Reviewer’s report

Title: Performance during cardiopulmonary resuscitation: a prospective randomised simulator-based comparison between general practitioners and hospital physicians

Version: 2 Date: 9 December 2008

Reviewer: Johan Engdahl

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Major Compulsory Revision:
1. Quality of CPR has been frequently highlighted during the last 4-5 years. This study reports on doctors CPR performance using an advanced manikin, however, performance is only reported in terms of "hands-on time" and time to first defibrillation. There are no data on quality of chest compressions, ie depth and compression rate, even though this kind of data should be available in the manikin. Quality of chest compressions is a strong predictor for outcome in cardiac arrest.
2. The authors state that they want to study the impact of pre-formed rescue teams versus ad-hoc forming team (which is more common in-hospital), but I find the background and method a little scarce.
3. The study took place as marketed "workshops", but there is a lack of data on how participants entered the study. Were they invited?
4. The result, ie that hospital physicians (from cardiology, internal medicine and intensive care) performed better than general practitioners is completely predictable.

Minor Essential Revision
1. The paper state that "general practitioners have an important role as first responders in cardiac arrest" which generally is true, but hospital physicians are exposed to a tenfold more of cardiac arrests.
2. The study simulation used a manual defibrillator, a device that a general practitioner should not be expected to handle.

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.