Author's response to reviews

Title: Effects of Screening and Brief Intervention Training on Resident and Faculty Alcohol Intervention Behaviours: A pre-post-intervention assessment

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Author's response to reviews: see over
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Re: MS: 1081756134717710 - Effects of Screening and Brief Intervention Training on Clinician Alcohol Intervention Behaviours: A pre- post-intervention assessment

Dear Sir or Madam:

Please find attached our revised version of this manuscript. We found the reviewers’ comments to be helpful and have complied with all requested changes. Pages 2 through 4 of this letter provide detailed responses to the individual items listed in the reviewers’ critiques. Eleven additional references have been added as we have discussed issues related to our study in an international context and explored new issues such as the possible effect of age and gender on alcohol attitudes and behaviors. We believe the changes made have been useful in improving the paper and in clarifying both our methods and conclusions. If you have further questions, please do not hesitate to notify us.

Sincerely yours,

J. Paul Seale, MD
Responses to Reviewer 1

1. Issues relating to problem drinking should be put in a world wide context for international readers. The introduction’s description of problem drinking and its underdetection in primary care have been broadened to include studies from Australia and Europe, with six additional references cited.

2. Definitions of U.S. clinicians. Wording was changed to use only three terms: faculty, residents, and clinicians, and definitions of these terms have been included in the Methods section, page 5, line 23.

3. All p values should be given. We have complied with this request.

4. Define the abbreviation HHD. The abbreviation, which was only used twice, was eliminated.

5. Reference the statistical software used. This is now included as reference 36.

6. Provide details for References 23 and 24. The reference for Babor, et al., (now reference 31) is now complete. The date and volume number for Seale, et al.,(now reference 30) have been added. We have communicated with the editors regarding page numbers, which are not yet available due to printing delays at the publisher, but should be available within the next one to two months.

Responses to Reviewer 2

1. Is the question posed by the authors new and well defined? No changes requested.

2. Are the methods appropriate and well described?
   a. Provide numbers about the size of the resident and faculty staff groups. These are now listed in the first paragraph of the Methods section, page 5, line 21.
   b. The hypotheses did not indicate that the study would involve comparison of these two groups. We agree that this should have been included. The hypotheses, as stated in the Introduction section (page 5, line 14), are now described as follows: “…that the SBI training program would result in the following changes for both resident and faculty clinicians: (1) greater recognition of PD, (2) increased certainty in identifying PD, and (3) increased advice to reduce drinking.”

3. Are the data sound and well controlled?
   a. No power calculations are provided to assess whether there may be real changes over time. We did not do a priori power calculations. We have addressed the issue of sample size in the section entitled “Limitations of this pilot study.” page 14, line 23.
   b. Some of the samples involved are extremely small. This important point is now included at three separate points in the paper: in the Discussion section (page 12, line 23); in the “Limitations” section (page 14, line 23); and in the “Conclusions” section (page 15, line 20).
   c. Data presentation does not directly correspond with the hypotheses. The data are now presented in the “Results” section in the order of the
hypotheses: (1) greater recognition of PD (“Results” section, page 9, line 5); (2) increased certainty in identifying PD (“Results” section, page 9, line 20); and (3) increased advice to reduce drinking (“Results” section, page 10, line 6).

d. Methods for comparing different subgroups need to be made clear in the Method. More detail is now provided in the “Statistical Analysis” paragraph of the Methods section regarding ANOVA analyses and tests of linear trends (see “Methods” section, page 8, lines 9-18).

e. Comparison of two groups over three points in time should use other analyses such as ANOVA. We concur with the reviewer’s suggestions, and this has been done. The Methods section (page 8, lines 10-15) now includes a description of the ANOVA. Findings are now included in the Results section as follows: analyses of recognition of PD (page 9, line 6), clinician certainty (page 9, line 23 through page 10, line 3), and advice to reduce drinking (page 10, line 15).

f. Analyses regarding recorded diagnoses of PD and CEQ results should also indicate whether rates of diagnoses of problem drinking changed over time. These results did not change over time (results now cited in Results section, page 9, line 14-16).

g. Clarify what analyses were undertaken in determining changes in “certainty of diagnosis.” This has been done. Use of ANOVA analyses is noted in the Methods section, page 8, line 10.

h. Provide more detail regarding the clinician sample. This information is now included as a new table (Table 2), with findings described in the Methods section (page 5, line 22) and the Results section (page 8, line 21).

i. Assess possible effect of age and gender on professional behavior. This was done. Use of ANOVA for these analyses is described in the Methods section, page 8, line 10. Results are provided in the final paragraph of the Results section and discussed in the Discussion, page 12, line 14).

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   a. Rectify shifts in terminology (recognition vs. diagnosis, confidence vs. certainty). The more precise terms “recognition” and “certainty” are now used uniformly throughout the paper, and the other terms were eliminated.

   b. Data regarding resident increases in brief advice rates do not appear to accord with Figure 1, which is poorly labeled. We agree that the previous figure was confusing. Using the same data, we created a bar graph, which replaces the old figure. This better reflects the increases in resident brief advice rates after training.

   c. The figures and tables need to be improved. All previous figures and tables have been improved.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   a. While the study’s clinicians reported providing advice to reduce drinking to 9% of all patients, this is a non-significant increase over
time and after training. We agree, and have clarified this in the Discussion section (page 12, line 7).

b. Increases in the percent of problem drinkers receiving advice to reduce drinking needs to be considered in light of the number of cases involved, and appropriate cautions and caveats included. We agree, and have highlighted this in three places: in the first paragraph of the Discussion section (page 12, line 9, in the first paragraph of the “Limitations” section (page 14, line 23), and in the “Conclusions” section (page 15, line 20).

c. Avoid introducing the unfamiliar terms “attendings and residents” in the Discussion. The terms “faculty” and “residents” are now used uniformly throughout the paper, and no new terms are introduced in the Discussion.

6. Regarding the title: If the study is really a comparison of different patterns of response to training by different groups, e.g. residents and faculty, the title should clearly reflect this. We agree and reworded the title as follows: “Effects of Screening and Brief Intervention Training on Resident and Faculty Alcohol Intervention Behaviours.”