Reviewer's report

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

Version: 2 Date: 23 May 2007

Reviewer: Thuy Bui

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General:
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?”). Are there any known or potential risks/disadvantage to IMs. 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. 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.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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

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 loose this objective as well. I guess this point is more relevant under the program director perspective. How should ACGME respond? What can faculty/educators like us do to change the system?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major
compulsory revisions

**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. T. Bui