATED THE LITERATURE SEARCH AND COULD IDENTIFY NO OTHERS**

Is it possible to show any results of the efforts? As an example: a. Improvements in (or results from) the in-service examination since inception? b. Board pass rates (or board scores) since inception? **THE SECOND TEST WAS ADMINISTERED RECENTLY AND RESULTS ARE NOT YET AVAILABLE.**

Are there plans for oral Board examinations to take place? **FOLLOWING ADDED "In addition, ESOG is considering adding an oral board examination in the future." IN THE EDUCATION SECTION.**

Reviewer #3:

Did you follow up to make sure that the programmatic changes in GME were indeed made through out Ethiopia? **YES, THIS HAS BEEN IMPLEMENTED ACROSS ALL 12 PROGRAMS; THIS HAS BEEN UPDATED IN THE PAPER.**

The following has been added to the section on Education: **"FROM AN EDUCATIONAL PERSPECTIVE, ONE GOAL WAS TO EXPAND CONTINUING EDUCATION OPPORTUNITIES. TO THAT END, ESOG HAS BECOME ACCREDITED AS A LEGITIMATE CONTINUING EDUCATION PROVIDER BY THE ETHIOPIAN MIDWIVES ASSOCIATION, HAVING MET THE REQUIREMENTS OF THE FEDERAL MINISTRY OF HEALTH. WITH THIS ACCREDITATION, ESOG CAN PROVIDE CONTINUING MEDICAL EDUCATION CREDITS TO IT'S MEMBERS. ESOG HAS ALSO APPLIED TO BE RECOGNIZED AS A FORMAL "ACCREDITOR": ACHIEVING THIS STATUS WILL ALLOW ESOG TO ACCREDIT OTHER INSTITUTIONS AS PROVIDERS OF CONTINUING EDUCATION."**

2. Can you provide us with more substantial information on faculty development Outcomes?

The following was added to the section on faculty development: **"FACULTY AND CHIEF RESIDENTS HAVE IMPLEMENTED ANNUAL TRAINING SESSIONS AT THEIR HOME INSTITUTIONS**

WITH OTHER FACULTY AND CHIEF RESIDENTS. TOPICS INCLUDE EFFECTIVE TEACHING, CONFLICT MANAGEMENT, TRAINEES IN TROUBLE, AND MOTIVATING THEIR TEAMS. OTHERS HAVE PRESENTED THESE SESSIONS TO COLLEAGUES IN OTHER SPECIALTIES IN WHICH MANY OF THESE PROGRAMS AND CHANGES HAVE BEEN IMPLEMENTED. MANY ATTENDEES AT THESE DEVELOPMENT COURSES HAVE GONE ON TO BECOME LEADERS IN THEIR INSTITUTIONS, SUCH AS THE EQUIVALENT OF THE DESIGNATED INSTITUTIONAL OFFICER IN TRAINING PROGRAMS IN THE UNITED STATES. SOME FACULTY HAVE GONE ON TO RUN ALL OF THE TRAINING PROGRAMS IN THEIR INSTITUTIONS, THE EQUIVALENT OF A DIO (DESIGNATED INSTITUTIONAL OFFICIAL), AND IMPLEMENTED MANY OF THESE PROGRAMS AND CHANGES ACROSS SPECIALTIES.”

3. from the readers perspective the we would like to know more about what happened after these changes were made. Any information that you can provide on this topic would add credibility to your work.

CHANGES MADE WITH PRIOR COMMENT INCORPORATED THIS REQUEST.

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OPT IN