Reviewer's report

**Title:** Providing Competency-Based Family Medicine Residency Training in Substance Abuse in the New Millennium: A Model Curriculum

**Version:** 1  **Date:** 25 August 2009

**Reviewer:** Katrien Oude Oude Rengerink

**Reviewer's report:**

The authors should be congratulated on the extensive work done and the curriculum provided for competency-based family medicine residency training in substance abuse. I have the following comments to make:

**Major Compulsory Revisions:**

1. The manuscript is very interesting and contains a lot of useful information: if you want to present all this information in one article, reducing this information to its essential points and restructuring the manuscript will improve transparency and readability and with that appreciation of all the work done. Please focus on what you want to tell your readers.

2. (background) In the background is said this paper is written as preparation for a consensus conference. Preparation for a consensus conference is usually not the goal of writing a scientific article. Please provide information that states the problems with the current curriculum and how you want to tackle these problems. Why is the current curriculum not sufficient? What does this curriculum proposal add/overcome?

   Information mentioned in the results might be used to found this (e.g. the 1997 survey, project mainstream, lessons from past substance abuse training efforts as well as the first part of challenges to substance abuse training in primary care. This part describes: ‘Despite the faculty development initiatives described above, rates of primary care screening and alcohol counseling remain low, and clinicians surveyed describe a lack of confidence in assessing alcohol use and providing brief advice for alcohol misuse’. This states the problem, not the results.

   ‘The new realities of the twenty-first century’ are also reason for modernizing the curriculum (but might also be seen as barriers), and not results.

3. (methods) The methods section in the abstract contains more words (word count 111) than the methods section in the article itself (word count 95). Please extend the methods section in the article: please add information about your search strategy and add also information how the literature search is used to guide the format and contents of the curriculum.

4. (results) Why providing information on the curriculum since 1980? I think it’s interesting, but outdated and the first six pages of the results can be summarized to its essential points (about one page) or transferred to the introduction. 1980 is
almost 30 years ago and a lot has changed since then. You may start the results with ‘A review of literature reveals a long list of clinician barriers to management of substance abusing…..’.

5. (results) The final part of the results ‘A recent federally-funded multidisciplinary curriculum initiative has ..... , till ‘and the society of teachers of family medicine’ is not a result, is it? Please move.

6. (results) Please restructure the results to make it more transparent for the reader. What are barriers – what are strategies to overcome these barriers – how should the curriculum be then?

1. Barriers from literature review
2. How can barriers be overcome (integrate the lessons from past substance abuse)
3. New curriculum proposal
   a. content
   b. educational methods and teaching strategies
   c. implementation

7. Table V contains important information about the barriers and overcoming these barriers. In the methods you state ‘evidence-based approaches to overcoming these barriers’. You provide evidence that these factors are barriers, please also provide evidence that these strategies are effective in overcoming these barriers or remove the term ‘evidence-based approaches to overcoming this barriers’ from your abstract if you did not consider the evidence of these strategies.

8. (discussion) This is not a discussion of the results mentioned before, but it is information how this curriculum can and should be implemented in practice, evaluated and what this will cost. Please add this to the results or use it briefly in your discussion.

Please provide a proper discussion containing the strong points and the limitations of your study and the curriculum provided and discuss the relation to other curriculum development efforts.

Minor Essential revision:

1. The conclusion ‘a comprehensive Family Medicine residency curriculum would significantly strengthen the ability of family physicians to provide …’ is too firm given the provided evidence. Please temper.

2. Table IV: please consider removing this table or integrate it in table II.

3. Table VI: please consider removing this table and adding main links to other parts of the residency curriculum in the text.

4. In the discussion in the section ‘clinical settings’ you refer to table VII, I think
you mean table VIII. What is the additional value of this table for readers?

Discretionary Revisions:
1. The manuscript is entitled ‘Providing competency-Based Family Medicine Residency Training in Substance Abuse in the New Millenium: A Model Curriculum. The millennium started almost a decade already and this implicates for me that at the millennium there is a turning point in teaching substance abuse. I would suggest leaving this out or replacing it by for example ‘A modernized or updated curriculum’.

2. Table 1: Please add that the core competencies are defined by ACGME (as mentioned in the abstract). Or consider to remove the table and mention in the text that the curriculum is based on the core competencies as defined by ACGME [reference]

3. Table VII: I assume this is a starting point for considering how to set up the curriculum.
I would prefer to report this before the reporting of the final curriculum. What is the additional value of the table?

4. Please refer to table IX in the results section and consider adding the links to the specific parts of in table I.

5. (results) In the section ‘Proposed family medicine substance abuse curriculum’, you mention the curriculum and then halfway the second page ‘In order to achieve its intended impact in residency programs across the U.S. this curriculum must be combined with a series of changes which address important systems barriers to effective substance abuse teaching’. Please combine all barriers in the text.

6. Table III, module I c: replace using by use.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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