Reviewer's report

Title: Analyzing International Clinical Education Practices for Canadian Rehabilitation Students

Version: 1 Date: 23 April 2014

Reviewer: Helen Dimaras

Reviewer's report:

Far too often, the benefits of international clinical training which takes place in low income countries are measured solely by the professional development of privileged students from high income countries. Understandably, the primary role of a university is to ensure development of their own students’ skills and capabilities, however much more care must be taken to prevent the exploitation of host partners in the Global South as simply a new context within which to develop students from the Global North. Ahluwalia et al. present an interesting approach aimed at evaluating the ethical implications of such international clinical training programs, using the WEIGHT guidelines. This is the first time these guidelines have been used to evaluate global health education. The identified priorities for policy, practice and research open a new area of concentration for universities to commit resources to build theory and practice into the design of such educational programs, working with closely with low income country partners.

Major Compulsory Revisions

1. In “Methods, Participants & Recruitment”: It is not clear if any of the study includes subjects from the host/receiving (low income country) institution(s), or if all are based in Toronto. While reading the manuscript, the reader can’t help but feel that the major voice missing in this manuscript is that of the host/receiving institution. While the reason for this is explained later in the manuscript, I would suggest explaining your approach upfront, to avoid confusion.

2. In the section “Results, Participants”, could the details on the participants be summarized in table format? Did the emphasis on a certain ‘code’ or ‘category’ of response (as outlined in Fig 1) correlate with occupation, role within the RSS/ICDR, or relative degree of involvement with the ICI program?

3. The inclusion of only Canadian study participants may have skewed the results to focus mostly on issues concerning the students (i.e. student selection, pre-departure preparation, follow-up after internship, etc) rather than more detail on the host partner (i.e. more concrete ideas on formalizing partnerships beyond just enhanced student experience; costs beyond just that associated with supervising the student, etc). The authors should address these limitations. Also, while the authors maintain that different methodologies are necessary for their partners’ views to be assessed, could they comment more concretely on their plans to do so? It seems to me this is the logical next step to determine how
“deepened engagement with educational partners at the ‘receiving organizations’ based in low-income countries” will take shape.

4. Could the authors include more details on the ICIs which the interviewees are commenting on (e.g. the number of ICIs that have been organized; purpose; locations; number of students who have participated; duration, etc)?

5. Would the authors recommend that the WEIGHT guidelines be used to assess other global health internships, such as those in other academic departments (e.g. clinical, non-clinical) or even internships that are not affiliated with universities (i.e. NGO-led internships, or ‘voluntours’)?

Minor Essential Revisions

1. Check grammar in Discussion section “Second, this study exclusively sought the perspectives of individuals linked to ICI coordination ICIs at the Canadian sending institution.”

**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.