Reviewer's report

Title: Internal Medicine Residency Training for Unhealthy Alcohol and Other Drug Use: Recommendations for Curriculum Design

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Reviewer: Jeanette Tetrault

Reviewer's report:

This is a well written, comprehensive paper addressing the need for unhealthy substance use curricula in internal medicine training programs using the ACGME core competencies as a platform for design and implementation. The authors have made a sound argument outlining the need for unhealthy substance use curricula. The authors also make the plea that a curriculum would be best implemented if interwoven into the current, heavily- packed schedules existing in most programs. They go above and beyond the call for curricular intervention by outlining such a program in detail, discussing both barriers and facilitators for implementation. Additionally, the authors include a section on curricular evaluation which I feel is essential to consider in the planning stages.

Major compulsory revisions:

1. The authors discuss the need for faculty to be trained in unhealthy substance use to both teach didactic sessions and to also observe and evaluate residents in practice settings. I agree that a faculty champion is key to sustainability. However, I feel that the authors need to spend a little more time discussing how faculty development can be effectively implemented.

2. It would be useful to reference already published unhealthy substance use curricula in internal medicine programs as well as other disciplines. How is the curriculum described here different and/or more comprehensive?

Discretionary revisions:

1. In the introduction, the authors state that “although screening and brief intervention for unhealthy alcohol use is among the most effective and cost-effective preventive services delivered by physicians, delivery of this practice is the lowest among comparably ranked services.” More references to support this statement are needed.

2. To lay the groundwork for demonstrating need, the authors reference the recent IOM report stating that trainees are “ill equipped in their ability to care for patients with substance use conditions.” However, the authors fail to refer to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Screening, Brief Intervention and Referral to Treatment (SBIRT) initiative or the Joint Commission’s interest in hospital performance measures surrounding performance of SBIRT on patients admitted to the hospital. These would add further support to the authors stance that implementation of SU curricula is
imperative to seeing these techniques translated into practice.

3. The authors also state in the introduction that one of the reasons physicians are not performing brief interventions is because of lack of knowledge of how to respond appropriately once a disorder is uncovered. However, in addition, in many areas, there are few referral sources for addiction treatment facilities.

4. On page 7, the authors introduce the Leadership Conference on Medical Education in Substance Abuse to bolster the argument of need; however, the conclusions of these conferences are never stated.

5. On page 11, the authors state that screening and early intervention for unhealthy substance use are recommended for all adults. Please provide a reference.

6. The authors suggest that separate didactic and workshop sessions should be devoted to screening and brief intervention. I think it would be useful to state that some programs successfully combine screening and brief intervention into a single didactic seminar and subsequent workshop with role-plays. This may also consolidate lectures and workshops which will require less of a time commitment from programs.

7. On page 12, last paragraph, the authors outline the principles of motivational interviewing. Since the audience may not be versed in these principles, it might be useful to elaborate on how these principles relate specifically to unhealthy substance use.

8. In the “Legal and Ethical Considerations section,” it is important to note that many insurance coverage issues vary regionally.

9. Table 3 could be improved by creating a 4th column entitled “Time” and remove this from the “Modules” column.

Minor essential revisions:

1. Please be consistent with use of abbreviations. For example, as introduced in the beginning of the paper, be consistent with the use of the SU abbreviation for ‘substance use’ throughout the manuscript.

2. Please review all references. For example, #s 55 and 66 appear incomplete.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.