**02/09/2017  
  
The Editorial Team  
Acta Médica Portuguesa**

**I am pleased to submit for your consideration the responses made by the authors of the article in question, in response to clarifications and suggestions requested by Reviewers, whom we thank all the effort put in that task and assessments.  
Hoping that we have met your expectations.  
  
Yours faithfully  
Corresponding author.**

**REVIEWER A:**

Medical training experience and expectations regarding future medical practice of the first class of medical students at the University of Cape Verde.

RELEVANCE: This paper may be of interest for Medial Education, especially in “starter” countries in order to help students and faculty reorganize and prioritize the medical curricula and student support.

ORIGINALITY: Unfortunately, it does not seem to add new data

MISCONDUCT: Not verified

STRUCTURE OF THE MANUSCRIPT

1. Title: I would suggest taking out “class of” from the title; **DONE**
2. After reading the manuscript it is unclear for me weather expectations and experiences are both clearly studied in this paper. **THE ARTICLE DESCRIBES HOW STUDENTS EXPERIENCED THEIR TRAINING AND REFERS TO THEIR EXPECTATIONS REGARDING THEIR FUTURE MEDICAL CAREER (PRIVATE VS PUBLIC, HOSPITAL VS HEALTH CENTRE, TYPE OF SPECIALIZATIONS …).**
3. Abstract: Keywords should include more of what the title indicates (ex. medical education, expectations and experiences); well structured; summarizes the content **WE INCLUDE SATISFACTION AND SPECIALIZATION; WE TOOK OUT MEDICAL SCHOOL**.
4. Introduction: Objectives are identified but not justified. The relevance of the study is not clearly explained – **THE FOLLOWING TEXT WAS ADDED “These are important in order to allow, early on in the phase of implantation of medical education, the identification of learning problems and difficulties that should be corrected in future editions of the medical course. Knowing where students come from might help to anticipate future distortions of the distribution of the medical workforce. Expectations about their professional future should be accommodated not only in their medical training, but also in the processes of health workforce planning of the Ministry of Health.”**
5. Methods: No description on how the objectives were reached; **THE OBJECTIVES WERE REACHED BY APPLYING A QUESTIONNAIRE AND ANALYSING THE DATA COLLECTS, WHICH IS THEN PRESENTED. THIS IS DESCRIBED IN THE SECTION ON METHODS.**
6. It would be useful to have more information about the questionnaires used**; IS IT POSSIBLE TO INCLUDE IT AS AN ANNEX? IF SO WE WILL MAKE IT AVAILABLE. WE INCLUDE A NOTE IN THE TEXT REFERING THAT THE QUESTIONNAIRE WILL BE MADE AVAILABLE ON REQUEST.**
7. the statistical analysis is purely descriptive – could the authors not have done any more analysis to enrich the results? **WITH A TOTAL NUMBER OF 25 STUDENTS, THERE IS NO ROOM FOR FURTHER STATISTICAL ANALYSIS. IT IS ALSO IMPORTANT TO REFER THAT THE 25 STUDENTS ARE THE STUDENT UNIVERSE OF MEDICAL TRAINING IN CAPE VERDE. SO, THE FIGURES PRESENTED ARE NOT PROBABILITIES BUT “TRUE NUMBERS”.**
8. Results: Data presentation and analysis seems accurate. The results are clear.
9. Discussion: It seems that the discussion does not focus on **the real objectives** of the paper nor its implication soft medical training. IN THE RESULTS, WE DESCRIBE WHAT WE SET OUT TO DO “**HOW STUDENTS EXPERIENCED THEIR TRAINING AND REFERS TO THEIR EXPECTATIONS REGARDING THEIR FUTURE MEDICAL CAREER (PRIVATE VS PUBLIC, HOSPITAL VS HEALTH CENTRE, TYPE OF SPECIALIZATIONS …”. THESE RESULTS ARE ADDRESSED IN THE DISCUSSION.**
10. No limitations of the study are identified nor does it describe any areas in need of further study.

**THE MAJOR LIMITATION IS THE SAMPLE SIZE AND THAT IS NOW REFERED TO DURING THE DISCUSSION.**

1. Conclusions: The conclusions are not relevant in the sense that do not add any new information and tell us little of the implications for the medical training in Cape Verde

**SEE NEW DRAFT.**

1. **References:** Some references are not in accordance with the style required by this journal **CORRECTED**
2. ; There are some more recent references that could have been used to highlight the objectives of the paper (ex. Huhn et al, 2016; Paper published in Lancet about expectations of medical students in China, 2016; Wenrich et al, 2010; Some findings from David Kaufman about learning. **WE WELCOME THE SUGGESTION OF THE LITERATURE THAT WAS USEFUL AND HAVE BEEN INCLUDED.**
3. Tables / Figures: The only table included needs further identification; The message is not clear enough. All the abbreviations and acronyms described in footnotes **THE TABLE DOES NOT INCLUDE ABBREVIATIONS OR ACRONYMS**
4. Acknowledgments: Acceptable
5. EXTENSION: **Addition of more tables of graphs** would help illustrate the data; **WE BELIEVE THAT GRAPHS AND FURTHER TABLES DO NOT ADD TO THE CLARITY OF THE DATA PRESENTED AND WOULD BE AN UNNECESSARY REPLICATION OF THE RESULTS.**
6. English needs revision; **REVISED**
7. PRESENTATION: Acceptable

RECOMMENDATION REGARDING PUBLICATION: With a revision of the paper it may gather the requirements to be published

PRIORITY REGARDING PUBLICATION: Not priority

**Revisor B:**

The authors present a study regarding the attitudes and expectations of a

student cohort of Cape Verde Medical Students. Overall the paper is well

structured and presented. The methodology is adequate.

The study is of interest, however there are some minor points that would

benefit from review in order to increase the quality of the study:

1. - The methodology should be explained with more detail. What were the circumstances in which the questionnaire was passed to the students? **WE BELIEVE THIS HAS BEEN ACHIEVED WITH THE TEXT ADDED.**

2. - The authors mention using a standardized questionnaire in line 12. A reference should be made if the questionnaire has been published elsewhere. **AS MENTIONED IN THE TEXT, THE QUESTIONNAIRE HAS BEEN APPLIED IN OTHER SURVEYS IN ANGOLA, MOZAMBIQUE, GUINEA-BISSAU AND EAST TIMOR.**

3. - How do these findings in Cape Verde students compare to others in other countries in a similar situation? **WE FIND THIS COMMENT SURPRISING AS THE DISCUSSION REFERS REPEATEDLY TO COMPARISONS WITH OTHER SURVEYS IN ANGOLA, MOZAMBIQUE, GUINEA-BISSAU AND EAST TIMOR.**

4. - In what ways is the curriculum designed in order to cope with the identified student difficulties and trends such as the eagerness for private practice, going abroad and the increasing feminization of the medical

workforce? **THE CURRENT CURRICULUM IS BASED IN THE CURRICULUM OFFERED IN COIMBRA, PORTUGAL. THE RESULTS OF THIS SURVEY WILL ALLOW THE PROGRAM MANAGERS (ONE OF TH AUTHORS, ANTONIETA MARTINS) TO MAKE IT MORE RELEVANT TO THE LOCAL CONTEXT.**

5. - English needs minor revisions. **WE EXPECT THT THESE HAVE BEEN CORRECTED IN THE CURRENT VERSION.**