Author’s response to reviews

Title: Loss of International Medical Experiences: Knowledge, Skills, and Attitudes at Risk

Authors:

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Author’s response to reviews: see over
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Dear Dr. Lolu da-Silva:

Thank you for the opportunity to revise and resubmit our manuscript entitled “Loss of International Medical Electives: Knowledge, Skills and Attitudes at Risk”, a topic we believe is very important to graduate medical education today. We agree that there needs to be a more structured approach to this debate and have added a number of references to strengthen the arguments made in this paper. We have also responded to individual reviewer comments below.

Reviewer 1:

1. Please explain what is meant by, "Explicit in the IM's funding is that monies for indigent and underinsured care are provided."?

   This statement was deleted. A more detailed description of the system for funding of graduate medical education was added.

2. Even opinion pieces must be buttressed by some degree of evidence.
   For example, the opening of the paper describes both the "great influence" IM's have and the current woeful climate that creates burdens to IM opportunities. Yet, at best these are anecdotes without any larger sense of their relative importance to the benefits of or the barriers to IM opportunities. The authors would serve their subject matter better if they could quantify these in some manner (how many residency programs currently offer IM opportunities? How many did so 10 years ago? - as an aside, my anecdotal data tells me that the numbers are going up not down - What are the residents' attitudes towards barriers? etc.). Another example is when the authors state, "Exposure to the underserved in the developing world can produce a commitment to the service that is unparalleled". A
lovely thought, but without cited evidence.

Throughout the text, references were added to substantiate the claim that international electives increase idealism, volunteerism, and clinical skills.

3. I would change the phrase "expose the housestaff to common diseases" to something more in keeping w/ the spirit of the sentence...."expose" conjures up actual contagions.

In this sentence, “expose” was changed to “introduce”.

4. Why is International Medical Experiences capitalized half way through the article and nowhere else?

This phrase was changed to match the rest of the article.

5. I do not agree with the statement the "IMs provide important experiences in clinical, epidemiological, cultural, and political arenas that cannot otherwise be easily had." Yet, somehow, US post graduate training has managed to turn out many, many great doc's without having to go abroad to do it....perhaps it is better said that IM's provide opportunities that are unique, but not irreplaceable.

The word irreplaceable was changed to unique to reflect this.

6. I also find it dubious that one of the authors can actually remember a trip taken at the age of two to Bangladesh. Much less the fact that it was somehow life changing and inspirational for his future career in international health.

This statement was deleted.

7. On another section the writers make a case for the importance of doctors learning about tropical diseases and "organophosphate" poisoning. Frankly, until these diseases become more prevalent in the US there is little utility in spending healthcare dollars to train doctors to become facile in this clinical way. Most doctors will go their entire careers without the need for this kind of clinical training. By emphasizing the importance of the clinical exam skills gained in IM's the authors miss the opportunity to dwell upon the importance of the cultural and community medicine expertise that IM's offer. It is this type of experience that probably will create better physicians for the US rather than any clinical work, per se. However, there is no data to support the authors' contentions nor my own.

Data was added to support the claim that IMs increase clinical skills, exposure to rare diseases, idealism, volunteerism, exposure to community health and desire to work with underserved populations.

Reviewer 2:
1. I understand that this is a “debate” article, but I would like to see a more structured approach to the arguments. With regards to the second paragraph in the background section, I do think that the international experiences have continued to flourish despite these challenges rather than at risk of becoming extinct. I also think that the background section/rationale for IMs should reflect more extensive literature review in this area (such as those illustrated on p 5 in the paragraph “but do IMs affect career choice and practice?”).

A more extensive literature review was added to support the claims of the article.

2. Are there any known or potential risks/disadvantage to IMs.

A section was added on the known potential risks of IMs.

3. I think career choice is a critical one. Are we looking for graduates from residency training to continue the usual career trajectories (fellowship, practice) with a global health perspectives or do we try to encourage residents to go into health policy, public health, missionary type work, as educators or researchers in international health or are we hoping to reap the benefits of IMs to strengthen our own healthcare delivery overall with respects to cultural competence, communication, cost effectiveness of care, and improving health care to rural communities and other underserved populations in this country. This last point is a bit premature or naïve at this time I think. If we accept that IMs benefit us, our residents, future physicians and our healthcare system overall, then what are the impacts on host countries (those hospitals and facilities in developing countries). This is a point that I’m most concerned about.

Data was added that supports the claim that residents are more likely to want to work with underserved communities after an international medical elective.

4. IMs should be systematic, structured with clear goals and intentions especially when it comes to supporting health care in developing countries. It should not come just from training programs alone but academic health centers, governments and aid organizations. I like to see articles such as this one address more of this issue.

A section was added to mention that IMs should have clear aims and objectives as well as pre-departure training.

5. A table outlining benefits, theoretical and documented (via published studies) of IMs
   A table outlining specific action steps, strategies to increase IMs

These two tables were created.

6. Under the resident perspective, I would like to hear more about Dr. Grudzen’s analysis about what is it that sealed her commitment to a life of service (more specifics, seeing that her skills are better applied to those patients, disappointment with the futility of
medical care in this country? the respect and gratitude from those deserving patients?). She sounds like she would be committed with or without the IMs, with or without the support of her training program. Where does she go from here? Is her experience any way a subtle condemnation of our own health care system? How are the patients she met in Guyana, El Salvador, Brazil different than our typical urban drug addicts, a Native American patient on the reservation, a homeless man, a single mom on welfare? How well do our residency programs address these issues? I agree that a large proportion of those who are committed to global health are also concerned about our own underserved populations at home but we have to be mindful that we do not lose this objective as well. I guess this point is more relevant under the program director perspective.

The resident perspective section was revised to reflect more information about how the international medical experiences have affected Dr. Grudzen’s career choice.

7. How should ACGME respond? What can faculty/educators like us do to change the system?

Response to these questions was added to the Program Director Perspective.

Reviewer 3:

1. While all the sentiments expressed by the author are worth conveying, the piece would benefit from editing by a friendly colleague experienced in the subtleties of writing for publication. The author jumps from point to point. Editorial assistance will help maintain a logical and pleasing flow. There are odd comments like this: "Since my first trip abroad at the age of two with Milk for Bangladesh, I have always had an interest in international health." Really? Now, there's one goal-oriented two year old!

   This statement was deleted.

2. The author states: "Despite the great impact international medical electives can have on physicians and those they serve, they are decreasing in availability due to the nature of graduate medical education funding." I'm not sure how accurate this statement is. At our institution we are able to offer overseas electives in 34 countries around the world. If anything, there are more elective opportunities now than at any time I can recall in the past 25 years.

   This statement was amended to state that IMs have decreased at some institutions. While IMs for medical students are definitely increasing, there is no data on whether IMs are increasing or decreasing for housestaff. We have amended the article to reflect this.

Reviewer 4:

1. Minor essential revisions: commentary on the dearth of research on the effects of
international medical rotations. One of the biggest problems in convincing organizations and administrators about the value of international medical experiences is that (as the authors show in their commentary), there is very little hard data on how these experiences affect or alter knowledge, attitudes, practice, and long-term careers.

An additional sentence was added to explain that there is little research on this topic.

I look forward to your reply to our revised manuscript. Thank you again.

Sincerely,

Corita Grudzen