Author’s response to reviews

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

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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 have also responded to individual reviewer comments below and have also incorporated the minor edits and references requested by the senior editor.

Reviewer 1:

1. It is my thought that the authors are correct in stating that some medical centers are restricting or disallowing IMs and some faculty are even doing fund raising efforts on their own, but it would be a lot more satisfying if the authors could back up their contention with some evidence (citations).

   We have added references related to evidence on the effects of international medical electives as well as our own experience at NYU that they are being restricted. Unfortunately there is no published literature on the magnitude of this effect or number of medical centers where this is occurring.

Reviewer 2:

1. There are additional references that can be incorporated for completeness:
   - Niemantsverdriet in Med Educ 2004, a qualitative study into learning outcomes from international traineeships
   - Ramsey AH. Fam Med 2004. Career influence of an international health experience during med school
- Drain PK. Academic Medicine 2007. Global health in medical education...

We have reviewed all of these references as well as others that have been recently published and chosen to add some of them which we thought were relevant to this article.

2. the authors should try to address under issues/challenges/harms? whether IMs take away from learning/acquiring the (basic) critical skills/knowledge required of a standard residency training curriculum. In a time where we have limitation in work hours and ambulatory care training is taken back seat to inpatient exposure in a 3 year peds/med/FM residency, it can be quite challenging to make sure that time in IMs do not compromise their training. I guess I'm speaking more from the U. of Pittsburgh perspective where we give our global health residents 4 months total overseas in their 3 years in addition to classroom time in public health policy.

Under the “Barriers and Challenges” section of the article, we added a statement about the need to balance training at home with international electives in an era of stricter enforcement of working hours.

3. Under the residency program director perspective, I would add something to the efforts that organizations such as GHEC are doing to improve IMs? (they are actually surveying all the residency programs about IMs, would be nice to present their findings here or in another publication)

We are unaware of any efforts by the GHEC to improve IMs but will explore this for another potential publication.

4. I would organize the benefits of IMs followed by barriers/challenges or vice versa. Paragraph 2 under Background goes more with last paragraph on page 5 and first paragraph page 6. I would give titles for each paragraph about benefits of IMs to correlate with table 1-Diseases, skills, poverty/underserved populations, cultural competency, comparative health systems/health policy and ambassadorial roles (could elaborate more on the last one)

We have organized the benefits of IMs and barriers and challenges under subheadings as suggested by the reviewer.

5. In the second paragraph on page 5, I don't think you need to repeat the line: International medical electives can be valuable to the education of today's global physician.
I look forward to your reply to our revised manuscript. Thank you again.

Sincerely,

Corita Grudzen